



2018-19 New Student Enrollment Packet (Ohio Schools)

Thank you for choosing ACCEL Schools and allowing us the opportunity to serve your family. The following documentation is required for enrollment at our school:

Required for All Students:

- Enrollment Packet Forms (11 Pages)
- Copy of child's birth certificate
- Copy of child's immunization records or exemption waiver
- Copy of primary parent's photo ID
- Copy of proof of residency (see below for accepted docs)

Required Only If Applicable:

- Transportation Application
- Legal Custody Papers
- Individual Education Plan (IEP) or other learning plan such as Evaluation Team Report (ETR) or 504 Plan
- Behavior Intervention Plan (BIP)
- Medical Authorization Forms (available at school office)

ACCEPTABLE FORMS OF PROOF OF RESIDENCY

1) When the student lives with the legal guardian and the proof of residency documentation is in the legal guardian's name:

Dated within 90 days of submitting the enrollment application:

- Utility Bill (electric, gas, water, or sewer); Resident name and property address must appear on the bill
- Pay Stub; Resident name and address must appear on the stub
- Mortgage Statement; Resident name and property address must appear on the statement
- Rent Receipt; must be dated and include names and signatures of the lessee and the lessor

Other:

- Lease or Rental Agreement that specifies start and end date of the agreement; must be dated and include names and signatures of the lessee and the lessor
- Original Mortgage/Closing Paperwork such as the Housing & Urban Development (HUD) Statement; Resident name and property address must appear on the statement
- Property Tax Bill; must be dated and include resident name and property address
- Voter Registration Card
- Bank Statement
- County or County Court Documents (Jobs & Family Services Department or Child Support)

2) When the dependent student (younger than 18) lives in a residence other than with the legal guardian, OR When the dependent student (younger than 18) and legal guardian reside with a friend or relative, OR When the independent student (age 18+) resides with a friend or relative:

Two documents are required:

- An *Affidavit of Residency Form* must be completed in the presence of a Notary Public. The Notary Public must sign and seal the affidavit within 30 days of the enrollment application being submitted, and the original, hardcopy form must be submitted to the school office.
- Proof of Residence in the Lessor/Property Owner's name—see the *Affidavit of Residency Form* for details.

You may obtain an *Affidavit of Residency Form* template from the school office or download one from the Admissions page on the school website.

Looking for a Notary Public? Ask our school office manager—many of our office managers are also notary publics.



STUDENT INFORMATION

Write student's name as it appears on the birth certificate:

Legal First Name: _____ Legal Middle Name: _____

Legal Last Name: _____ Date of Birth: ____ / ____ / ____

Student Gender: Male Female City/Town of Child's Birth: _____

Student's SSN: _____ Student Cell Number (if applicable): _____

Grade Level for 2018-19: PK K 1 2 3 4 5 6 7 8 9 10 11 12

Student Address Street Address: _____

(residence) City: _____ State: _____ Zip: _____

Mailing Address Street Address: _____

(only if different) City: _____ State: _____ Zip: _____

What county does the student live in? COUNTY (not country): _____

Parent Custody. Child lives with (check one only):

Both Biological Parents One Biological Parent Only Legal Guardian Both Biological Parents Alternately

Please check if applicable:

Non-custodial Parent does not reside locally Non-custodial Parent is legally prohibited from contact

Does the student have a parent/guardian who is an active duty OR retired member of the Armed Forces or National Guard?

No Yes. If yes, please select the best description:

- Army – Active Duty
- Air Force – Active Duty
- Coast Guard – Active Duty
- Marine – Active Duty
- National Guard – Full-Time, Active Duty
- Navy – Active Duty
- Reserves
- Veteran/Retired
- Gold Star Family

Does the student have a brother or sister currently attending our school/ACCEL Schools? Yes No

Sibling Name: _____ 18-19 Grade: _____ School Attending: _____

Sibling Name: _____ 18-19 Grade: _____ School Attending: _____

Sibling Name: _____ 18-19 Grade: _____ School Attending: _____

EDUCATION HISTORY

Name of Current School: _____

Type of School: Public Private Homeschool Public Charter/Community Online Daycare/Preschool N/A

Has your child ever been retained in any grade? No Yes; Which grade? _____

Has your child been permanently excluded from school attendance by another school district? No Yes

Has your child ever been suspended or expelled from school? No Yes If Yes, please provide details here: _____

Was your child receiving Gifted and Talented Services? No Yes

Was your child receiving Special Education Services? No Yes

Was your child receiving English Language Learning Services? No Yes

Does your child have an Individualized Education Plan (IEP) or other paperwork such as Evaluation Team Report (ETR), 504, etc?

