

**Ann Jerkin Harris**

**Academy of Excellence**

**3891 Martha Ave**

**Toledo, OH 43612**

**Ph: 419.382.2280**

Dear Parents/ Guardians:

In order to be officially enrolled we must have the items listed below when you turn in your enrollment packet. All items MUST be turned in together before a child will be officially enrolled. Spots will not be held until we have ALL these documents.

The Academy will determine your student’s grade level based on a report card or a letter of promotion or placement from his/her previous school. **AJHAE** is a tuition free community school and follows all compulsory education laws in accordance with ORC 3321.01. If you have any questions, please contact Mrs. Bass or Mrs. Blackshear.

Required items:

* Completed Registration Packet

○ Complete all areas on each page

○ **Ensure parent/guardian and student signature or initial areas are completed**

○ If something does not apply, draw and diagonal line across the page and initial so we know you didn’t just overlook it by mistake

* 2 proofs of residence (lease, rental agreement, utility bill, bank statement, voter registration card) If you live with someone else and cannot furnish a proof of residence in the parent/guardian’s name, we must have the attached affidavit. The affidavit must
	1. Include a proof of residence (from the list above) for the person with whom you reside
* Birth Certificate and Social Security Card
* Parent/Guardian Driver’s License
* Immunizations (see attached immunization requirements for school age children)
* Court Documents related to guardianship/custodial parent, etc (if applicable)
	1. Must be current

○ Must be the complete document and have the appropriate signatures (Judge/Magistrate)

* Individual Education Plan (IEP) if applicable

 Thank you for your interest in **AJHAE**!

Sonya Loggins

Superintendent/ School Leader

**Ann Jerkins Harris Academy of Excellence Student Registration Form**

* **STUDENT INFORMATION**

Apartment

#

City

State

ZIP

Grade

Sex M or F

*(*

*circle one)*

Birth

date

/

/

Address

Last name First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home or cell telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **PREVIOUS SCHOOL INFORMATION**

 Name of last school attended Dates attended / / - / / Telephone number

 City State ZIP School district in which parent or guardian lives

* **FAMILY INFORMATION**

*Last name First name Employer English Other language Daytime phone Evening phone proficient spoken and/or read*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Father  |   |   |   | Yes or No  |   |   |   |
| Mother  |   |   |   | Yes or No  |   |   |   |
| Step-parent  |   |   |   | Yes or No  |   |   |   |
| Guardian  |   |   |   | Yes or No  |   |   |   |
| Guardian  |   |   |   | Yes or No  |   |   |   |

 *Student lives with: check 1 Information on other children in home*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Both Parents  |   |  | *Name of other children in home*  | *Birth date*  | *Grade*  |
| Father & stepmother  |   |   |   |   |
| Mother & stepfather  |   |   |   |   |
| Mother only  |   |   |   |   |
| Father only  |   |   |   |   |
| Guardians  |   |   |   |   |
| Court-appointed guardians  |   |   |   |   |
| Foster parents  |   |   |   |   |

Ethnicity - please check the box that applies to this student *(optional)*

D Native American or Aleutian D Asian or Pacific Islander D African American D Hispanic/Latino D Caucasian, non-Hispanic origin

 Language spoken in home? \_ Is child proficient in English? Yes or No Other language child speaks and/or reads \_

 **Signature of Parent/Guardian** Date Enrolled

**FOR SCHOOL USE ONLY (Please leave this page blank)**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date enrolled \_\_\_\_\_\_\_\_ Date records requested \_\_\_\_\_\_\_\_ Date records received \_\_\_\_\_\_\_\_\_\_ Student ID # **\_\_\_\_\_\_\_\_\_\_**

Homeroom teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Copy of birth certificate? Yes or No If no, date obtained\_\_\_\_\_\_\_\_\_
* Social Security card? Yes or No If no, date obtained\_\_\_\_\_\_\_\_\_
* 2 forms of proofs of residency? Yes or No If no, date obtained\_\_\_\_\_\_\_\_\_
* Immunization Records? Yes or no If no, date obtained\_\_\_\_\_\_\_\_\_

# School Registrar’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Civil Rights and Title IV disclosures***

Sec. 3314.041.

The governing authority of each community school and any operator of such school shall distribute to parents of students of the school upon their enrollment in the school the following statement in writing: "School Name is a community school established under Chapter 3314 of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administration or the Ohio Department of Education."

