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.

THE ACADEMIES admits students of any race, creed, color, handicapping condition or gender. Furthermore, there will be no discrimination of students to the school on the basis of race, creed, color, handicapping condition or sex. Admission preference is: returning students first, then siblings of students, and lastly open admission.

THE ACADEMIES are community schools established under Chapter 3314 on the Revised Code. The schools are public and students enrolled and attending the schools are required to take Ohio Achievement Assessments and other examinations prescribed by law. In addition , there may be other requirements for students at the schools that are prescribed by law. Students who have been excused from the compulsory attendance law for purposes of home education as defined by the administrative Code shall no longer be excused for the purposes upon their enrollment in a community school. For more information about this matter contact the school administrator for the Ohio Department of Education.

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The Academy
Intent to Return Form
Re-Enrollment for Returning Students
for the
2012-2013
School Year

Dear Parent or Guardian:

Students presently attending the Academy, who wish to return for the next school year, need to be re-enrolled by April 23, 2012

Spaces for currently enrolled students will not be held after this date. If spaces are available, non-attending siblings can be enrolled beginning April 13, 2012 for the 2012-2013 school year.

Beginning April 27, 2012 open registration will begin for new students not attending the Academy this school year.

If you do not intend to re-enroll your child(ren) please indicate that below.

Check the appropriate box, then complete the name and grade level information below.

☐ I would like my child/children to be re-enrolled for the 2012-2013 school year. I have listed the name(s) and present grade level(s) of my child or children below.

☐ I do not wish to re-enroll my child (children) for the 2012-2013 school year. I have listed the name(s) and present grade level(s) of my child or children below.

Name	Present Grade Level

Parent/Guardian Signature: _____ Date: _____

This form, along with the Registration/Enrollment Form, Parent/Guardian Participation Agreement, and all other required documentation for each child, must be returned by April 23, 2012 Thank you.

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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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