**2021-2022 New Student Registration Packet**

**to be completed by a custodial parent/legal guardian**

|  |  |
| --- | --- |
| **Primary CUSTODIAL Parent/LEGAL Guardian Information:** | |
| **What is your relationship to the student?** | Mother  Father  Legal Guardian |
| **Your First Name** |  |
| **Your Last Name** |  |
| **Email Address** |  |
| **Cell Phone Number** |  |
| **Home Phone Number** |  |
| **Work Phone Number** |  |
| **Home Address** | Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ |
| **ADDITIONAL Parent/LEGAL Guardian Information (skip if not applicable):** | |
| **Relationship to**  **student** | Mother  Father  Legal Guardian |
| **First Name** |  |
| **Last Name** |  |
| **Email Address** |  |
| **Cell Phone Number** |  |
| **Home Phone Number** |  |
| **Work Phone Number** |  |
| **Home Address** | check if same as Primary Parent/Legal Guardian  Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Student Information. Write student’s name as it APPEARS ON the birth certificate:** | | |
| **Legal First Name** |  | |
| **Legal Middle Name** |  | |
| **Legal Last Name** |  | |
| **Nick Name (if applicable)** |  | |
| **Birth Date** | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | |
| **Gender** | Male  Female | |
| **Home Address** | check if same as Primary Parent/Legal Guardian  Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ | |
| **Mailing Address (if different than Home Address)** | Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ | |
| **Grade Applying To** | **(circle one)** PK K 1 2 3 4 5 6 7 8 9 10 11 12 | |
| **City/Town of Child’s Birth** |  | |
| **COUNTY (not country) where student resides** |  | |
| **Student Cell Phone Number (if applicable)** |  | |
| **Is the student a twin, triplet, or other multiple birth?** | No  Yes | **If Yes, what is the child’s birth order? (circle one)**  1st 2nd 3rd 4th 5th 6th 7th 8th |

**How did you hear about our school?**

|  |  |  |
| --- | --- | --- |
| Sibling Attends  Referral  Signage  Event | Mailer  Radio, TV, News  Door-to-Door Canvassing in  Neighborhood | Social (Facebook, Instagram)  Web Search  Previously attended an ACCEL School |

**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  Navy – Active Duty  National Guard – Full-Time, Active Duty  Reserves  Veteran/Retired  Gold Star Family |

**HOUSING INFORMATION**

|  |
| --- |
| *Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.* |
| Please choose which of the following situations the student currently resides in (you can choose more than one):  House or apartment with parent/guardian  Motel, car, or campsite  Shelter or other temporary housing  With friends or family members (other than or in addition to the primary parent/guardian) |
| If you are living in shared housing, please check ALL of the following reasons that apply:  Loss of housing  Economic situation  Temporarily waiting for house or apartment  Provide care for a family member  Living with boyfriend/girlfriend  Loss of employment  Parent/guardian is deployed  Other. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you a student under the age of 18 and living apart from your parent/guardian?  Yes  No |

**EDUCATION HISTORY**

|  |
| --- |
| 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 expelled from school?  No  Yes; provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has the expulsion ended?  No, the child is currently expelled  Yes, it ended on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Has your child ever been suspended from school?  No  Yes; please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ETHNICITY & RACE**

|  |
| --- |
| *State and Federal regulations require that school districts record the ethnicity and race of a student.* |
| **Using numbers, code each ethnicity that pertains to the child in descending order.** If the child is only one race, enter 1 next to that race. If the child is of mixed race, enter 1 for the primary race, enter 2 for the secondary race, etc:  \_\_\_\_\_ American Indian/Alaskan Native  \_\_\_\_\_ Asian  \_\_\_\_\_ Black  \_\_\_\_\_ Hispanic/Latino  \_\_\_\_\_ Native Hawaiian/Pacific Islander  \_\_\_\_\_ White  **Name of Enrolled or Principal Tribe (if American Indian/Alaskan Native chosen above):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Did your family immigrate to the United States within the past three years?**  No  Yes  **If yes, which year did you immigrate to the United States?**  2018  2019  2020  2021 |

**EMERGENCY CONTACTS (when parents/guardians cannot be reached)**

|  |  |  |
| --- | --- | --- |
| **Emergency Contact #1** | | |
| First Name | Last Name | Relationship to Student |
|  |  |  |
| Mobile Phone Number | Home Phone Number | This person is: |
|  |  | Authorized to pick-up my child  Emergency contact only |
| **Emergency Contact #2 (optional)** | | |
| First Name | Last Name | Relationship to Student |
|  |  |  |
| Mobile Phone Number | Home Phone Number | This person is: |
|  |  | Authorized to pick-up my child  Emergency contact only |
| **Emergency Contact #3 (optional)** | | |
| First Name | Last Name | Relationship to Student |
|  |  |  |
| Mobile Phone Number | Home Phone Number | This person is: |
|  |  | Authorized to pick-up my child  Emergency contact only |

**BUS TRANSPORTATION**

|  |  |
| --- | --- |
| *Transportation services are provided by the school using Trinity Transportation services. Eligibility is based on proximity to school and awarded on a first come, first serve basis based on completed registration packets (including required documents). Please see the school website or contact the front office for more information.* | |
| Are you planning to request Bus Transportation services for the 21-22 school year?  Yes  No | If Yes, what bus service does your child need?  Both To & From School  To School Only (AM)  From School Only (PM)  Not Sure Yet |

