The Academy
REGISTRATION, ENROLLMENT AND LOTTERY PROCEDURES
2012-2013
SCHOOL YEAR

Student re-enrollment will begin March 16, 2012 Parents/Guardians intending to re-enroll their child(ren) must notify the Academy of their decision to return. Information regarding this procedure will be attached. An enrollment reminder notice will be sent by April 5, 2012. Parents/Guardians of those students returning secure their child's spot by completing the Registration/Enrollment Form for each child and submitting other required documentation.

Parents/Guardians can enroll siblings of currently enrolled students beginning April 13, 2012

Open registration (new students) will begin April 27, 2012. The deadline for registration, prior to a lottery drawing (if necessary), will be May 18, 2012 When it is determined that a particular grade level has more applicants than spaces available, a lottery will be held for those grade levels. Tickets are made for all students registered during open registration. The tickets, with numbers assigned to each child, will be pulled by lottery on May 25, 2012 to fill the spots available in each grade level. All the tickets are pulled to determine the waiting lists order for these grades.

Students on the waiting list may remain on this list for the remainder of the school year. Parents/Guardians may call and check the status at any time to see if their child has moved up on the list. As spaces open, the first name on the waiting list will be called. If all attempts to contact the parent/guardian within a reasonable amount of time (5 school days) fail, the next person on the list will be contacted. If you do not wish to remain on the waiting list, you may request to be removed at any time.

Please feel free to contact the Enrollment/EMIS Coordinator or main office with any questions or concerns.

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OFFICE USE ONLY
Date Rec'd _____
Student Number_____

☐ Re-Enrollment
☐ New Enrollment

The Academies

2012-2013 SCHOOL YEAR
REGISTRATION/ENROLLMENT APPLICATION

Please print in blue or black ink

STUDENT INFORMATION

Date_____

Name of Student_____
First *Middle* *Last*

Address_____Apt.#_____City_____Zip Code_____

Primary Phone #_____Alternate Phone#_____Email:_____

Social Security # (optional):____-_____-_____ Birth Date:_____ Gender: ☐ Male ☐ Female
(Last four digits required)

Birth Place: _____
City *State* *Country*

Birth Mother's Maiden Name:_____

Native Language:_____ U.S. Citizen? ☐ Yes ☐ No If no, list nationality_____

The following information is required to be reported by the United States Department of Education and is a US Department of Agricultural Federal requirement. If any of these are not answered the student will be coded on a visual basis, per government reporting regulations.

1. Is the student from Hispanic/Latino heritage?___(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

2. Summative Race/Ethnic Element (choose one)

   ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian/Alaskan Native ☐ Pacific Islander ☐ Multi-racial

3. Race Detail Element. If #1 is Yes or #2 is Multi-racial, please indicate one of the following:

   ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian/Alaskan Native ☐ Pacific Islander

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STUDENT AND FAMILY DATA

PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING CATEGORIES

Who has legal custody of the student?		Marital status of the student's parents?
☐ Both Parents	☐ One Parent (Mother or Father)	☐ Married
☐ Mother and Stepfather*	☐ Father and Stepmother*	☐ Separated
☐ Foster Care	☐ Guardian	☐ Divorced
☐ Ward of the State	☐ Other:_____	☐ Never married
☐ Independent (Self-supporting)		

Only choose Mother/Stepfather or Father/Stepmother if BOTH the parent and stepparent have legal custody of the student and documentation can be provided.

Type of custody?

☐ Full Custody — Do you have a court order restricting the non-custodial parent(s) ☐ Yes ☐ No ☐ N/A

☐ Shared/Joint Custody — Do you have complete custody papers? ☐ Yes ☐ No ☐ N/A

A complete set of custody and/or guardianship papers must be on file with the school office.

The following information should be completed referring to parent(s), guardian(s), grandparent(s) with whom the student resides:

Parent/Guardian:_____
Last *First*

Occupation:_____

Place of Employment:

Work or Cell Phone # _____
Include area code

Parent/Guardian:_____
Last *First*

Occupation:_____

Place of Employment:

Work or Cell Phone # _____
Include area code

Additional Children under 18 living in the home		
Name	Age	School they Attend

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STUDENT'S PREVIOUS EDUCATION

Does the student have a current or active Individual Education Plan (I.E.P.)? ☐ Yes ☐ No

Did the student ever have an I.E.P? ☐ Yes ☐ No

If yes, please provide a copy of the student's I.E.P. and Evaluation If yes, what school year?_____

Does the student have a current or active 504 plan? ☐ Yes ☐ No

If yes, please provide a copy of the student's 504 Plan

Has the student ever attended another Academy? ☐ Yes ☐ No If yes, which campus?_____

Public School District of Residence:_____Previous School Phone #:____-_____-_____