***NOTICE OF NON-DISCRIMINATION***

*THE ANN JERKINS-HARRIS* *ACADEMY OF EXCELLENCE*

 DOES NOT DISCRIMINATE BASED ON RACE, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, OR AGE ON ITS STAFF RECRUITMENT, EDUCATIONAL PROGRAMS AND/OR ACTIVITIES.  THE FOLLOWING PERSON HAS BEEN DESIGNATED TO HANDLE INQUIRIES REGARDING NON-DISCRIMINATION POLICIES:

 **Dr. Israel I. Koppisch**

Director of Special Services: Human Resources and Title IX, SPED Program and Regulatory Affairs

Email: iikoppisch@aeetoledo.org

**CONFIDENTIALITY NOTICE**:

This message may contain confidential information, including, but not limited to, student and/or employee personal identifiable information. Such information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, printing, distribution, or taking any action in reliance on the contents of the information contained herein is strictly prohibited.    If you receive this e-mail message in error, please immediately notify the ***ANN JERKINS-HARRIS Academy of Excellence***by telephone at  419-382-2280 to arrange for the return of the original document. Please also delete the message from your computer.

Thank you.

# STUDENT EMERGENCY PROCEDURE CARD

 PLEASE FILL OUT THIS FORM COMPLETELY, WITH **WORKING NUMBERS**. HAVING THE

PROPER EMERGENCY CONTACT INFORMATION FOR YOUR CHILD IS VERY IMPORTANT.

|  |  |  |
| --- | --- | --- |
| Date of admission  | Date of release  | Grade  |
| Child’s name *(including last, first, middle initial)*  | Child’s address *(including house number and street, building/apartment number)*  |
| Child’s date of birth  | Home phone number ( )  | City  | State  | ZIP Code  |

|  |  |  |
| --- | --- | --- |
| **Residency information**  |  |  |
| Student lives with *(please circle one)* parents, mother, father, stepmother, stepfather, other *(explain)*:  |  |  |
| Father’s or legal guardian’s name  | Mother’s or legal guardian’s name  |  |  |
| Home address *(if not child’s address)*  | Home address *(if not child’s address)*  |  |  |
| City  | State  | ZIP Code  | City  | State  | ZIP Code  |  |

|  |
| --- |
| **Contact instructions**  |
| Please indicate whom we should contact in case of an emergency *(other than parent):*  |
| 1st choice:  | Daytime phone:  | ( )  |
| Alternate phone:  | (  | )  |
| 2nd choice:  | Daytime phone:  | (  | )  |
| Alternate phone:  | (  | )  |
| Doctor:  | Office phone:  | (  | )  |
| Alternate phone:  | (  | )  |
| Name(s) of person other than parent or legal guardian to whom child may be released:  |  |  |
| Are there any restrictions on your child’s activities at school? Yes or No If Yes, please explain.  |
| In case of separated or divorced parents, are there any legal restrictions on the release of child to either parent? If so, provide a copy of formal documentation to keep in your child’s file.  |

|  |
| --- |
| **Emergency instructions**  |
| o I give permission to **AJHAE** to secure emergency medical and/or surgical treatment for the above named minor child while in its care.  |
| o I do not give permission to **AJHAE** to secure emergency medical and/or surgical treatment for the above named minor child while in its care.  |
| Hospital preferred in case of emergency:  | Phone: ( )  |
| Health insurance policy name and number:  |
| Allergies:  |
| **Signature of Parent or Guardian**  | Date  |

## REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward a transcript for the following individual(s) who enrolled at **Ann Jerkins Harris Academy of Excellence**

 on \_\_\_\_\_\_\_\_\_\_

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

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

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

**AJHAE** will determine the grade level based on the information furnished such as a report card or letter of promotion or placement.

It is requested that information about courses taken, grades earned to the date of withdrawal, standardized test results, parent-teacher conferences, health records, psychologist reports and other important data be included.

In addition, if the student had a 504 plan or was receiving special education services, please forward these records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the information to be sent.

|  |  |
| --- | --- |
| Thank you  **Ann Jerkins Harris** **Academy of Excellence**  | Send records to: Ann Jerkins Harris Academy of Excellence 3891 Martha aveToledo, OH 43612 419.382.2280 Fax: 419407.5424  |

 Parents

Please sign and complete the information below as a request for release of your child’s student records.

Name and address of school last attended:

|  |  |  |  |
| --- | --- | --- | --- |
| City Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_  | State  | ZIP Code   |  |

**Signature of Parent or Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **date**\_\_\_\_\_\_\_\_\_\_\_\_\_

 ­­­­­­­­­­­­­­­­­­­­

## AFFIRMATION OF PRIOR DISCIPLINE RECORD

Check the appropriate box, provide all appropriate information and sign this document.

