

## PARENT REGISTRATION CHECKLIST

- Student Enrollment Form
- Emergency Card
- Birth Certificate (copy)
- Immunization Records (copy)
- Custody/Legal Papers
- Medical Information Form
- Home Language Survey
- Special Education Survey
- Request For Student Records
- Withdrawal Form From Previous School
- Parent Survey
- Dress Code Standards
- Photograph Release/ Community Exploration Release
- Copy of Most Recent Report Card Showing Grade Level for 2009-2010 School Year
- Copy of AIMS Scores
- Copy of AZELLA Test Results

✓ Parents, please keep this sheet for your records and as a guide to ensure that all required registration information is returned to the school.

# STUDENT ENROLLMENT FORM

## STUDENT INFORMATION

Student SAIS ID Number: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
Last First MI

Student's Preferred Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Country: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  White  Black or African American  Asian  American Indian/Alaskan Native  
 Native Hawaiian or other Pacific Islander  Hispanic

Home Address: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Student Lives With:  Both Parents  Mother Only  Father Only  Step Parent  Legal Guardian

Student & Family reside in:  Permanent Residence  Temporary Residence  Shelter/Group Home

Student is currently Homeless:  Yes  No

Student or Family Requests Additional Information Regarding Available Services:  Yes  No

## PARENT/GUARDIAN INFORMATION

Mother/Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother/Legal Guardian Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.

Indicate Preferred Method of Contact:  Phone (Best Time To Call: \_\_\_\_\_)  Email

Father/Legal Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father/Legal Guardian Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.

Indicate Preferred Method of Contact:  Phone (Best Time To Call: \_\_\_\_\_)  Email

## PREVIOUS SCHOOL INFORMATION

Last School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

City/State of Previous School: \_\_\_\_\_ District: \_\_\_\_\_

Home Schooled Curriculum Used: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

**Please list a minimum of three (3) authorized people other than parents/guardians who can be contacted to care for or transport your child. The individuals listed are the only adults authorized to pick up your child.**

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Custody Papers on File:**  Yes  No

**The following people DO NOT have permission to remove my child from school.**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

What is the primary Language of the student?

English  Spanish  Other (Please Specify): \_\_\_\_\_

My signature certifies that I am the parent or legal guardian and that the information provided herein is true, accurate and current.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL INFORMATION FORM

Student's Name: \_\_\_\_\_

### MEDICAL HISTORY (Please check all that apply)

**Please attach a copy of your child's immunization record.**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Measles             | <input type="checkbox"/> Asthma            | <input type="checkbox"/> Physical Handicap             | <input type="checkbox"/> Mumps           |
| <input type="checkbox"/> Chickenpox          | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Allergies (food or otherwise) | <input type="checkbox"/> Seizures        |
| <input type="checkbox"/> Hearing Impairment  | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Scoliosis                     | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Ear Infections    | <input type="checkbox"/> Tuberculosis                  |  |

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is your child taking any medications?  Yes  No If yes, please name the medication(s) and for what condition.

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Is your child presently under medical treatment? If yes, please explain: \_\_\_\_\_

Is your child allergic to any food or other substances? If yes, please name food or substance to be avoided and procedure to be followed: \_\_\_\_\_

Is your child subject to convulsions, and what is the appropriate procedure if one occurs? \_\_\_\_\_

Is your child usually susceptible to infections and if so, what precautions need to be taken? \_\_\_\_\_

Are there any physical conditions or limitations we should be aware of? Please explain: \_\_\_\_\_

Additional Comments/Other Special Instructions: \_\_\_\_\_

I hereby grant permission, in an emergency, to take my child to the nearest hospital/emergency facility for treatment in the event that I cannot be reached. It is understood that the school will try to reach the parent/guardian and/or other persons listed as emergency contacts before arranging for transportation to a hospital/emergency facility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HOME LANGUAGE SURVEY

In order to plan educational programs for students and comply with the requirements of rule R7-2-306, App A. English Language Assessment Tests and Procedures, App. B. Primary Language Assessment Tests and Procedures, please complete the following questionnaire.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (City/State): \_\_\_\_\_ Years enrolled in US School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

What is the primary language of the student?

English  Spanish  Other (Please Specify): \_\_\_\_\_

If you have indicated a language other than English in the above responses, please complete the following:

What language does the mother/guardian speak to the child? \_\_\_\_\_

What language does the father/guardian speak to the child? \_\_\_\_\_

What language does the child speak to the mother/guardian? \_\_\_\_\_

What language does the child speak to the father/guardian? \_\_\_\_\_

Has the student participated in a school-based bilingual program?

Yes  No

Is your child currently enrolled as an ELL Student?