No Yes – please attach copy

Does your child have a Behavior Intervention Plan (BIP)? No Yes – please attach copy



PRIMARY PARENT/GUARDIAN CONTACT

First Name: _____ Last Name: _____ Cell Phone: _____
Preferred Email Address: _____
Home Phone: _____ Day/Work Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Relationship to Student: _____
Highest Level of Education:
 Some High School High School Diploma/GED Some College College Degree (BA, BS) Graduate Degree or Higher
 Decline to State/Unknown
Employer: _____

SECONDARY PARENT/GUARDIAN CONTACT (leave blank if none)

First Name: _____ Last Name: _____ Cell Phone: _____
Preferred Email Address: _____
Home Phone: _____ Day/Work Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Relationship to Student: _____
Highest Level of Education:
 Some High School High School Diploma/GED Some College College Degree (BA, BS) Graduate Degree or Higher
 Decline to State/Unknown
Employer: _____
Check any/all that apply: May Pick-Up Student from School Needs to Receive Mailings May Access Records

ETHNICITY & RACE IDENTIFICATION

1) Is this student Hispanic or Latino? Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.
 No, not Hispanic or Latino
 Yes, Hispanic or Latino

2) Indicate this student’s race (can select more than one):
 American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Name of Enrolled or Principal Tribe: _____
 Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 Black or African American: A person having origins in any of the black racial groups of Africa.
 Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 White, European, Middle Eastern, or North African
 I refuse to re-identify the race and ethnicity of this student and understand the school will make the determination on my behalf.



HOME LANGUAGE SURVEY

- 1) What language(s) is (are) spoken in your home?

- 2) Which language did your child learn first?

- 3) Which language does your child use most frequently at home?

- 4) Which language do you most frequently speak to your child?

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

HOW DID YOU HEAR ABOUT OUR SCHOOL?

- | | | |
|--|--|--|
| <input type="checkbox"/> Canvassing in Neighborhood | <input type="checkbox"/> Referred by Friend | <input type="checkbox"/> TV Ad |
| <input type="checkbox"/> Event/Table in Community | <input type="checkbox"/> Referred by Preschool or Day Care | <input type="checkbox"/> News Story |
| <input type="checkbox"/> Mailer | <input type="checkbox"/> Referred by Realtor/Builder | <input type="checkbox"/> Previous Student at an ACCEL School |
| <input type="checkbox"/> Social Media (Facebook, etc.) | <input type="checkbox"/> Online Ad | <input type="checkbox"/> Web Search |
| <input type="checkbox"/> Signs in the Community | <input type="checkbox"/> Radio Ad | |

LOCAL EMERGENCY CONTACTS (Adults, 18 years or older, who may be contacted in the event of an emergency **in addition** to the student’s primary and secondary parent/guardians that were entered earlier in this packet):

Emergency Contact #1 (after parents/guardians)

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
This person is: <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		

Emergency Contact #2 (leave blank if not applicable)

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
This person is: <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		

Emergency Contact #3 (leave blank if not applicable)

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
This person is: <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		



BUS TRANSPORTATION

Bus transportation may be available to and from our school. In order to utilize bussing, you must meet certain requirements and fill out a separate School Bus Transportation Application Form.

Would you like to request a Bus Transportation Application Form? YES NO

STUDENT DROP-OFF & PICK-UP

AM Schedule: Drop-Off to School. How will your child be transported to school?	
<input type="checkbox"/> Parent/Guardian Driver	<input type="checkbox"/> School Bus Service (requested above)
<input type="checkbox"/> Parent/Guardian Walker	<input type="checkbox"/> Day Care Van: _____
<input type="checkbox"/> Walk	<input type="checkbox"/> Other. Please explain: _____
<input type="checkbox"/> City Bus	_____
<input type="checkbox"/> Carpool. Please name the participants that you authorize to pick up your child(ren) via carpool below.	_____

PM Schedule: Pick-Up from School. How will your child be picked up from school?	
<input type="checkbox"/> Parent/Guardian Driver	<input type="checkbox"/> School Bus Service (requested above)
<input type="checkbox"/> Parent/Guardian Walker	<input type="checkbox"/> Day Care Van: _____
<input type="checkbox"/> Walk	<input type="checkbox"/> Other. Please explain: _____
<input type="checkbox"/> City Bus	_____
<input type="checkbox"/> Carpool. Please name the participant drivers that you authorize to pick up your child(ren) via carpool below.	_____

Do these transportation preferences vary by day of week? If so, please provide more information about your schedule: _____

Carpool Driver First & Last Name	Phone Number

ADDITIONAL AUTHORIZED PICK-UPS (IF ANY)

In the event I am unable to pick-up my child, I hereby give permission for my child to be picked up from school by any of the following persons in addition to the emergency contacts I authorized. If not applicable, leave blank.

