



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

Dear Parents and Students:

The end of summer break is approaching, and we anticipate an exciting and productive 2025-2026 School year! We look forward to reconnecting with our returning families and welcoming our new families.

We encourage you to attend the **Open House on Thursday, July 31st, from 5:30-7:00 pm.**

Start Date and Hours: The first day of school is **Tuesday, August 5th**, and will be a full day of school. The school day will operate from **8:00 am – 3:05 pm (Lower/Middle School dismisses at 2:50 pm)**. Morning care begins at 7:30 am (no registration or charge), and aftercare is open until **5:30 pm** (please make sure to register even if you do not plan to use it).

1. **Mandatory Parent Orientation:** **Thursday, August 7th at 5:30 pm** via Google Meet, (a link will be emailed the week of). We will review several important issues for the upcoming school year. Although our returning families may have attended these meetings in the past, everyone is required to attend, as we will be relaying updated information and procedures. The meeting will conclude by 6:30 PM.
2. **Dress Code:** Students must be in school uniform effective the first day of school, Tuesday, August 8th. Uniforms may be purchased from:
 - a. Dennis Uniform Company (dennisuniform.com or call at 615-254-1104)
 - b. Land's End (<https://www.landsend.com/shop/school>)
 - c. Image Market - There are two different styles of shirts that can be ordered and worn as part of the uniform. This will be available to order in the first week of school.
3. **School Supplies:** Each student will be required to bring a basic set of materials listed on the supply list. Teachers will be sending home requests for additional supplies needed throughout the year.
4. **Calendar:** Please note the first Parent/Teacher Conference on **Thursday & Friday, September 4th & 5th**. Sign-up information will be sent out later.
5. **Forms:** All forms must be completed and submitted annually. They can be found at www.bentonhallacademy.org/forms

EXAMPLE FORM (FILL OUT WEEKLY WITH MS. KIM)
The Benton Hall Academy Food Order Form (NO SPECIAL ORDERS PLEASE)

Name: _____ Week of: _____

*Per slice

**Sauces and garlic sauces are free

Image Credits: All Logos: en.wikipedia.org

Monday Pizza from



Cheese: \$2* <input type="checkbox"/> <input type="checkbox"/>	Chips: \$1* <input type="checkbox"/> <input type="checkbox"/>	Bottled Water: \$1 <input type="checkbox"/>	Total:
Pepperoni: \$3* <input type="checkbox"/> <input type="checkbox"/>	Dessert: \$1 <input type="checkbox"/>		
Cheese bread \$10 <input type="checkbox"/>	<input type="checkbox"/>		\$_.__

Tuesdays, Wednesdays and Thursdays:

Students must pack a lunch.

We can provide refrigeration if needed and have microwaves for student use.

Friday Pizza from



Cheese: \$2* <input type="checkbox"/> <input type="checkbox"/>	Chips: \$1* <input type="checkbox"/> <input type="checkbox"/>	Bottled Water: \$1 <input type="checkbox"/>	Total:
Pepperoni: \$3* <input type="checkbox"/> <input type="checkbox"/>	Dessert: \$1 <input type="checkbox"/>		
Cheese bread \$10 <input type="checkbox"/>	<input type="checkbox"/>		\$_.__

This total will be charged to your FACTS account.

Grand Total: \$_____



Benton Hall Academy

2025 - 2026 School Calendar

August '25						
Su	M	Tu	W	Th	F	S
				31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

7/31 New Student Open House
5 First Day of School

September '25						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

1 Labor Day-NO SCHOOL
4 & 5 Parent-Teacher Conferences (1.5 days: NO SCHOOL FOR STUDENTS)
26 Grandparents Lunch: Half Day

October '25						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

2 Prospective Families Open House
6-10 Fall Break: NO SCHOOL
13 Start of Quarter 2

November '25						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

11 Veterans Day: NO SCHOOL
21 Thanksgiving Feast/Half Day
24-28 Thanksgiving Break: NO SCHOOL

December '25						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

16- 19 HS Midterms (Required)
19 Last Day of Semester/Half Day
12/22-1/6 Winter Break
(Staff Return 1/6 :PD Day)

January '26						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

12/22-1/6 Winter Break
(Staff Return 1/6 :PD Day)
7 Students Return to School
19 MLK Day

February '26						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

5 & 6 Parent-Teacher Conferences (1.5 days: NO SCHOOL FOR STUDENTS)
16 Presidents Day: NO SCHOOL

March '26						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

13 Half Day (FFT Staff Training)
16 Start of Quarter 4
20 Food for Thought Fundraiser: NO SCHOOL
3/30-4/3 Spring Break: NO SCHOOL

April '26						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

3/30-4/3 Spring Break: NO SCHOOL
3 Good Friday: NO SCHOOL
7 Prospective Families Open House
10 HS Prom

May '26						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

8-13 Senior Finals (Required for Seniors)
14 Graduation (Required for Seniors)
19-22 HS Finals (Required)
22 Last Day of School

	School Closed/ Holidays
	Half Day
	First Day of Semesters and Last Day of School
	Teacher In-Service Day (no school for students)
	Open House
	Start of New Quarter