Name of School Last Attended:_____Withdrawal date from previous school:_____

Previous school address:_____How long did student attend previous school district?_____

Last grade attended at previous school:_____Has student officially withdrawn from previous school? ☐ Yes ☐ No

Did the student attend pre-school? ☐ Yes ☐ No How many years or months did student attend pre-school? Years

___Months _____

Name of pre-school attended:_____City:_____

Please list any information that would be helpful to the school:_____

_____

_____

This form constitutes withdrawal from:_____Date:_____

Parent Signature:_____Date:_____

PARENT/GUARDIAN COMMITTMENT

By signing below I/we agree that my child will abide by and support the Academy rules and regulations, including the Code of Conduct and all other policies. Although the Parent/Student Handbook will reflect the current policies of the Academy, it may be necessary to make changes from time to time to best serve the needs of the Academy and its students. I further confirm that the information provided on this document is true and current. I am the legal guardian or custodian of the above student.

Parent/Guardian:_____Date:_____
Signature Relationship to Student

Student:_____Date:_____
Signature

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HOW DID YOU HEAR ABOUT US?

(check all that apply)

☐ Brochure/Flyer ☐ Internet/Website ☐ Newspaper ☐ Radio ☐ Family/Friend ☐ Previously attended

☐ Other (Please describe_____

If required, translation services were provided by:

Signature _____

Name (please print) _____

Date_____

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Home Language Survey

Date: _____

School District: _____

Name of Student: _____
Family Name/First Name/Middle Initial

Date of Birth: _____ Place of Birth: _____
Month/Day/ Year City/State/Country

Name of Parent/Guardian: _____
Family Name/First Name

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

For Parents/Guardians:

Please answer the following questions.

1. What language did your son or daughter speak when he or she first learned to talk?

   _____

2. What language does your son or daughter use most frequently at home?

   _____

3. What language do you use most frequently to your son or daughter?

   _____

4. What language do the adults at home most often speak?

   _____

5. How long has your son or daughter attended school in the United States?

   _____

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.

Initial English Language Assessment

Communication Skill	Proficiency Level				
Listening	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	____ Proficient
Speaking	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	____ Proficient
Reading	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	____ Proficient
Writing	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	____ Proficient
Comprehension*	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	____ Proficient
Composite**	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	____ Proficient

*The Comprehension level is derived from Listening and Reading
**The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension

Assessment instrument(s) used:

_____

_____

Is the student LEP? _____Yes _____No

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (GI230).

If the student has been in U.S. schools for less than three years and the student's reading and writing level is intermediate or below, the student is eligible for additional accommodations.

Is this student eligible? _____Yes _____No

The Academies
Parent/Guardian Participation Agreement
2012-2013 School Year

Parent/Guardian involvement plays an important role in student success. One quality indicator of successful schools is the degree to which parents/guardians are actively involved in school programs and activities. Therefore, as part of your child's registration/enrollment process, we are requesting your participation in a minimum of two different school-related activities within the 2012-2013 school year.

Please review the list and check two or more boxes for which you would like to volunteer or participate in. Your participation will help us become a school of excellence!

	PARENT INVOLVEMENT OPPORTUNITIES	ACTIVITY EXAMPLES (NOT LIMITED TO LISTING)
	Parent/Teacher Organization (PTO)/ Parent Committee	Serve as a PTO officer; attend PTO meetings; assist with fundraising; help with Box Tops; make donations
	Ohio Improvement Process (OIP)/School Improvement Initiatives	Attend OIP meetings; serve as a school advisor or consultant;
	School Volunteer	Assist in classrooms; attend field trips; help with season or theme-related activities; assist the main office
	Open House	Attend Open House; help set up
	Parent/Teacher Conferences	Attend Conferences; maintain ongoing communication with teachers and other school personnel
	Curriculum Night/Educational Activities	Attend academic-related activities and/or meetings
	Other (Please Specify)	

Please Print Clearly

Name Student: _____ Grade: _____

Parent/Guardian Name:_____ Phone Number: _____

E-mail Address: _____

Signature: _____ Date:_____

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The Academies
Emergency Medical Authorization Form

(Ohio Revised Code 3313.712)

Student Name_____
Last First Middle

Date of Birth _____Home Phone_____

Home Address _____City_____Zip_____

School Attending_____ School Year_____Grade_____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

Residential Parent or Guardian		
Mother's Name:	Daytime Phone	Cell Phone
Father's Name:	Daytime Phone	Cell Phone

Emergency Contacts			
Name	**Relationship to Student**	**Daytime Phone**	**Cell Phone**
1.			
2.			
3.			

It is extremely important that you provide **ANY** pertinent medical history or information about existing conditions that may affect your child at school.