First & Last Name	Phone Number	Secondary Phone Number



CONSENT FOR EMERGENCY MEDICAL TREATMENT

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.

STUDENT INFORMATION

Legal First Name: _____ Legal Middle Name: _____
Legal Last Name: _____ School: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

PARENT/GUARDIAN INFORMATION

Primary Guardian’s Name: _____ Daytime Phone: _____
Secondary Guardian’s Name: _____ Daytime Phone: _____
Other Guardian’s Name: _____ Relationship: _____ Daytime Phone: _____
Relative or Childcare Provider: _____ Relationship: _____ Daytime Phone: _____
Address: _____

<<PART I OR PART II MUST BE COMPLETED>>

PART I – GRANT TO CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Student’s Doctor	Primary Phone Number	Secondary Phone Number
Student’s Dentist	Primary Phone Number	Secondary Phone Number
Student’s Medical Specialist	Primary Phone Number	Secondary Phone Number
Preferred Hospital	Emergency Room Phone Number	

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 doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (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. Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

_____/_____/_____
Parent/Legal Guardian Name Parent/Legal Guardian Signature Date
Address: _____

PART II - REFUSAL TO CONSENT

I do not give consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take the following action: _____

_____/_____/_____
Parent/Legal Guardian Name Parent/Legal Guardian Signature Date
Address: _____



STUDENT RESIDENCY QUESTIONNAIRE (McKinney-Vento)

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

PART I

- 1) Is your current address a temporary living arrangement? (such as shelter, etc.) YES NO
- 2) Is this temporary living arrangement due to loss of housing or economic hardship? YES NO
- 3) Are you a youth currently living on your own or with a friend, neighbor, or relative? YES NO

*If you answered YES to **any** of the above questions, please complete Part II of this form.*

*If you answered NO to **all** the above questions, you may skip to next page*

PART II

Presently, where is the student living? *(Check one of the below)*

- In a shelter
- With more than one family in a house or apartment (*other* family owns or rents the house or apartment)
- With friends or family members (*other* than parent/guardian)
- In a place not designated for ordinary sleeping accommodations (i.e. car, park, or campsite)
- In another location that is not appropriate for people (e.g. an abandoned building)
- In a motel/hotel
- Out of home placement including foster care
- In an arrangement that is not fixed, regular, and adequate and is not described by the other choices

The student lives with: *(Check one of the below)*

- 2 parents an adult that is not the parent or the legal guardian
- 1 parent and another adult relative, friend(s) or other adult(s)
- 1 parent alone with no adults

I, _____ declare as follows:
(print full name)

I am the parent or legal guardian of the above student who is of school age and our family has not had a permanent residence since _____.
(date)

Signature of Parent/Legal Guardian: _____



MEDICAL HISTORY & REQUEST FOR MEDICAL AUTHORIZATION FORMS

Has your child ever been diagnosed with or treated for any of the following? Please check all that are applicable:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Bowel/Bladder Issues | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Neuromuscular Disorder |
| <input type="checkbox"/> Allergies/Hay Fever | <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing/Ear Disorder | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Asthma/Wheezing | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Behavior Concerns | <input type="checkbox"/> Depression | <input type="checkbox"/> Juvenile Arthritis | <input type="checkbox"/> Speech Issues |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Developmental Concerns | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Bone/Muscle/Joint Issues | <input type="checkbox"/> Earaches/Ear Infections | <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> Vision (Glasses, Contacts, Other) |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Meningitis/Encephalitis | |

Other or Additional Information about above-mentioned health conditions: _____

1) **Does your child require an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms?** No Yes. *Authorization for Student Possession & Use of an Asthma Inhaler* form required.

2) **Does your child have any allergies such as food, insect, medication, seasonal, environmental, etc?** No Yes. Which allergies? _____

If a food allergy, the *Food Allergy & Anaphylaxis Emergency Care Plan* form required.

3) **Does your child require an epinephrine autoinjector to treat anaphylaxis in school?** No Yes. Two forms are required: 1) *Authorization for Student Possession & Use of Epinephrine Autoinjector* and 2) *Food Allergy & Anaphylaxis Emergency Care Plan*.

4) **Does your child require diabetes management at school?** No Yes. *Parent Consent & Authorized Health Care Provider Authorization for Management of Diabetes at School* form required.

