

Westwood Academy/Lumin Academy

2016 - 2017

Enrollment Documentation Checklist

Student Name: _____ **Date of Birth:** _____ **Grade:** _____

Required Paperwork				
<input type="checkbox"/> Completed Enrollment Packet	<input type="checkbox"/> Valid Birth Certificate	<input type="checkbox"/> Social Security Number (required: at least last four digits)	<input type="checkbox"/> Parent or Student Driver's license or State ID	<input type="checkbox"/> Emergency Medical Authorization Form
<input type="checkbox"/> Proof of Residency (<i>must provide one proof of residency dated within 30 days of enrollment</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Rent Receipt <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Voter Registration <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Journal Entry/Court Documentation	<input type="checkbox"/> Proof of immunizations (<i>Note: Immunization requirements must be met or student will be excluded from school on the 15th day of school</i>)	<input type="checkbox"/> Last Report Card (or transcript from previous school)		
Possible Additional Paperwork				
<input type="checkbox"/> IEP or 504 Plan Information	<input type="checkbox"/> Home Language Survey (if applicable)	<input type="checkbox"/> Caregiver Forms	<input type="checkbox"/> Double Affidavit (if not living in parent's residence or living with grandparents)	<input type="checkbox"/> Custody Guardian Papers/Temporary Custody orders
<input type="checkbox"/> Request for Records	<input type="checkbox"/> Transportation Form	<input type="checkbox"/> Free and Reduced Lunch Form/Income Verification Form	<input type="checkbox"/> Other:	

1. The Student meets all requirements of residency, guardianship, immunizations and age (birth certificate).
2. The Guardian must provide proof of immunization within 14 days.

Deadline Date: _____

3. The Student does not meet all requirements, and must do the following prior to admittance
 - Provide birth Certificate
 - Provide proof of custody/guardianship
 - Provide proof of residency
 - Follow-up call back, within 72 hours.
 - Other: _____

Deadline Date _____

Data Manager: _____

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Enrollment Application

Enrollment Date _____ Re-enrollment New enrollment Grade Enrolling _____

Name of Student _____
(First) (Middle) (Last)

Address _____ Apt # _____ City _____ Zip Code _____

Primary Phone # _____ Cell Phone # _____ Email: _____

Social Security #: _____ - _____ - _____ Birth Date: _____ Gender: Male Female

Student Birth Place _____
(City) (State) (Country)

Name of parents/legal guardians with whom student resides:

(First) (Middle) (Last) (phone number)

(First) (Middle) (Last) (phone number)

Who does the child live with? (Circle all that apply)

Mother Father Grandmother Grandfather Step-Father Step-Mother Surrogate Guardian Guardian Ad Litem

Other: _____
(Name and relationship to the student)

Who has legal custody of the student? Both Parents One Parent (Mother or Father) Other: _____

Name and address of CUSTODIAL PARENT NOT residing with student: _____

Please list any CUSTODIAL ISSUES: _____

A complete set of custody and/or guardianship papers must be on file with the school office if applicable.

The following information is required to be reported by the United States Department of Education and is a US Department of Agriculture Federal requirement. If any of these are not answered the student will be coded on a visual basis, per government reporting regulations.

Ethnicity: Is the student of Hispanic/Latino Origin? Yes No

Race: White Black Hispanic Asian American Indian/Alaskan Native Pacific Islander

Multi-racial *If Multi-racial, please circle one of the following:*

White Black Hispanic Asian American Indian/Alaskan Native Pacific Islander

Native Language:

1. Is a language other than English used in the home? Yes No If yes, what language _____

2. Does the student have a first language other than English? Yes No

3. Does the student most frequently speak a language other than English? Yes No If yes, what language _____

4. If student speaks a language other than English or was born outside of the United States, please give the month and year the student FIRST entered the United States: _____

5. If the student was born outside of the United States, in which country was he/she born? _____

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I agree my child may be physically released only to the following person(s). These person(s) may also be called in the event of an emergency. Proof of identification, in the form of picture ID is required when picking up child(ren). Changes of any release/ contact selections must be received in written form.

