



## Enrollment Checklist

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

**You must bring these items with you 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 in this 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 are needed 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)	



Students Name: \_\_\_\_\_  
Last Name                                  Suffix      First Name                                  Middle Name

Date of Birth (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: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Proof of Address:     Builder's Statement       Emancipation       Government 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: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Military Student Identification**

Record Field Number FN430 Definition - Identifies student with a parent or legal guardian who is an active member of the Armed Forces or National Guard.

Valid Options:

- Not Applicable (Not a Military Student)
- Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard).
- National Guard Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard).

## **English as a Second Language (ESL) Identification**

1. Was this student born, outside of the U.S., in a country where English **IS NOT** the primary language?  
 Yes  No

Was one or were both parents born, outside of the U.S., in a country where English **IS NOT** the primary language?  Yes  No

2. Did the student **FIRST** learn to speak a language other than English?  
 Yes  No
3. Is a language **OTHER THAN** English spoken at home?  
 Yes  No

## **Special Education Identification**

1. Has your student ever had an evaluation (ETR) to determine eligibility to receive Special Education services?  
 Yes  No
2. If "**YES**," what is your child's disability category—ID, ED, SLD, OHI, AUT, Speech/Language? \_\_\_\_\_
3. Does your student have a current Individual Education Plan—IEP?  
 Yes  No
4. Does your student have a current 504 Plan?  
 Yes  No

## **Ethnicity / Race Identification**

*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? (Hispanic / Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  Yes  No

**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)

**(B) Black or African American**

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

**(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)

**(P) Native Hawaiian / Pacific Islander**

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

**(W) White**

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

## **Legal Guardian Identification**

1. Who has legal custody of this student?

Name: \_\_\_\_\_  
First Name Last Name

Both Parents  
 Father Only \*  
 Shared Parenting \*

Mother Only \*  
 Guardian \*  
 Other \*

2. With whom does the student live?

Name: \_\_\_\_\_  
First Name Last Name

Both Parents  
 Father Only  
 Shared Parenting

Mother Only  
 Guardian  
 Other

### **Father / Guardian (Legal Name)**

(Please Print) \_\_\_\_\_  
Last Name Suffix First Name Middle Name

Custodial Parent  Step-Parent Language Spoken at Home: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Works on Government Property?  Yes  No Works at: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Are you available to take phone calls at work?  Yes  No

Email: \_\_\_\_\_ Emergency Contact  Yes  No Copy of Correspondence  Yes  No

### **Mother / Guardian (Legal Name)**

(Please Print) \_\_\_\_\_  
Last Name Suffix First Name Middle Name

Custodial Parent  Step-Parent Language Spoken at Home: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Works on Government Property?  Yes  No Works at: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Are you available to take phone calls 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.**

Parent / Legal Guardian Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## **A+ Children's Academy Authorization form**

(Please Print)

Student's Name: \_\_\_\_\_  
Last Name    Suffix    First Name    Middle Name

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### ***Mother / Guardian***

Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

### ***Father / Guardian***

Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Parent / Guardian E-Mail: \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

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

Physician (name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Dentist (name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

In the event all reasonable attempts to contact me have been unsuccessful, I hereby give consent for:

- (1) the administration of any treatment deemed necessary to the above-named practitioners, or, if said 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, prior to the surgery, the medical opinions of two other licensed physicians or dentists are obtained concurring in the necessity for 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: \_\_\_\_\_

## **Permissions**

### **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 for my child to be photographed and / or videotaped.
- No, I *do not* give my permission for my child to be photographed and / or videotaped.

### **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 3314.041 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 / or 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 The Stars*

**114 Obetz Rd.  
Columbus, Ohio 43207  
Student Records Request**

**School IRN number: 013232**

*Full Name of Student of Student at the Time of Enrollment:*

*(Please Print)*

Students Name: \_\_\_\_\_  
Last Name Suffix First Name Middle Name

Date of Birth (MM/DD/YYYY): \_\_\_ / \_\_\_ / \_\_\_\_\_ Gender:  Male  Female

Last Grade Attended: \_\_\_\_\_

Date of Withdrawal: (MM/DD/YYYY): \_\_\_ / \_\_\_ / \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_

Address of Last School Attended:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Reason for Request of Records:

Student Enrolled at A+ Children's Academy Community School on: (MM/DD/YYYY): \_\_\_ / \_\_\_ / \_\_\_\_\_

Please send over the following information on the above student and withdraw the student 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 requested information to **A+ Children's Academy Community School**

Requested Records May Be Returned by Email or Fax to:

Ms. Mindy Cummings  
A+ Children's Academy Community School  
mcummings.apca@gmail.com  
Phone: 614.491.8502 Fax: 614.491.8631