**MEDICAL HISTORY & REQUEST FOR MEDICAL AUTHORIZATION FORMS**

Has your child ever been diagnosed with an illness or treated for a condition that our school staff should be aware of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does your child have any allergies such as food, insect, medication, seasonal, environmental, etc?** | No | Yes. Which allergies? | | |
| **Does your child require an epinephrine autoinjector to treat anaphylaxis in school?** | | | No | Yes |
| **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 |
| **Does your child require diabetes management at school?** | | | No | Yes |
| **Does your child require medication during school hours?** | | | No | Yes |

*If the answer was Yes to any of the above questions, additional form(s) are required and will be provided to you by the school.*

**HOME LANGUAGE SURVEY**

|  |  |
| --- | --- |
| 1. **What language(s) is (are) spoken in your home?** |  |
| 1. **Which language did your child learn first?** |  |
| 1. **Which language does your child use most frequently at home?** |  |
| 1. **Which language do you most frequently speak to your child?** |  |
| 1. **How long has your son or daughter attended school in the United States?** |  |

**REQUEST & RELEASE OF STUDENT RECORDS**

**FOR ADMISSION TO THE 2021-2022 SCHOOL YEAR**

**CURRENT/PREVIOUS SCHOOL**

|  |  |
| --- | --- |
| Name of Last School Attended |  |
| School Address (City & State) |  |

**As the parent/guardian of the below student, I request you to release my child’s student records to my child’s new school. Please send all records to:**

|  |  |
| --- | --- |
| Name of School |  |
| School Address |  |
| Phone Number |  |
| Fax Number |  |
| Email Address |  |

**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **First Name** |  |
| **Middle Name** |  |
| **Last Name** |  |
| **Date of Birth** |  |
| **Grade Level in 20-21**  **school year** |  |
| **Anticipated start date**  **at new school** |  |

**Please include all permanent/cumulative records including:**

* State ID Number
* Proof of Identification (birth certificate, etc)
* Proof of Residency documentation
* Immunization & Medical Records
* Custody Papers
* Enrollment History
* Attendance & Truancy
* Academic or Disciplinary Intervention (including Suspension, Expulsion, and/or Permanent Exclusion)
* Academic Records (standardized test scores, transcripts, report cards, grades)
* Official, Sealed Transcripts for Grades 9-12
* Pupil Personnel & Special Services (IEP, MFE, BIP, 504, ETR, ESL/ELL, etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent/ Guardian Signature Date*

**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.*

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL DOCUMENTS**

|  |  |
| --- | --- |
| **PARENT CUSTODY** | |
| **Child lives with (check one only)** | Both Biological Parents  Both Biological Parents Alternately  One Biological Parent Only  Adoptive Parent(s)  Other Legal Guardian(s) |
| **Are there any applicable court orders regarding custody and contact with this child?** | No  Yes (please attach) |
| **SPEECH & SPECIAL EDUCATION EVALUATIONS & SERVICES** | |
| **Has your child ever been evaluated for Speech or Special Education services?** | No  Yes |
| **Is your child receiving any Speech or Special Education services at his/her current (or most recently attended) school? If yes, please attach paperwork such as one or more of the following:**   * Individualized Education Plan (IEP) * Evaluation Team Report (ETR) * Multidisciplinary Evaluation Team Summary (MET) * Other | No, this does not apply to my student  No, my student was not found eligible  Yes, and my student’s evaluation/plan is current (attach)  Yes, and my student’s evaluation/plan has expired (attach)  Yes, but my student was exited from SPED services (attach) |

|  |  |
| --- | --- |
| **Has your child been identified as a Gifted learner?** | No  Yes (please attach Gifted learning plan) |
| **Has your child received, or is your child currently receiving, any English Language (ESL/ELL) services at his/her previous school?** | No  Yes (please attach paperwork) |
| **BEHAVIORAL, PHYSICAL, AND/OR MEDICAL EVALUATIONS & SERVICES** | |
| **Does your child have a Behavior Intervention Plan (BIP) at his/her current school?** | No  Yes (please attach) |
| **Does your child have a 504 Plan at his/her current school?** | No  Yes (please attach) |
| **KINDERGARTEN ONLY** | |
| **Will your child be 5 years old by 9/1/20?** | Yes  No; please attach the *Kindergarten Waiver of*  *Eligibility Requirement* |

**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 acknowledge the school Handbook and Code of Conduct are available to read on the school website and confirm that we have read it. 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/Eligible Student (18 Years and Older) Acknowledges

**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/Eligible Student (18 Years and Older) Acknowledges

**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/Eligible Student (18 Years and Older) Agrees

Parent/Guardian/Eligible Student (18 Years and Older) 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/Eligible Student (18 Years and Older) Consents

Parent/Guardian/Eligible Student (18 Years and Older) Consents only to PTO & Booster Groups supporting school-sponsored activities

Parent/Guardian/Eligible Student (18 Years and Older) 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/Eligible Student (18 Years and Older) Agrees

Parent/Guardian/Eligible Student (18 Years and Older) Does Not Agree

**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.

Parent/Guardian/Eligible Student (18 Years and Older) Agrees

Parent/Guardian/Eligible Student (18 Years and Older) 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.

Parent/Guardian/Eligible Student (18 Years and Older) Consents

Parent/Guardian/Eligible Student (18 Years and Older) 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.

Parent/Guardian/Eligible Student (18 Years and Older) Consents

Parent/Guardian/Eligible Student (18 Years and Older) Does Not Consent

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 enrollment process are accurate and up-to-date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*First & Last Name Signature Date*

*Parent, Legal Guardian, or Eligible Student (18+ Years)*