

Clark Preparatory Academy

2018 - 2019

Enrollment Documentation Checklist

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

Required Paperwork				
<input type="checkbox"/> Completed Enrollment Packet	<input type="checkbox"/> Valid Birth Certificate	<input type="checkbox"/> Social Security Number (required: at least last four digits)	<input type="checkbox"/> Parent or Student Driver's license or State ID	<input type="checkbox"/> Emergency Medical Authorization Form
<input type="checkbox"/> Proof of Residency (<i>must provide one proof of residency dated within 30 days of enrollment</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Rent Receipt <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Voter Registration <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Statement 	<input type="checkbox"/> Media Release Form <input type="checkbox"/> Sports and Activity Authorization Form	<input type="checkbox"/> Proof of immunizations <i>(Note: Immunization requirements must be met or student will be excluded from school on the 15th day of school)</i>	<input type="checkbox"/> Last Report Card (or transcript from previous school)	<input type="checkbox"/> Free and Reduced Lunch Form/Income Verification Form
Possible Additional Paperwork				
<input type="checkbox"/> IEP or 504 Plan Information	<input type="checkbox"/> Home Language Survey (if applicable)	<input type="checkbox"/> Caregiver Forms	<input type="checkbox"/> Double Affidavit (if not living in parents residence or living with grandparents)	<input type="checkbox"/> Custody Guardian Papers/Temporary Custody orders
<input type="checkbox"/> Request for Records	<input type="checkbox"/> Transportation Form	<input type="checkbox"/> Other:		

1. The Student meets all requirements of residency, guardianship, immunizations and age (birth certificate).
2. The Guardian must provide proof of immunization within 14 days.

Deadline Date: _____

3. The Student does not meet all requirements, and must do the following prior to admittance
 - Provide birth Certificate
 - Provide proof of residency
 - Other: _____
 - Provide proof of custody/guardianship
 - Follow-up call back, within 72 hours.

Deadline Date _____

Data Manager: _____

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Enrollment Application

Enrollment Date _____ Re-enrollment New enrollment Grade Enrolling _____

Name of Student _____
(First) (Middle) (Last)

Address _____ Apt # _____ City _____ Zip Code _____

Primary Phone # _____ Cell Phone # _____ Email: _____

Social Security #: _____ - _____ - _____ Birth Date: _____ Gender: Male Female

Student Birth Place _____
(City) (State) (Country)

Name of parents/legal guardians with whom student resides:

(First) (Middle) (Last) (phone number)

(First) (Middle) (Last) (phone number)

Who does the child live with? (Circle all that apply)

Mother Father Grandmother Grandfather Step-Father Step-Mother Surrogate Guardian Guardian Ad Litem
Other: _____

(Name and relationship to the student)

Who has legal custody of the student? Both Parents One Parent (Mother or Father) Other: _____

Name and address of CUSTODIAL PARENT NOT residing with student: _____

Please list any CUSTODIAL ISSUES: _____

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

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

Ethnicity: Is the student of Hispanic/Latino Origin? Yes No

Ethnicity: White Black Hispanic Asian American Indian/Alaskan Native

Multiracial *If Multiracial, please check at least two (2) racial groups below. If not Multiracial, just select one (1) race:*

Race: White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Native Language:

1. Is a language other than English used in the home? Yes No If yes, what language _____
2. Does the student have a first language other than English? Yes No
3. Does the student most frequently speak a language other than English? Yes No If yes, what language _____
4. If student speaks a language other than English or was born outside of the United States, please give the month and year the student FIRST entered the United States: _____
5. If the student was born outside of the United States, in which country was he/she born? _____

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I agree my child may be physically released only to the following person(s). These person(s) may also be called in the event of an emergency. Proof of identification, in the form of picture ID is required when picking up child(ren). Changes of any release/ contact selections must be received in written form.

Name	Relationship to Student	Primary Contact Number	Address

Students 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

Public School District of Residence: _____ Previous School Phone #: _____

Name of Last School 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? ____

Did the student attend pre-school? Yes No

How long did student attend pre-school? _____

List any additional information that would be helpful to the school: _____

Additional Children under 18 living in the home		
Name	Age	School Attending

This form constitutes withdrawal from: _____ Date: _____

Parent Signature: _____ Date: _____

By signing below I agree that my child will abide by and support the Academy rules and regulations. I further confirm that the information provided in this document is true and correct. I am the legal guardian or custodian of the above student.

Parent/Guardian Signature: _____ Date: _____

If required, translation services were provided by: _____
(Signature) (Date)

Emergency Medical Authorization Form

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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. ORC 3313.712

Student Name _____ Grade: _____
(First) (Middle) (Last)

Date of Birth: _____ Home Phone #: _____

Mother's Name: _____ Contact #'s: _____

Father's Name: _____ Contact #'s: _____

Home Address: _____ City: _____ Zip: _____

Emergency Contacts			
Name	Relationship to Student	Daytime Phone	Cell Phone
1.			
2.			
3.			
4.			

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: Doctor _____ Dentist _____ Medical Specialist _____ Local Hospital/Emergency Room _____	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: _____ Signature of Parent/Guardian Date: _____
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 of Parent/Guardian _____ Date: _____	Signature of Parent/Guardian _____ Date: _____

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Media Release Form

Please provide all the information asked for below.

Student Name _____ **Grade:** _____
(First) (Middle) (Last)

Date of Birth: _____ Home Phone #: _____

Mother's Name: _____ Contact #s: _____

Father's Name: _____ Contact #s: _____

Home Address: _____ City: _____ Zip: _____

I, Parent/Legal Guardian of (child's name) _____ hereby grant permission to Clark Preparatory Academy, its agents and assigns, to use above named child's photo or video, and likeness for the purpose of promotion Clark Preparatory Academy for all forms, media and manners, for the following, but not limited to, news releases, **photographs**, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me.

I further acknowledge that I will not be compensated for these uses and the Clark Preparatory Academy owns all rights to the images, videos, and recordings, and to any derivative works created from them.

I waive any right to inspect the uses of any printed or electronic copy. I hereby release Clark Preparatory Academy and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This Release expresses the complete understanding of the parties.

Signed: _____ Date: _____

Printed Name: _____ Relationship: _____

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Activity Authorization Form

I hereby authorize the release and disclosure of the personal health information of _____ ("Student"), as described below, to _____ ("School").

The information described below may be released to the School principal or assistant principal, coach, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be re-disclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

In understand by its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I understand that in the case of injury or illness requiring transportation to a health care facility that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I consent to the use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature and other materials and releases related to interscholastic athletics.

This authorization will expire at the conclusion of the present school year.

Student's Signature	Birth Date	Grade in School	Date
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Parent/Guardian Signature	Contact Information	Date
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Request for Records

Last School of Attendance: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Fax Number: _____

Student's Name: _____

Student's DOB: _____

Date of Request: _____

Please release the following:

- Birth Certificate
- Disciplinary Records
- Immunization /Health Records
- Official Transcript
- Permanent/Cumulative
- Special Education Records/IEP/Multi-Factored Evaluations
- Testing Records
- Other

Parent/Guardian Signature: _____

Data Manager/Director Signature: _____

Mail or e-mail request to:

Clark Preparatory Academy (IRN 015236)

623 Center Street

Springfield, OH 45506

Phone: 937-504-1175

Email: _____