

Today's Date _____

Ransom Middle School Academic Team - Information and Application

Dear Students and Families,

Thank you for your interest in joining the Ransom Middle School Academic Team. This Jeopardy-style "quiz bowl" is an academic activity. Competition questions include Language Arts, Mathematics, Science and Social Studies, plus current events, sports, and popular culture. We have traveled to local, regional and national tournaments.

Applications are available on the bulletin board outside Room 180 in the 8th grade hallway. Please fill in all sections on the application, including the drug consent form, and join Remind @ATEAMRMS. You may not stay for practice without completed application and consent forms.

Periodic after school practices, until 4:45 pm (or so) on Wednesdays or Fridays (depending on availability,) will be announced on Remind *at least* two weeks in advance.

New players are always welcome. If you are competitive, have good memory and love to test your knowledge, please join us!

Sincerely,

Clarissa Brown

cbrown@ecsdf.us

Maggie Brown

mrb80@students.uwf.edu

We have read the information above and understand that

- The main means of communication is through Remind, a messaging service available through the Remind app @ATEAMRMS –or- text @ATEAMRMS to 81010.
- Periodic practices are Wednesday or Friday afternoons until 4:45 pm. Please be sure your ride is on time!
- Tournaments are on Saturday mornings.
- No transportation is available for practice or tournaments. Families will be notified through Remind as soon as a tournament is scheduled.
- Families are encouraged to carpool or make other arrangements.

Student Signature

Date

Parent/Guardian Signature

Date



Sign up for important updates from Mrs. C. Brown.

Get information for **Ransom Middle School** right on your phone—not on handouts.

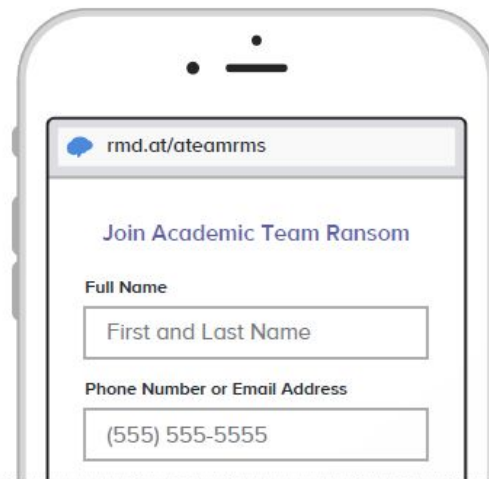
Pick a way to receive messages for **Academic Team Ransom**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/ateamrms

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B If you don't have a smartphone, get text notifications.

Text the message [@ateamrms](https://t.me/ateamrms) to the number **81010**.

If you're having trouble with **81010**, try texting [@ateamrms](https://t.me/ateamrms) to **(850) 462-2473**.

* Standard text message rates apply.



Don't have a mobile phone? Go to rmd.at/ateamrms on a desktop computer to sign up for email notifications.

Today's Date _____

Ransom Academic Team Student Information and Questionnaire

Last Name _____ First Name _____ Name you wish
to be called _____

Address _____ Medical Conditions _____

City _____ State ____ Zip ____ Allergies _____

Student Cell Phone _____ Grade in School _____

I live with my mother _____ father _____ grandparents _____
stepmother _____ stepfather _____ Other _____ Relationship _____

Parent Contact 1 Name: _____ Relationship: _____

Place of Business/Occupation _____ Cell Phone _____

Parent Contact 2 Name: _____ Relationship: _____

Place of Business/Occupation _____ Cell Phone _____

List the names and ages of your brothers and sisters

My birth date is _____, I was born in _____
Month Day Year City State

My favorite subject is _____, The subject I like least is _____.

My hobbies are _____.

After school I like to _____.

What are your goals for practice? _____

Education/Extracurricular Activities

Elementary/Middle School or Organization	Grade/Year	Activities/Accomplishments – such as music, clubs, sports, or Sunshine Math, Battle of the Books, Spelling Bee, Science Fair, Quiz Bowl
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What high school are you planning to attend? _____

When I finish high school, I would like to _____.

Study Specialties *This should be based on your best knowledge areas and what you would enjoy studying in more detail.*

Major Area (circle one) Literature Social Studies Science

Minor Areas – Rank your top three #1, #2, and #3 ... #1 would be your favorite

Philosophy_____	Current Events_____
Religion_____	Fine Arts
Mythology_____	(visual, music, performance)_____
Social Science_____	
History_____	Other (Specify) _____
Geography_____	

What is the single greatest asset that you bring to a team or cooperative group? _____

What unique characteristic distinguishes you from your peers? _____

Is there anything else you would like to share with us? _____



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
Department of Curriculum and Instruction
75 N. Pace Blvd.
Pensacola, FL 32505

ANNUAL CONSENT TO STUDENT DRUG SCREENING

SCHOOL YEAR 2023 _ 2024

I understand that submission to testing for the presence of drugs is a conditions of parking on campus and/or participation in interscholastic athletics and/or extra/co-curricular activities. I further understand if I refuse to take the test, or if the test establishes a violation of the random drug test policy, I will forfeit my privilege of parking on campus and be removed from participation in athletics and/or extra/co-curricular activities until satisfactorily complying with the Random Drug Testing Policy.

By signing and dating this form, I consent to random drug screening and the sanctions thereof throughout the school year. The selection for the random screenings will be performed on a weekly basis with the selected students being notified on the day they are to report for urinalysis.

By signing and dating this form, I understand that the cost of the initial random screening will be paid for by the school district. Furthermore, I understand that the cost of all follow-up drug testing will be the responsibility of the student if the follow-up test results in a positive outcome. If the results are determined to be negative, the district will be responsible for reimbursement. I also understand that the cost for the assessment and rehabilitation program and any additional testing in the event of a violation of the random drug testing policy is also the responsibility of the student.

I hereby consent to the administration of the drug screening and to the conditions listed in this consent. By signing and dating this form, I attest that I have read and understand the attached Random Drug Testing Policy.

Student's Name: _____ Student ID: _____

Date : _____ Signature: _____

Parent/Guardian's Name: _____

Date : _____ Signature: _____

If your child is selected for random drug screening, an attempt will be made to notify you either by phone or letter of both selection for screening and the subsequent result. The best number to reach you is _____. An alternate number is _____.