



COLUMBUS HUMANITIES ARTS & TECHNOLOGY ACADEMY

2016-2017 ENROLLMENT APPLICATION

Dear Prospective Family,

Thank you for choosing to enroll your child at Columbus Humanities, Arts and Technology Academy. Only the legal guardian of the child is allowed to enroll a student at our school. We welcome you to our school community and look forward to working with your family. Please do not hesitate to call us with any questions you may have about our school or the enrollment process—our door is always open.

Please fill out one complete set of forms for each child you wish to enroll and return to our school’s main office. Out of respect for individual privacy, we do not accept partial applications.

Required Documents for Enrollment:

- Proof of residency (**current lease, utility bill [water, gas, electric, or cable]**)

If you live with a friend/relative and have none of the above documents, you will need a notarized letter from the homeowner and one of the above listed items.

- Birth certificate
- Social Security or Green Card
- Current immunization records
- Parent or legal guardian’s driver’s license or state issued ID
- *If applicable* -- Copy of student’s current Individualized Education Plan (“IEP”)

Thank you again for choosing Columbus Humanities, Arts and Technology Academy and allowing us to serve your family.

Sincerely,

Alexander Adams, M.Ed.
Principal

FOR OFFICE USE ONLY

District Entry Date: ___/___/___ Letter to Release Records sent: ___/___/___
 School Records Received: ___/___/___ Sp. Ed. Records Received: ___/___/___
 PowerSchool ID: _____ Grade: _____
 Homeroom: _____ SSID: _____

Application #: _____
 Application Sent Date: ___/___/___
 Application Return Date: ___/___/___
 Initials: _____

ADMISSIONS PROFILE

GENERAL STUDENT INFORMATION

List student's name fully as it appears on the birth certificate:

Legal Last Name: _____ Legal First Name: _____

Legal Middle Name: _____ Nickname (optional): _____

Date of Birth: ____/____/____ (Must Provide Birth Certificate) Gender: M F Student's SSN: _____

Primary Phone Number: _____ Primary Email: _____

Grade Level for 2016-17: K 1 2 3 4 5 6 7 8

STUDENT EDUCATION INFORMATION

Legal School District of Residence: _____ County of Residence: _____

Name of Most Recent School: _____ Previous Grade: _____

Address of Most Recent School: _____

Type of School: Public Private Homeschool Charter Online Daycare N/A

Has your child ever been retained in any grade? Yes; Which grade? _____ No

Was your child receiving Special Education Services? No Yes*

*Do you have your child's special education records (504 or IEP)? No Yes; ***If yes, please attach a copy.***

STUDENT RESIDENCE INFORMATION

Student Address (where student lives) Street Address: _____

City: _____ State: _____ Zip: _____

McKinney-Vento *The following question is intended to address the McKinney-Vento Act. Your response will help administrators determine residency documents necessary for enrollment of this student.*

Student lives: In a house In an apartment In a shelter In a motel, car, campsite

In a house w/more than one family With friends or family other than parent/guardian

Technology Computer in student's home? Yes No Internet access in student's home? Yes No

EMERGENCY CONTACT FORM

I understand that providing current emergency contact information is critical to the safety and well-being of my child. My signature on this form certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information for myself, and my emergency contacts, within 24 hours of any change, to the school administrative assistant/secretary and my child's classroom teacher(s).

PRIMARY PARENT/GUARDIAN CONTACT

First Name: _____ Last Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Preferred Email: _____

May Pick Up Student from School (check if YES) Needs to Receive Mailings (check if YES) May Access Records (check if YES)

SECONDARY PARENT/GUARDIAN CONTACT

First Name: _____ Last Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Preferred Email: _____

May Pick Up Student from School (check if YES) Needs to Receive Mailings (check if YES) May Access Records (check if YES)

LOCAL EMERGENCY CONTACTS (Adults, 18 years or older, who may be contacted in the event of an emergency):

First & Last Name: _____ Relationship: _____ Phone: _____

First & Last Name: _____ Relationship: _____ Phone: _____

First & Last Name: _____ Relationship: _____ Phone: _____

STUDENT HEALTH FORM

STUDENT Last Name: _____ First Name: _____ Middle Name: _____

Nickname: _____ Age: _____ Date of Birth: ____/____/____ Gender: M F

MEDICAL INFORMATION

Has your child ever been diagnosed with (check if YES):

