



STUDENT ENROLLMENT CHECKLIST

2016-17 School Year

ALL ITEMS ON THE ENROLLMENT CHECKLIST MUST BE TURNED IN WITH THE APPLICATION IN ORDER TO COMPLETE ENROLLMENT

CONTACT THE ADMISSIONS OFFICE IF YOU HAVE QUESTIONS REGARDING ENROLLMENT PAPERWORK: 1-888-977-ICAN (4226)

Original Birth Certificate

- Original Copy
- Passport
- I-94 CARD; Permanent Resident Visa, or Green Card

Parent/ Guardian Identification

- Ohio Driver's License or State ID
- Social Worker ID

Immunization/Shot Record

- Stamped copy from physician / Copy from previous school or signed

Proof of Residency (Please submit **two** of the following with custodial parent's name listed.)

Residency information provided must be within 30 days of student enrollment date.

- **Current** utility bill (gas, electric, water, sewer)
- A copy of your **current** lease
- Mortgage Deed
- Section 8 document

If living with a Family member

- Affidavit of Residency (must be notarized and accompanied by a copy of utility or lease)

Medical Information

- Immunization Records
- Physical Form & Dental (**Kindergarten students only**)

Proof of Custody (if applicable)

- Guardianship/Custody Documentation
- Divorce Decree/ Shared Parenting Agreement
- Grandparent power of attorney/Caretaker Affidavit

School Records (if applicable)

- Transcripts
- Most Recent OAA Scores (**3rd and 4th graders**)
- **IEP/ETR**
- 504 Plan

OFFICE USE ONLY

DATE ___/___/___

- Withdrawal Slip
- State Testing Information
- Last Report Card/Current grades
- Home Schooling Documentation
- Supporting Documents
- IEP/504

STAFF INITIAL _____



PARENT/GUARDIAN/FAMILY INFORMATION

Complete all section(s)

Mother: Residential Non-Residential

If non-residential, can they receive copies of student progress/report cards? Yes No

Single Married Divorced Separated Remarried Deceased

NAME: _____
Last Name First Name Maiden Name

HOME ADDRESS: _____
Number Street City State Zip Code

WORKPLACE: _____ **Preferred Email:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **MOBILE:** _____

Father: Residential Non-Residential

NAME: _____
Last Name First Name

HOME ADDRESS: _____
Number Street City State Zip Code

WORKPLACE: _____ **Preferred Email:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **MOBILE:** _____

STUDENT LIVES WITH: *(check all that apply)*

Mother Father Step-Parent Guardian/Foster Parent(s) Grandparent(s) Aunt/Uncle
 Other (please explain): _____

LEGAL CUSTODY: *(Please attach any court documents that specify guardianship/custody, if other than mother)*

(check all that apply)

Mother Father Foster Parent Guardian Dept. of Child and Family Services
 Other (please explain): _____

Legal Guardian Step Parent Co-parent Other _____

NAME: _____
Last Name First Name

HOME ADDRESS: _____
Number Street City State Zip Code

WORKPLACE: _____ **Preferred Email:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **MOBILE:** _____

SOCIAL WORKER (If Applicable): _____

Is there a court order restricting any individual from having contact with the student? YES NO

If yes, who: _____



**PARENT/GUARDIAN
INFORMATION**

STUDENT REGISTRATION FORMS

PLEASE LIST ALL OTHER CHILDREN WHO LIVE AT THE HOME ADDRESS:

NAME	GRADE	DATE OF BIRTH	GENDER	RELATIONSHIP TO STUDENT

I (We) hereby certify, under penalty of perjury, that all of the information that I (we) have provided is true and correct to the best of my (our) knowledge.

PARENT/GUARDIAN: _____ DATE: _____
SIGNATURE

PARENT/GUARDIAN: _____ DATE: _____
SIGNATURE



STUDENT HEALTH HISTORY

Please provide all of the information requested below.