5) **Does your child require medication during school hours?** No Yes. *Request to Administer Prescribed Medication to a Student During School Hours* form required.

If yes, please list the medications your child takes on a routine basis.

Name of Medication**	Taken For	Activity Restrictions

6) **Will your child need to self-administer non-prescription medication in school?** No Yes. *Request to Self-Administer Non-Prescribed Medication During School Hours* form required.

Need a copy of any of the above forms? You may pick one up at the school office.



UNIVERSAL CONSENT FORM & ENROLLMENT AGREEMENT

Our school is required by law to obtain the parent/legal guardian’s written consent for each student regarding certain information and activities that enable our school to provide the educational experience we advertise. Declining to acknowledge, agree with or consent to some items may mean that the student/family will not have access to some of the educational materials and resources that we use throughout the school day and year and/or the student will not maintain enrollment at the school.

ACKNOWLEDGEMENT OF STUDENT HANDBOOK/CODE OF CONDUCT

We have received and read the school Handbook and Code of Conduct (available on school website). We understand the rights and responsibilities pertaining to students and agree to support and abide by the school’s rules, guidelines, procedures, and policies. We also understand that the Handbook and Code of Conduct supersedes all prior handbooks, codes of conduct and other written material on the same subjects, that this Handbook and Code of Conduct should not be construed to accord any rights or privileges to students or families beyond those accorded by law, and that this Handbook and Code of Conduct may be revised at any time, with or without notice. The signatures on this document are legally binding and indicate the parties who signed have read and understand the terms and conditions in the Handbook and Code of Conduct. Not acknowledging the Handbook and Code of Conduct could mean that student will not be informed of the expectations to maintain their enrollment at the school.

- Parent/Guardian Acknowledges
- Eligible Student Acknowledges (18 years and older)

FERPA ACKNOWLEDGEMENT

The Family Educational Rights and Privacy Act (FERPA) provides parents and students over 18 years of age ("eligible students") certain rights regarding the student’s educational records. In order to serve the student’s educational needs, the school may find it necessary to disclose a student’s name, address, parent’s/guardian’s name, phone number, email address, and date of birth, to a vendor to provide the student with the appropriate learning solutions. The vendors agree to the confidentiality of the student’s name and address and will not use such information for any purpose other than those required under their vendor contract with the school. I hereby acknowledge that my student’s name and address may be provided to the school’s vendors to ensure that the school can best meet the educational needs of my student. Not acknowledging FERPA could mean that the student and family will not have access to educational materials and resources and as such may receive a different educational experience than what the school has advertised.

- Parent/Guardian Acknowledges
- Eligible Student Acknowledges (18 years and older)

AGREEMENT TO INTERNET USAGE TERMS AND POLICIES

I agree to my student using the Internet per the Internet Use Agreement outlined within the school’s Handbook and Code of Conduct. I (we) further agree that any violation of the regulations will result in the termination of Internet privileges. Any violations may result in access privileges being revoked, school disciplinary action, and/or appropriate legal action. Not consenting to Internet usage terms and policies could mean that the student will not have access to the Internet for curriculum, research, or other schoolwork and as such may receive a different educational experience than what the school has advertised.

- Parent/Guardian Agrees
- Eligible Student Agrees (18 years and older)
- Parent/Guardian Does Not Agree
- Eligible Student Does Not Agree

PERMISSION FOR RELEASE OF DIRECTORY INFORMATION FOR SPORTS/ACTIVITIES

I give consent for school to release student’s directory information (such as student’s name, address, parent’s/guardian’s name, telephone number, date and place of birth, participation in officially recognized activities and sports, weights and heights of members of athletic teams, dates of attendance, and degrees and awards received) for sports and activities. I understand that if I initially give my consent, I can choose to withdraw it at any time by updating student’s records at the school.

- Parent/Guardian consents
- Parent/Guardian consents only to PTO & Booster Groups supporting school-sponsored activities
- Parent/Guardian does not consent
- Eligible Student consents (18 years and older)
- Eligible Student consents only to PTO & Booster Groups supporting school-sponsored activities
- Eligible Student does not consent

AUTOMATED PARENT NOTIFICATION SYSTEM FOR EMERGENCIES, ATTENDANCE, EVENTS & OTHER REMINDERS

Our school uses electronic messaging software to notify families of school emergencies, attendance records, and upcoming events via telephone, email and/or text message. Please indicate your preference for participation in this messaging system. I understand that if I initially give my consent, I will be asked to opt-in to text messages at a later date and that I can also choose to opt-out of any of these services at any time throughout the school year.