Name	Relationship to Student	Primary Contact Number	Address

Students Previous Education:

Does the student have a current or active Individual Education Plan (I.E.P.)? Yes No

Did the student ever have an I.E.P.? Yes No

If yes, please provide a copy of the student's I.E.P. and Evaluation If yes, what school year? _____

Does the student have a current or active 504 Plan? Yes No

If yes, please provide a copy of the student's 504 Plan

Public School District of Residence: _____ Previous School Phone #: _____

Name of Last School Attended: _____ Withdrawal date from previous school: _____

Previous School Address: _____ How long did student attend previous school district? ____

Last grade attended at previous school: _____ Has student officially withdrawn from previous school? _____

Did the student attend pre-school? Yes No

How long did student attend pre-school? _____

List any additional information that would be helpful to the school: _____

Additional Children under 18 living in the home		
Name	Age	School Attending

This form constitutes withdrawal from: _____ Date: _____

Parent Signature: _____ Date: _____

By signing below I agree that my child will abide by and support the Academy rules and regulations. I further confirm that the information provided in this document is true and correct. I am the legal guardian or custodian of the above student.

Parent/Guardian Signature: _____ Date: _____

If required, translation services were provided by: _____
(Signature) (Date)

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Emergency Medical Authorization Form

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. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel. ORC 3313.712

Student Name _____ Grade: _____
(First) (Middle) (Last)

Date of Birth: _____ Home Phone #: _____

Mother's Name: _____ Contact #'s: _____

Father's Name: _____ Contact #'s: _____

Home Address: _____ City: _____ Zip: _____

Emergency Contacts			
Name	Relationship to Student	Daytime Phone	Cell Phone
1.			
2.			
3.			
4.			

Provide **ANY** pertinent medical history or information about existing conditions that may affect your child at school.

Medical Information: _____

Medications: _____

Allergies: _____

PART I OR II MUST BE COMPLETED	
PART I: TO GRANT CONSENT	PART II: REFUSAL TO CONSENT
I hereby give consent for the following medical care providers and local hospital to be called: Doctor _____ Dentist _____ Medical Specialist _____ Local Hospital/Emergency Room _____	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: _____
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 doctors, or, in the event the designed practitioner is not available, by another licensed physician or dentist: 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.	
Signature of Parent/Guardian _____ Date: _____	Signature of Parent/Guardian _____ Date: _____



Authorization to Disclose Information

Student Name: _____ DOB: _____

The following program is authorized to disclose, receive, or exchange information as noted below. Program authorized to make disclosures: Lumin Academy
Authorized individuals/organization to whom disclosure is made: Hittle House

Purpose of disclosure: Coordination of educational needs while in placement.
The type of information that can be shared includes:

- Permanent/Cumulative Academic Records
- Academic Progress Reports and Behavioral Reports
- All Special Education/504 Records
- Academic Assessments
- Psychological/Counseling Reports
- Health/Immunization Records
- Birth Certificate
- Legal/Court Documentation

Amount of information to be disclosed: Previous three months, information covering the most recent admission, other amount of information/specify:

Student Signature (If over 18)

Date

Parent/Guardian

Date

Witness/Staff

Date

Revocation: This authorization is subject to written revocation at any time, except to the extent the program or person who is to make the disclosure has already acted in reliance on it. **I hereby revoke my consent in writing:**

Student/Parent/Guardian

Date

Witness/Staff

Date

This authorization expires (specify event, date, or condition): _____



School Choice

In the State of Ohio, School Choice must be offered to all students. Students may choose to remain in their current school district, enroll in the local school district, or enroll in a community school. Lumin Academy has partnered with the residential facility to provide on-site educational services. Please indicate your preference by selecting only **one** of the options below.

Lumin Academy

**Parent/Guardian please complete all information below as you would like your child enrolled in Lumin Academy during residential placement:

Lumin Academy is a community school, and the educational service provider for the residential facility. Students receive on-site educational services that are appropriate for their grade and ability levels.

____ I wish to enroll my child in Lumin Academy. ____ Initials

District of Residence

Student may opt to stay enrolled in their home school district.

____ I wish to keep my child enrolled in his/her home district. ____ Initials

Local Public School District

Student may opt to enroll in the local traditional public school district.

____ I wish to enroll my child in the local public school district in which the residential facility is located. ____ Initials

As the authority legally permitted to enroll the child listed below, the undersigned attests that School Choice has been offered and has chosen to enroll their child in the school selected above.

Student's Name: _____ Date of Birth: _____

Signature of Legal Guardian: _____ Date: _____

Relationship to Child: _____