



A+ Children's Academy Community School
Helping Children Reach The Stars

Enrollment Checklist

The following information is required before a student can start school.

You must bring these items with at the time of enrollment.

Copy of Birth Certificate	
Social Security Card	
Proof of Address (acceptable documents listed on enrollment form)	
Custody Papers (if applicable to your family)	
Immunization Records	
Copy of the student's IEP (if applicable)	
Photo I.D. for the parent/guardian	

Complete the following forms included in the enrollment packet.

Student Enrollment Form	
Authorization Form	

Please request the following forms if they apply to your child/family.

Medical Authorization Form (required for medicines to be administered at school by school personnel)	
Self-Medication Authorization Form (required and used only for students self-medicating with asthma inhalers)	
Special Diet Form	

Please bring the following items with you. They need them to place your student in the appropriate classes.

Withdrawal papers from the previous school (including grades at time of withdrawal) This does not apply for students enrolling during the summer.	
Latest Grade Card (if possible)	



A+ Children's Academy Community School
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Student Enrollment Form

Student's Name: _____

Last

Suffix (if any)

First

Middle

Birth Date: (MM/DD/YYYY) _____

Gender: Male Female

Proof of Age: Birth Certificate Passport Other: _____

Home Phone: _____ Cell Phone: _____

Country of Birth: _____ State of Birth: _____

City of Birth: _____

Home Address: _____

City: _____ State: _____ Zipcode: _____

Proof of address type: Builder's Statement Emancipation Employment Records Government Office
 Landlord's Statement Lease Recent Utility Bill Other _____

Dwelling Type: Apartment House Other: _____

Has the student ever attended any public, private school, Head Start, pre-school, charter or community school in the state of Ohio? Yes No

Previous School District: _____ Previous School: _____

Previous School Address
(Please Print)

City

State

Zip Code

Phone: _____ Fax: _____

English as a Second Language (ESL) Info

1. Was this student born outside of the U.S., in a country where English is not the primary language? Yes No
2. Was one or both parents born outside of the U.S., in a country where English is not the primary language? Yes No
3. Did the student first learn to speak a language other than English? Yes No
4. Is a language other than English spoken at home? Yes No

Special Education Info

Does your student have an IEP/MFE? _____

What is your child's disability category? _____

Ethnicity/Race Info

The collection of Ethnicity and Race data is in compliance with the Federal Government's standards effective July 1, 2010

Is this student Hispanic/Latino? Yes No

(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

What is this student's race? Choose one or more, regardless of ethnicity.

(A) Asian

Origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent

(I) American Indian or Alaskan Native

Origins in any of the original peoples of Europe, the Middle East, or North or South America who maintain community attachment

(W) White

Origins in any of the original peoples of Europe, the Middle East, or North Africa

(B) Black or African American

Origins in any of the original peoples of any of the black racial groups of or of Africa

(P) Native Hawaiian/Pacific Islander

Origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands

Who has legal custody of this student?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only
Name: _____	<input type="checkbox"/> Father Only *	<input type="checkbox"/> Guardian *
	<input type="checkbox"/> Shared Parenting *	<input type="checkbox"/> Other * _____
With whom does the student live?	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only
Check One:	<input type="checkbox"/> Father Only	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Shared Parenting	<input type="checkbox"/> Other _____

Father/Guardian Legal Name

(Please Print) _____
 Last First Middle

Custodial Parent/Guardian Step Parent Language spoken at home: _____

 Street City State Zip Code

Works on Govt. property? Yes No Works at: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Available at work: Yes No

Email: _____ Emergency Contact Yes No Copy of Correspondence Yes No

Mother/Guardian Legal Name

(Please Print) _____
 Last First Middle

Custodial Parent/Guardian Step Parent Language spoken at home: _____

 Street City State Zip Code

Works on Govt. property? Yes No Works at: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Available at work: Yes No

Email: _____ Emergency Contact Yes No Copy of Correspondence Yes No

By signing, I verify that all the information provided is true and verifiable to the best of my knowledge.

Date: _____

Parent/Legal Guardian Name (Printed): _____

Signature: _____

*Indicates the need for a copy of legal court document(s) to be attached.