Yes  No

I hereby certify that the above information is true and correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SPECIAL EDUCATION SURVEY

In order to provide continuity in the educational environment, it is required that all past and current special education eligibility, history of services and accommodations be provided to AmeriSchools Academy.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School of Service: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Was your child ever enrolled in any Special Education Programs?

Yes  No **If yes, please check all that apply:**

Speech  Learning Disability (If yes, what area(s)?) \_\_\_\_\_

Occupational Therapy  Physical Therapy  Psychological Evaluation

Other (please specify): \_\_\_\_\_

Has your child ever had a psychological evaluation?

Yes  No

**IF YES, EVALUATION MUST BE ATTACHED TO REGISTRATION PACKET**

Has your child ever been tested or evaluated for Special Education Services?

Yes  No

**IF YES, EVALUATION MUST BE ATTACHED TO REGISTRATION PACKET**

Does your child currently have an Individualized Education Plan (IEP)?

Yes  No

**IF YES, THE CURRENT I.E.P. MUST BE ATTACHED TO THE REGISTRATION PACKET**

Does your child currently have a 504 Accommodation Plan?

Yes  No

**IF YES, THE CURRENT 504 ACCOMMODATION PLAN MUST BE ATTACHED TO THE REGISTRATION PACKET**

I hereby certify that the above information is true and correct. I understand that failure to accurately report information may effect my child's enrollment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Request for Student Records

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SAIS ID Number: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

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

Previous School Number: \_\_\_\_\_ Previous School Fax: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This student has enrolled at AmeriSchools Academy. Please forward all pertinent school records/transcripts including:***

- Attendance Records
- Previous School Records
- Health/Immunization Records
- Birth Certificate
- Report Cards/Progress Reports
- Discipline Records
- Standardized Test Scores
- \*Special Education

***\*If Special Education Records are maintained at another site or office, please forward this request to the appropriate personnel.***

Please send records/transcripts for the child to the following address:

**AmeriSchools**

\_\_\_\_\_

\_\_\_\_\_

**For official use only**

Date 1<sup>st</sup> Request Sent: \_\_\_\_\_

Date 3<sup>rd</sup> Request Sent: \_\_\_\_\_

Date 2<sup>nd</sup> Request Sent: \_\_\_\_\_

Date 4<sup>th</sup> Request Sent: \_\_\_\_\_

Date Received: \_\_\_\_\_

# PARENT SURVEY

Please answer the following questions with as much information as possible.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

How did you hear about AmeriSchools Academy?

- Mailing       Newspaper       Flyer       Internet       Passing By  
 Word Of Mouth       Yellow Pages       Other: \_\_\_\_\_

Are you interested in being a part of your child's education through volunteering?  Yes  No

Please describe any special interests/needs your child might have. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any specific cultural, social and/or religious patterns followed in the home that you would like the school personnel to know about. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever repeated a grade or been retained by another school/district?  Yes  No

Has your child ever been suspended by another school/district?  Yes  No **If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been expelled from school?  Yes  No **If yes, please explain:**

From what school? \_\_\_\_\_ Date of Expulsion: \_\_\_\_\_

Comments: \_\_\_\_\_

Has your child participated in any extra-curricular activities (sports, clubs, events, etc.)?  Yes  No **If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify by my signature, that I am either the parent or legal guardian of this child and that the above information is true, accurate and up to date. I understand that if any of the information completed on this application is incorrect or inaccurate, it may adversely affect the ability of AmeriSchools Academy to educate your child resulting in his/her administrative withdrawal.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT INFORMATION & PHOTOGRAPH RELEASE**

This form gives AmeriSchools Academy authorization to use student information and pictures taken of your child for educational purposes, including newspaper or other publicity. (**Please Check ONE Option**)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

- I approve of Student Information and Photograph Release without reservation or compensation
- I approve of Student Information and Photograph Release for school/class pictures **ONLY**. I understand these pictures may be used in the school yearbook.
- I **DO NOT** approve of any student Information or Photograph Release for my child. (Please Note: This option includes, but is not limited to, school pictures (individual), class pictures and/or yearbook pictures.)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMUNITY EXPLORATION PERMISSION**

AmeriSchools Academy has many opportunities to go on exciting community exploration trips. Occasionally, the information is given to the school at the last minute and AmeriSchools Academy does not have time to send home permission slips, so the students are unable to participate. To avoid having to miss exciting educational opportunities, you are asked to check one of the options below. This will give your child permission to attend community exploration trips on short notice or if your child forgets to return their permission slip. Parents/Guardians will always be notified before your child goes off campus.

- YES!** My child has permission to participate in community exploration trips! My child has permission to walk to the destination (when applicable), ride on a chartered or city bus or ride in the school van. Also, I hereby grant my permission, in an emergency, for my child to be taken to the nearest emergency facility for treatment in the event that I cannot be reached.
- NO!** My child does not have permission to participate in community exploration trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_