- Parent/Guardian Agrees
- Eligible Student Agrees (18 years and older)
- Parent/Guardian Does Not Agree
- Eligible Student Does Not Agree



PERMISSION FOR NEWS STORIES

I give consent for quoted statements given by my student, or photographic, audio, video or electronic images of my student, with possible identification by full name, to be used for the purpose of news stories or interviews about the school or educational experiences by our area news media. I understand that if I initially give my consent, I can choose to withdraw it at any time by updating my child's records at the school.

- | | |
|---|---|
| <input type="checkbox"/> Parent/Guardian Consents | <input type="checkbox"/> Eligible Student Consents (18 years and older) |
| <input type="checkbox"/> Parent/Guardian Does Not Consent | <input type="checkbox"/> Eligible Student Does Not Consent |

MEDIA RELEASE

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

I/We grant permission to the school and its board members, management company, and their employees, agents and representatives to use such materials for the promotion of the school and/or 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 its management company.

I agree that my child and I 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, management company, and their 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.

- | | |
|---|---|
| <input type="checkbox"/> Parent/Guardian Agrees | <input type="checkbox"/> Eligible Student Agrees (18 years and older) |
| <input type="checkbox"/> Parent/Guardian Does Not Agree | <input type="checkbox"/> Eligible Student Does Not Agree |

PERMISSION TO DISPLAY STUDENT'S WORK

I give consent for original written materials, artwork or other work created by my student during the course of instruction to be used by the school for exhibition, public display, publication, publicity material, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, or other digital format. I understand that my student's full name may be used with such display except that only my student's first name will be used on the school website. If consent is denied, such denial shall not apply where the student's material is incorporated into a greater or larger body of work (such as a student's voice in a choral recording). I understand that if I initially give my consent, I can choose to withdraw it at any time by updating my child's records at the school.

- | | |
|---|---|
| <input type="checkbox"/> Parent/Guardian Consents | <input type="checkbox"/> Eligible Student Consents (18 years and older) |
| <input type="checkbox"/> Parent/Guardian Does Not Consent | <input type="checkbox"/> Eligible Student Does Not Consent |

PERMISSION FOR EDUCATIONAL CORRESPONDENCE

I give consent for my student to participate in writing letters to people outside the school (e.g., pen pals, thank-you letters, letters to authors, or letters to public officials) as part of the educational experience, and I understand these letters may include the student's full name and other personally identifiable information about the student. I understand that if I initially give my consent, I can choose to withdraw it at any time by updating my child's records at the school.

- | | |
|---|---|
| <input type="checkbox"/> Parent/Guardian Consents | <input type="checkbox"/> Eligible Student Consents (18 years and older) |
| <input type="checkbox"/> Parent/Guardian Does Not Consent | <input type="checkbox"/> Eligible Student Does Not Consent |

ACKNOWLEDGEMENT OF STUDENT RECORDS REQUEST

I understand that the school will be requesting records from my child's current school for the purpose of enrollment in the 2018-19 school year and to aid in present and future educational decisions. This includes my child's state ID number, attendance and truancy records, immunization and medical records, birth certificate, legal custody papers, official transcripts, Individualized Education Plan, multi-factored evaluation, behavior intervention plan, pupil personnel and special services records, standardized test scores, academy or school disciplinary intervention records, EL reports, directory information, suspension and expulsion reports, and all other permanent and cumulative records.

- | | |
|---|---|
| <input type="checkbox"/> Parent/Guardian Acknowledges | <input type="checkbox"/> Eligible Student Acknowledges (18 years and older) |
|---|---|



By signing below, I pledge my commitment to helping the school fulfill its primary mission—rigorous academic learning. I had the opportunity to review the school Handbook and Code of Conduct and pledge:

- To ensure that the rules and guidelines of the school, as contained in the Handbook and Code of Conduct, are followed by my child and my household.
- To maintain high academic and behavioral expectations for my child.
- To demonstrate consistent interest in my child’s progress at school.
- To support and work with teachers and school staff for the benefit of my child’s learning.

As a parent/guardian, I understand that my child may be withdrawn from the school, in accordance with state law and school policy, if:

- My child has excessive absences (excused or unexcused) and/or tardies (arriving to school late or being picked up early on a regular basis).
- My child repeatedly violates school rules.
- My child does not complete his or her homework or assignments regularly.

In addition to my preferences set forth above, my signature below verifies that information and documentation I provided to the school in the (re)enrollment process are accurate and up-to-date.

_____/_____/_____
Parent/Legal Guardian Name Parent/Legal Guardian Signature Date

_____/_____/_____
Eligible Student Name (18 years and older) Eligible Student Signature Date