Child's Name _____

Child's Address _____ Zip _____

Date of Birth ____/____/____ Gender _____ School _____

Please (X) all applicable issues

<p>Allergies (specify) _____</p> <p>_____ Anemia (Sickle Cell or Other)</p> <p>_____ Asthma or bronchitis have motor skills problems</p> <p>_____ Bowel problems</p> <p>_____ Chicken Pox Disease</p> <p>_____ Chronic skin condition</p> <p>_____ Convulsions/seizures</p> <p>_____ Dental problems _____</p> <p>_____ Diabetes</p> <p>_____ Ear infections _____</p> <p>_____ Eating disorder</p> <p>_____ Emotional/psychiatric problem _____</p> <p>_____ Fluoride Supplement</p>	<p>_____ Food Supplement</p> <p>_____ Frequent colds/sore throat _____</p> <p>_____ Frequent headaches</p> <p>_____ Frequent stomach aches</p> <p>_____ Heart problem</p> <p>_____ Modified Diet</p> <p>_____ Motor Skill Issue</p> <p>_____ Operations (specify, give dates) _____</p> <p>_____ Premature Birth _____</p> <p>_____ Serious accident, injury (<i>specify, give date</i>): _____</p> <p>_____ Serious Illnesses (<i>specify, give date</i>): _____</p> <p>_____ Speech/communication problem _____</p> <p>_____ Substance abuse (alcohol, drugs)</p> <p>_____ Other problems or handicapping conditions (specify) _____</p>
---	--

Does your child:

Use corrective lenses (i.e. contacts)? Yes No

Wear glasses? Yes No

Use a hearing aid? Yes No

Explain any condition checked: _____

Regular medications taken (specify): _____

List any other concern you have about your child's health, development, learning behavior or home situation which might affect student's performance: _____

Note: There are immunizations required by state law and a tuberculosis risk assessment that must be completed prior to enrollment.



<h2 style="margin: 0;">STUDENT HEALTH HISTORY CONTINUED</h2>
--

Emergency Contact and Medical Information						
				Sex	M <input type="checkbox"/>	F <input type="checkbox"/>
Child's Name			Date of Birth			
Parent's/Guardian's Name			Parent's/Guardian's Name			
()	()	()	()	()	()	
Home Phone		Work Phone		Work Phone		
Address			Address			
City, ST ZIP Code			City, ST ZIP Code			
Alternative Emergency Contacts						
Primary Emergency Contact			Secondary Emergency Contact			
Relationship			Relationship			
()	()	()	()	()	()	
Home Phone		Work Phone		Work Phone		
Address			Address			
City, ST ZIP Code			City, ST ZIP Code			



EMERGENCY MEDICAL AUTHORIZATION

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.

3313.712 Emergency medical authorization. As used in this section, "parent" means parent as defined in section 3321.01 of the Revised Code. (A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form. If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child. Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment. Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

PART I OR PART II MUST BE COMPLETED (Not Both)

PART I – TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospital to be called:

Primary Doctor _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Preferred Hospital _____ Emergency Room _____

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:

Signature of Parent/Guardian

Date

PART II – REFUSAL TO CONSENT 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



**MEDIA RELEASE
FORM**

We need student and parent permission to use a person's photograph, voice, and/or name in various media projects.

For and in consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, sound tracks, films, photographs, or written articles, I hereby consent to the use and editing thereof and release the **school** and its employees and assignees from any and all claims resulting from such use and editing in school media, and use, sale, editing and release to the newspapers, radio and television stations; and use on the Internet.

STUDENT NAME: _____

The above consent and release approved:

PARENT/GUARDIAN: _____ **DATE:** _____
SIGNATURE



FAMILY AGREEMENT

Student Name (Please Print) _____ Grade _____

FAMILY'S COMMITMENT

I commit to I CAN SCHOOLS on the following ways:

- We will make sure our child arrives at school every day by 8:00am.
- We will make arrangements so our child can remain at school until 4:00pm and 2:30pm on designated professional development days.
- We will make arrangements for our child to attend school on appropriate Saturdays from 8:30am-11:30am and after school tutoring from 4pm-5pm.
- We will always help our child in the best way we know how and do whatever we have to ensure ho or she learns. We will check our child's homework every night, read with him/her every night (elementary), and limit distractions in the house on school nights.
- We will always make ourselves available to our children, the school, and any concerns they might have.
- We will notify the school promptly whenever an issue with my child's attendance arises.
- We will allow our child to go on school field trips.
- We will participate in school functions and be accessible to school staff.
- We understand that our child must follow the school's rules at all times and will support the school's Code of Conduct.

SCHOOL'S COMMITMENT

I Can SCHOOLS'S commits to students and parents in the following ways:

- We will operate the school in accordance with its mission and charter.
- We will provide a year round schedule and extended day.
- We will see to it that teachers always come to class prepared and that they do everything required to ensure their students learn.
- We will provide a rigorous, engaging, college preparatory instruction, aligned with the Ohio Academic Content Standards.
- We will keep the school's door open to parents and be open to hearing feedback.
- We will enforce the school's code of conduct evenly and fairly in all circumstances.
- We will interact professionally with all families and respond promptly to family questions or concerns.
- We will provide a safe and structured school environment.
- We will encourage students to model the I CAN SCHOOLS three pillars.
- We will inform families of questions or potential obstacles to student learning as they arises.