- | | | |
|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Ear Aches/Infections | <input type="checkbox"/> Neuro Disorder (includes migraines) |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing/Ear Disorder | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Birth Defect/Developmental Disorder | <input type="checkbox"/> Vision/Eye Disorder | <input type="checkbox"/> Speech Disorder |

At staff discretion, the child may take/be treated with:

- | | | | |
|-----------------------------------|--|--------------------|--|
| Antibiotic Ointment ("Neosporin") | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cough Drops | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acetaminophen ("Tylenol") | <input type="checkbox"/> Yes <input type="checkbox"/> No | Eye Drops/Eye Wash | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ibuprofen ("Motrin/Advil") | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Is the child allergic to any medications, including over the counter ointments?

No Yes, please list: _____

Does the child have any allergies (food*, latex, insect bites/stings, animals, seasonal, other)?

No Yes, please list: _____

**Please request and complete the Food Allergy Form for the Lunch Program staff if student has food allergies.*

Does the child have any other medical conditions or restrictions?

No Yes, please list: _____

Does the child require daily medicine or other health maintenance while at school? No Yes*, please specify:

Inhaler Breathing treatment Blood glucose check Other, describe: _____

**If your child needs to take prescription medicine at school, you must provide the medication in the original prescription bottle with the child's name on it. If your child needs to take any over-the-counter medication, you must provide the specific, age-appropriate*

RELEASE OF STUDENT RECORDS FORM

Please list student's name fully as it appears on the birth certificate:

Legal Last Name: _____ Legal First Name: _____

Legal Middle Name: _____ Nickname (optional): _____

Date of Birth: ____/____/____

Today's Date: ____/____/____

Guardian Name: _____

Guardian Signature: _____

Guardian Address: _____

Resident School District: _____

PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE THE NAME OF FORMER SCHOOL WHERE INDICATED BELOW:

Student Entering Kindergarten in 2016-17

Student Entering Grade 1 – Grade 8 in 2016-17

Whereas my child is currently enrolled in your school for the 2015-2016 academic year, I give my permission to:

(Insert name of school most recently attended by student)

Address: _____ Phone: _____ Fax: _____

to release my child's academic records to Columbus Humanities, Arts and Technology Academy. Please include all relevant records including special education, academic testing, official school records, medical records and academic or disciplinary interventions.

Please send the information to:

Admissions Department
c/o Chelsea Mendrala
Columbus Humanities, Arts and Technology Academy
1333 Morse Rd
Columbus, OH 43229

HOME LANGUAGE SURVEY

Federal rules and regulations require that school districts be aware of students who speak or understand a language other than English. Responses to the following questions will be used to determine whether your student will be assessed for English language proficiency.

Student Name: _____ Parent Name: _____

Date of Birth: _____ Place of Birth: _____

For Parent/Guardian: Please answer the following questions truthfully.

Circle the appropriate answer, or fill in the blank next to "other"

1. What language did **your child** speak when he/she **first learned to talk**?

Wolof Twi Spanish Somali Nepali Krio French English Other _____

2. What language does **your child** use most frequently at home?

Wolof Twi Spanish Somali Nepali Krio French English Other _____

3. What language **do you** use most frequently when speaking to your son/daughter?

Wolof Twi Spanish Somali Nepali Krio French English Other _____

4. In what language do the **adults** at home **most often speak** to each other?

Wolof Twi Spanish Somali Nepali Krio French English Other _____

5. If your child was **NOT** born in the US, how many years has he/she lived in the US?

1 2 3 4 5 6 7 8 9 10 11 12 13

6. Has your child attended school **in the United States**?

YES _____ NO _____

If YES, what grades has your child been in?

(circle **ALL** the grades they have attended in the US)

Day Care Preschool Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

Note that federal law also requires that:

A. If you list a language other than English, your child will be screened for ESL services, unless one of the following documents can be provided:

1. Proof of previous English as a Second Language (ESL) testing from a former school/district
2. Documentation of EXIT status from a former school/district
3. A Fluent English Proficient (FEP) score on a valid state test

B. If testing is required and your child qualifies for ESL services, and you *do not* want your child in and ESL program, it is your right to *deny* this service.

Guardian Name

Guardian Signature

____/____/____
Date