I affirm that the information provided here is true and that any false statement may result in forfeiting my child’s enrollment privileges at **Ann Jerkins Harris Academy of Excellence**.

* The undersigned affirms that my child **­­­­­­­­­­­­­­­­­­­­­­­­­­has not** been suspended or expelled from any school.

* The undersigned affirms that my child **has** been suspended or expelled from a school.

If the student has been suspended or expelled, please provide **AJHAE**, the date of suspension and/or expulsion, along with a detailed description of the incident(s).

 Signature of Parent or Guardian Date

 Signature of **AJHAE** Staff Member Date copy sent for verification

 Former school district

Name and address of responding school district:

City

State

ZIP Code

####  ( )

Phone number

Please check one:

* According to our records, we verify that the information provided above by the parent/student is correct.

* According to our records, the information provided above by the parent/student is not correct. Appropriate documentation of suspensions and/or expulsions is attached.

 Signature and title of sending district administrator Date

## NATIONAL SCHOOL LUNCH PROGRAM NOTIFICATION

**AJHAE** participates in the National School Lunch Program (NSLP). The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced free lunches to children each school day. The program was established under the National School Lunch Act, signed by President Harry Truman in 1946.

### HOUSEHOLD INFORMATION SURVEY

**AJHAE** is participating in the Community Eligibility Option provision under the National School Lunch Program. Under this option, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren)’s school may qualify for, please complete, sign and return this application to your student’s building if your income falls within or below the guidelines listed in the following chart.

**INCOME GUIDELINES – 185%**

 **Guidelines to be effective from July 1, 2022 through June 30, 2023**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No. of** **Household** **Members**  |  | **Total Income**  |   |  |
| **Annual Income**  | **Monthly Income**  | **Twice-Monthly Income**  | **Bi-Weekly Income**  | **Weekly Income**  |
| 1  | $22,459  | $1,872  | $936  | $864  | $432  |
| 2  | $30,451  | $2,538  | $1,269  | $1,172  | $586  |
| 3  | $38,443  | $3,204  | $1,602  | $1,479  | $740  |
| 4  | $46,435  | $3,870  | $1,935  | $1,786  | $893  |
| 5  | $54,427  | $4,536  | $2,268  | $2,094  | $1,047  |
| 6  | $62,419  | $5,202  | $2,601  | $2,401  | $1,201  |
| 7  | $70,411  | $5,868  | $2,934  | $2,709  | $1,355  |
| 8  | $78,403  | $6,534  | $3,267  | $3,016  | $1,508  |
| For each additional household member, add  | +$7,992  | +$666  | +$333  | +$308  | +$154  |



**INSTRUCTIONS:** Complete this survey and return to your child’s school or mail to the address listed above.

**These selections must be completed by the Head of Household or Designee**

1. **SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children:
2. **STUDENT INFORMATION** - Complete for each student Pre-K through 12th grade

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Last Name  |  First Name  |  Birth Date MM-DD-YY  |  School  | Identify H if Homeless M if Migrant R if Runaway F if Foster  |
| 1.  |  |   |   |   |   |
| 2.  |  |   |   |   |   |
| 3.  |  |   |   |   |   |
| 4.  |  |   |   |   |   |
| 5.  |  |   |   |   |   |
| 6.  |  |   |   |   |   |
| 7.  |  |   |   |   |   |
| 8.  |  |   |   |   |   |

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2

1. **TOTAL MONTHLY HOUSEHOLD INCOME** – Report Income for all members of household excluding foster children. If you have reported a case number above, you do not need to complete this section; proceed to section 4.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Income  |  | Income  | Circle if No Income  |
| 1. Gross Monthly Earnings: Wages, Salary, Commissions  | $  |  | None  |
| 2. Monthly Welfare Payments, Child Support, Alimony  | $  |  | None  |
| 3. Monthly Payments from Pensions, Retirement, Social Security  | $  |  | None  |
| 4. Monthly Dividends or Interest on Savings  | $  |  | None  |
| 5. Monthly Worker’s Compensation, Unemployment, Strike Benefit  | $  |  | None  |
| 6. Other Monthly Income (SSI, VA, Disability, Farm, other)  | $  |  | None  |
| **Total Monthly Household Income** (Add lines 1-6)  | $  |  |   |

1. **SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the “I do not have a Social Security number” box below.