A+ Children's Academy Authorization form

Please Print

Student: _____	Grade: _____
Teacher: _____	
Address: _____	
Phone # _____	

Mother: _____ **Work #** _____
Cell # _____

Father: _____ **Work #** _____
Cell # _____

Parent/Guardian E-Mail: _____

Other Emergency Contact: _____
Relationship: _____ **Phone #** _____

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

Physician: _____
Phone # _____

Dentist: _____
Phone # _____

In the even reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary to above named doctors, 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 dentist, 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 impairment to which a physician should be alerted:

Signature of Parent/Guardian: _____
Date: _____

Photography / Publication Release

We request permission for your child to be photographed or videotaped by school staff or local news organizations during the current school year. Their picture may be used in newspaper articles, television stories, brochures, and other promotional products.

_____ YES, I give my permission. _____ NO, I do not give my permission.

Field Trip Permission

My child has permission to accompany his/her class on school-sponsored field trips. I will be notified in advance when and where these trips will be. I also give my permission for them to ride the bus to any location in the district for school related activities, assemblies, etc.

_____ YES, I give my permission. _____ NO, I do not give my permission.

Signature of Parent/Guardian: _____

Date: _____

Distributing Statement

“The A+ Children’s Academy Community School is a community school established under Chapter 3314. of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administration or the Ohio Department of Education.”

ORC 3314.041 Distributing statement concerning state-prescribed testing and compulsory attendance law to parents.

This policy is to be posted on the school’s website as well as included in enrollment packets. It is also posted in the school building.

Board Adopted February 2015



A+ Children's Academy Community School
Helping Children Reach for the Stars

114 Obetz Rd.
Columbus, Ohio 43207
Student Records Request

School IRN number: 013232

Full Name of Student at Time of Enrollment (Please Print)

First: _____ Middle: _____ Last: _____

Date of birth: _____

Last grade attended: _____

Date of withdrawal: _____

Name of last school Attended: _____

Address of last school attended: _____

Reason for request of records:

Student enrolled at A+ Children's Academy Community School on: _____

Please send over the following information on the above student and withdraw from your school district.

- Birth Certificate
- Social Security Card
- Immunization/Health Records
- Custody Papers/Parent ID
- Grade and Academic work completed/Report Cards
- Attendance Information
- Assessment Scores
- RIMP Program/TGRG Information
- IEP/ETR Information (If applicable)

Please release the information requested to **A+ Children's Academy Community School**

Records Requested may be returned by either method:

fax number mail e-mail (mcummings.apca@gmail.com)

Party requesting records: Ms. Mindy Cummings

Phone numbers: Office Fx: 614-491-8631 Work: Office Ph: 614-491-8502



**Columbus City Schools
Transportation Services Department**

2016 - 2017 REQUEST FOR PUPIL TRANSPORTATION TO A COMMUNITY SCHOOL

A separate application must be submitted for each pupil. Use the student's full, legal name. Only one transportation service will be provided per pupil. Information must be provided along with certification by the school administrator. Reimbursement-in-lieu of transportation is provided only if no school bus or COTA Pass is available. The due date for full year reimbursement is September 30, 2016. Late applications will be pro-rated from the date of receipt.

Student Information

Please Print or Type

Check all that apply: New Student Returning Student

Address Change

Effective Date Of Change _____ / _____ / _____

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ (mm/dd/yyyy) Sex _____ Race _____ Grade _____ Home Phone _____

Address _____ City _____ Zip _____

Mother/Guardian Name _____ Daytime Phone _____ Other Phone # _____

Father/Guardian Name _____ Daytime Phone _____ Other Phone # _____

Emergency Contact Name _____ Relationship to Student _____

Emergency Contact Address _____ Phone # _____ Other Phone # _____

Name of School Transportation is Requested to: _____ Enrollment Date _____

What School did your child previously attend? _____ Withdrawal Date _____

Parent Signature (REQUIRED FOR PROCESSING) _____ Date _____

School Certification (Must be completed by the school administrator & required for processing)

I hereby certify that the above student resides in the Columbus City School District and was enrolled as of _____ (mm/dd/yyyy) at _____ School for the 2016-2017 school year, has been entered into the OSES with SSID # _____, and is eligible for services provided by Columbus City Schools Transportation Dept. I further certify that I will notify Columbus City Schools immediately if the above student is withdrawn.

School Administrator Signature (REQUIRED FOR PROCESSING) *[Signature]* Date 12/16/16

Columbus City Schools Transportation Department Use Only

Service Provided (check only one): _____ School Bus _____ COTA Pass _____ Reimbursement _____ Start Date _____

Bus Route # _____ Time & Location _____ Processed By _____

Incomplete Applications Will NOT Be Processed