<https://www.bentonhallacademy.org/>

Benton Hall Academy School Supplies

Required 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. These should be used at home and brought on the first day back in the classroom. 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/case
- ☐ 24 count colored pencils or twistable crayons
- ☐ 24 #2 pencils (may be placed in pencil pouch)
- ☐ 12 cap erasers (may be placed in pencil pouch)
- ☐ Scissors (may be placed in pencil pouch)
- ☐ 1 set of headphones for use with chromebook (any type including earbuds)
- ☐ **Optional Individual Item:** Chromebook case (at least as big as for an 11 inch computer)
- ☐ **Optional Individual Item:** TI-15 Math Explorer Calculator
- ☐ **Optional Individual Item:** 4-16 GB Flash Drive

Required High School:

HS Teachers may ask for additional supplies throughout the year. However, the following basics should be used at home and brought on the first day back to school and will be stored in their locker, backpack or binder and must have their names on them:

- ☐ 1 3-ring binder 2"(any type)
- ☐ 6 pocket folders without brads (variety of colors) (may be placed in binder)
- ☐ 3 spiral notebooks
- ☐ 1 pack of 200 sheets wide ruled paper (may be placed in binder)
- ☐ 1 pencil pouch/case
- ☐ 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)
- ☐ TI-15 or similar (Math Fundamentals, Algebra I & Consumer Math) or TI-83 Calculator (Geometry, Algebra II & Trig)
- ☐ **Optional Individual Item:** Chromebook case (any kind but at least as big as for an 11 inch computer)
- ☐ **Optional Individual Item:** 4-16 GB Flash Drive

Required Classroom Supplies (All Grades): Please turn in to the front office or homeroom teacher.

- ☐ Clorox Wipes (3 containers)
- ☐ Hand Sanitizer (1 pump bottle 20-30oz)
- ☐ Tissue (3 boxes)
- ☐ 24 #2 pencils (sharpened)
- ☐ 8 count Dry Erase Markers (black or various colors)

Optional Donations (All Grades): Please turn in to the front office or homeroom teacher.

- ☐ Pocket Folders (with and without brads)
- ☐ Colored Pencils
- ☐ Markers (any)
- ☐ 3 oz paper or plastic cups
- ☐ Fidgets (any)
- ☐ Ice packs - First aid (One-use and reusable)

Benton Hall Academy
Emergency Medical Release Form

Student's Name: _____ DOB: _____

Address: _____

Student Cell Phone #: _____

Parent: _____ Address: _____

Home #: _____ Cell #: _____ Work #: _____

Parent: _____ Address: _____

Home #: _____ 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: _____

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

Physician's Name: _____ **Phone:** _____

Health Insurance Information:

Insurance Company: _____ Policy Holder: _____

Group No. and/or Policy 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? ☐ Yes ☐ No

Name of medication(s) and dose(s): _____

Will your child be taking medication(s) while at school? ☐ Yes ☐ No

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 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 a parent/guardian, 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 Monday June 1, 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, parents 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. Administration of medication must be witnessed and assisted by school personnel. 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): _____

Benton Hall Academy
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 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 are there any geographic limitations 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.

We use photos and occasionally videos to share with the community some of the great things our staff and students are doing mainly on Facebook, Instagram, Twitter and our website. We will occasionally use photos for advertising purposes such as in pamphlets and on other school related websites.

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

Benton Hall Academy 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 3:10 pm until 5:30pm. For a student to be eligible to receive this additional service, 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:

Name: _____

Work Phone: _____ Cell Phone: _____

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 through 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 \$15 per day.
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 5:30pm. 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 can pick up a lunch form at the front desk or with Ms. Kim and submit their forms on Monday morning. The menu will include the selections available for each day of the 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 as pre-pay on FACTS. As soon as a student makes any lunch purchase, the FACTS account will be charged \$75 for that month which will be used for future purchases. Once that amount is used up another \$75 will be charged

We recommend that parents fill out/review lunch forms before they are turned in each Monday morning.

Also, soda and/or caffeinated drinks will not be allowed to be purchased or brought in at lunch for any student unless permission is given by administration/teachers. No energy drinks will be permitted/allowed on campus. In addition, students are not permitted to share or trade any food/drink items during snack or lunch.

Please contact Ms. Kim Evans with any questions regarding lunches or regarding charges:
k.evans@bentonhallacademy.org

**Benton Hall Academy
Lunch Restrictions**

Child's Name: _____

Restrictions:

_____ My child has permission to purchase lunch items using FACTS

I would like to set a spending limit:

\$_____ weekly

_____ My child may only purchase lunch items if they bring cash (and may not charge anything).

_____ My child may not purchase lunch items.

My child has the following dietary allergies/restrictions and may not have any of the following foods or items that may contain the following:

Other important information for lunchtime:

Parent Signature:

Parent and Student Handbook Acknowledgement of Awareness and Intent to Abide

I HAVE RECEIVED/READ/REVIEWED A COPY OF THE STUDENT/PARENT HANDBOOK AND AGREE TO ABIDE BY THE BENTON HALL ACADEMY RULES AND REGULATIONS DESCRIBED HEREIN.

Computer Network and Chromebook Use

I have read and understand these rules and guidelines as they apply to the use of the computer network of Benton Hall Academy and its Internet access, including the possession and responsibilities associated with each student's school-assigned Chromebook for the school year. I understand that misuse of the computers can come in many forms and can be viewed as, but not limited to, any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language and/or other issues not specifically described above. I agree to abide by these protocols in letter and in spirit, and understand that violating them will result in a response in accordance with the policy herein stated. I have discussed this policy with the student(s) in my household and certify that they understand it.

Signatures:

Parent or Guardian

Date

Student Signature

Date