Parent Name (Please Print): _____

Parent Signature: _____ Date: ____ / ____ / ____



AUTHORIZATON FOR RECORD RELEASE

Fax to: _____

Fax From: _____

Student SSID Number: _____

Enrollment Date: _____

Student's Name: _____

Birth Date: _____ / _____ / _____ Current Grade: _____

Former School/Institution Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Phone: _____ School Fax: _____

Please send this information to the location designated below:

AKRON COLLEGE PREPARATORY
(AKP) IRN # 013254
1144 EAST MARKET STREET
AKRON, OH 44305
P: 330.247.6232 F:330-299-7173

LAKE ERIE PREPARATORY SCHOOL
(LEP) IRN # 013132
14405 ST. CLAIR AVENUE
CLEVELAND, OH 44110
P: 216.453.4556 F: 216.268.5941

CANTON COLLEGE PREPARTORY
(CAP) IRN # 013255
101 Cleveland Ave. NW
Canton, OH 44702
P: 330 455-0498 F:330.915.2330

NORTHEAST OHIO COLLEGE PREPARATORY SCHOOL
(NEO) IRN # 011923
2357 TREMONT AVENUE
CLEVELAND, OH 44113
P: 216.965.0580 F: 216.394.0364

CLEVELAND COLLEGE PREPARATORY SCHOOL
(CCP) IRN # 012010
4906 FLEET AVENUE
CLEVELAND, OH 44105
P: 216.341.1347 F: 216.341.4466

OHIO COLLEGE PREPARATORY SCHOOL
(OCP) IRN # 013253
21100 Southgate Park Blvd.
Maple Heights, Ohio 44137
P: 216-453-4550 F:216.586.2660

EUCLID COLLEGE PREPARATORY SCHOOL
(ECP) IRN #
23555 Euclid Avenue
Euclid, OH 44117

UNIVERSITY OF CLEVELAND PREPARATORY SCHOOL
(UCP) IRN # 012541
1906 EAST 40TH STREET
CLEVELAND, OH 44103
P: 216.361.9720 F: 216.431.3375

I hereby authorize your organization, noted above, to furnish the school with **court documents, official transcripts, test records, medical records, references, individualized educational plan (IEP), multi-factored evaluation (MFE), student accommodation plan (504), and/or psychological reports.** Also, please include my child's most recent subjects and grades. Ohio Revised Code, Section 3313.642, states that only grades and credits may be withheld for non-payment of fees and charges. All other records must be sent to the requesting school district, particularly cumulative record of proficiency tests. It is understood that this information will be used in a confidential and professional manner.

Parent/Guardian Signature: _____ Date of Request: _____



TRANSPORTATION FORM

Purpose of your request is:	Select your campus:
<input type="checkbox"/> New Student <input type="checkbox"/> Address Change (proof of residency required) <input type="checkbox"/> Network Transfer: From: _____ To: _____ <input type="checkbox"/> Other: _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Akron College Preparatory School <input type="checkbox"/> Canton College Preparatory School <input type="checkbox"/> Cleveland College Preparatory School <input type="checkbox"/> Euclid College Preparatory School </div> <div style="width: 45%;"> <input type="checkbox"/> Lake Erie College Preparatory School <input type="checkbox"/> Northeast Ohio College Preparatory <input type="checkbox"/> Ohio College Preparatory School <input type="checkbox"/> University of Cleveland Preparatory </div> </div>

(PLEASE PRINT CLEARLY)

DATE: ___/___/___

NAME OF PARENT/GUARDIAN: _____
First Name Last Name

HOME ADDRESS: _____
Number Street City State Zip Code

PRIMARY PHONE: _____ SECONDARY PHONE: _____

Student Name	Date of Birth	Gender	Grade
1.			
2.			
3.			
4.			
5.			

Closest Intersection or Cross Street: _____

Please note: if you move during the school year, a new transportation form must be filled out to change your stop.

PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING. COMPLETING THIS FORM DOES NOT GUARANTEE TRANSPORTATION!

THIS SECTION BELOW WILL BE COMPLETED BY THE TRANSPORTATION DEPARTMENT

Date Reviewed _____ Request Approved _____ Start Date _____

Bus Stop _____ Route/ Color/ Name _____

Request Denied _____ Reason for Denial _____