Medical Information:_____

Medications:_____

Allergies:_____

PART I OR II MUST BE COMPLETED		
PART I: TO GRANT CONSENT		**PART II: REFUSAL TO CONSENT**
I hereby give consent for the following medical care providers and local hospital to be called:	Phone Number	I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:
Doctor		
Dentist		
Medical Specialist		
Local Hospital/Emergency Room		
In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) The administration of any treatment deemed necessary by above named doctors, or, in the event the designed practitioner is not available, by another licensed physician or dentist: 2) The transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.		
Signature or Parent/Guardian Date		Signature or Parent/Guardian Date

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The Academies
CHILD PICK-UP INFORMATION
2012-2013 SCHOOL YEAR

Child's Name: _____ Grade: _____

In the event I am unable to pick up my child, I hereby give permission for the above named child to be picked up from school by one of the following persons:

1. Name_____ Address_____

   Telephone Number_____ Relationship_____

2. Name_____ Address_____

   Telephone Number_____ Relationship_____

3. Name_____ Address_____

   Telephone Number_____ Relationship_____

4. Name_____ Address_____

   Telephone Number_____ Relationship_____

Parent/Guardian Signature _____ Date _____

Proof of identification, in the form of a picture ID is required when picking up the child(ren).To update this form please contact the school office.

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The Academies
Immunization Summary for School Attendance

Vaccines	Immunizations
DTaP/DTP/DT Diphtheria, Tetanus, Pertussis	**Kindergarten** 5 doses of DTaP, DTP, or DT, or any combination, if the fourth dose was administered prior to the 4th birthday. **Grades 1-12** 3-4 Doses of DTaP, DTP, DT or TG or any combination. **Grades 7-8** 1 dose of Tdap or Td vaccine must be administered prior to entry.
Polio	**K-1** 3 or 4 doses of IPV, the final dose must be administered on or after the 4th birthday, regardless of the number of previous doses; 4 doses if a combination of OPV and IPV was administered. **Grades 2-12** 4 doses if a combination of OPV and IPV was administered. 4 doses of all OPV or all IPV is required in the third dose of either vaccine was administered prior to the 4th birthday.
MMR Measles, Mumps, Rubella	**K-12** 2 doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.
Hib *Haemophilus Influenzae* Type b	**None**
HEP B Hepatitis B	**K-12** 3 doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
Varicella (Chicken Pox)	**K-1** 2 doses of varicella vaccine must be administered prior to entry. **Grade 2-5** 1 dose of varicella vaccine must be administered on or after the first birthday.

According to Section 3313.671, on the 15th day after schools entrance it will be necessary to exclude all students from school who do not meet the above requirements.

Medical authorities and school educators urge that every child have a complete medical examination before entering school in order that detects, if present, may be corrected and the child be physically ready to accept all the advantages which education has to offer.

* A student who is age 7 or older, and who received TD or Tdap vaccine as the third part of the immunization series, shall not be required to receive further doses of diphtheria, tetanus, or pertussis vaccine.

**Students enrolled in school on or after the 199-2000 school year should have received a total of four doses or polio vaccine. Students enrolled prior to the 1999-2000 year are required to have a minimum of 3 doses.

Notes:

- **The 4 day "grace" period applies to all age and interval minimums. If MMR and Varicella are not given on the same day, the dose must be separated by at least 28 days with no grace period.**
- **The Tdap and Varicella requirements will be progressive.**
- **Only full dose of vaccine using proper intervals shall be counted as valid doses.**
- **For additional information please refer to the Ohio Administrative Code 5101:2-37 for Child Attendance. These documents list required and recommended immunizations and indicate exemptions to immunizations.**
- **Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.**

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Academies Media Release

STUDENT INFORMATION FORM

TO BE COMPLETED BY PARENT, GUARDIAN or ADULT STUDENT:

Please print clearly:

_____ _____

Name of Participating Student Age

_____

School

_____ _____

City/Town/Zip Grade

I/We understand that as part of our child's/my attendance at the School; photos, videos, and quotations may be taken for use in publications and reports about the program. I/We further understand that members of the news media invited to cover the program may take photos, videos and quotations.

I/We grant permission to the School and its Board Members, Management Company, employees, agents and representatives to use such materials for the promotion of the program and to use this student's name, photographic likeness, alone or in a group, in any publication, document, TV production, video or to release said name or likeness to any media outlets including, but not limited to, newspapers, magazines or TV stations for publicity and/or recognition purposes and/or to use this student's name and/or photographic likeness, alone or in a group, on the official web site of the School and/or Management Company.

I agree that I and/or my child shall have no right, title, or interest in any photo or videotape covered by this agreement and waive any right to compensation for such use. I release the School, its Board members, the Management Company, employees, agents, representatives and all organizations and individuals related to the School from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness as described above.

_____

Signature of Parent or Guardian Date

Or

I/We do not give permission at this time.

_____

Signature of Parent or Guardian Date

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