|  |
| --- |
| I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted. Sign Here: X Print Name: Date  |
| Last Four (4) Digits of Adult Social Security Number: XXX-XX-  |  | I do not have a Social Security Number  |
| Address City Zip Code  |
| Home Phone  | Work Phone  | Email Address  By providing your email address, you may be contact via email by the district  |

DOES NOT QUALIFY

Circle One

QUALIFIES

# INCLUSIVE EDUCATION DISCLOSURE

IDEA 97 states that, to the maximum extent appropriate, children with disabilities should be educated with children who are not disabled. Special classes, separate schools or other removal of children with disabilities from the regular educational environment should occur only when the nature or severity of the disability of a child is such that education within regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. **AJHAE** embraces this philosophy, believing that special education students can best be educated in the regular classroom. Our teachers accept responsibility for all students in their classroom and modify, accommodate and adjust teaching techniques and classroom activities to meet the learning abilities of all children.

 Please indicate on the Special Education Records Request form in this registration packet if your child has an

Individual Education Plan (IEP) in place.

You will receive an invitation from the intervention specialist

or resource teacher to attend an IEP meeting, if necessary,

within the first month of your child’s enrollment at our academy.

The following signature indicates that I understand the instructional philosophy of the school.

 Signature of Parent or Guardian Date

**AJHAE** is participating in an effort to identify, locate and evaluate all children who may have disabilities. For more information regarding assistance for students with disabilities or if you suspect a child may have a disability, please contact the school leader.

SPECIAL EDUCATION RECORDS REQUEST

(If applicable)

Please complete this form for all new students who were **currently** enrolled in special education at their previous school. This request will then be forwarded to the special education department of your child’s previous school district.

|  |  |  |
| --- | --- | --- |
| Student name   | Grade  | Date of birth  |
| Parent(s) name   | Phone number  |   |
| Address   | City  |  | ZIP Code  |
| Previous school attended   |   |  |   |
| Address   | City  |  | ZIP Code  |
| Disability   |  |  |   |
| contact person   |  | Phone  |
| Date of last Individual Education Plan (IEP) |  | *(please attach a copy)*  |

Please sign below so that we may request your child’s special education records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

I grant permission for to receive the special education records of my

 child from school district.

 *(please print name) (please print name)*

 Signature of Parent or Guardian Date

|  |
| --- |
| **FOR SCHOOL USE ONLY** Date form forwarded to special education teacher / / Date records requested from previous school / /  Date records received from previous school / /  |

#

## PARENTAL CONSENT TO SHARE INFORMATION & ACCESS MEDICAID

*This form will be used for billing purposes if your child is provided with an evaluation and/or services listed in their IEP at* ***no cost to you****.*

 Academy Name: **Ann Jerkins Harris Academy of Excellence**

 Student Date of Birth

 Name

Before **AJHAE** can submit claim data for Medicaid billing, it must first obtain a signed Parent Consent to Share Information and Access Medicaid form. With this consent, there are:

* No out-of-pocket expenses • No decrease in lifetime coverage
* No deductibles or co-pays • No increased premiums

|  |  |
| --- | --- |
| I understand and agree to give permission to the above-name academy to share my child’s IEP records in order to bill Medicaid.  | I do not give permission to the above-named academy to share by child’s IEP records in order to bill Medicaid.  |

The above-named Academy has the opportunity to receive Federal Medicaid dollars through a program called the Medicaid School Program (MSP). Through this program, school districts can receive Medicaid dollars for services such as **speech, audiology, physical therapy, occupational therapy, nursing, psychology, counseling** and **social work services**. The district can receive Medicaid funding when a student receives one or more of these services and the student has current Medicaid insurance coverage. In the process of billing Medicaid for these services, certain billing information must be shared with the Ohio Department of Jobs and Family Services. Your consent is voluntary. You are not required to enroll in Medicaid. You have the right under 34 CFR Part 99 and Part 300 to withdraw your consent at any time. Billing Medicaid will not lead to the discontinuation of benefits, or result in your paying for services that would otherwise be covered by Medicaid.

Your child will be provided with an evaluation and/or the services listed in their IEP at no cost to you whether you grant, refuse, or revoke consent.

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Date Signed

## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Please sign below if you would like to allow your child to participate in the following programs.

 o News information release:

There may be times during the school year when **AJHAE**, news media or others wish to photograph or videotape your child at **AJHAE** for use in print, video, Internet or other communications methods.

I give my permission to **AJHAE** to provide information concerning school activities with my child to the general news media.

 o Communication release

There may be times during the school year when **AJHAE** may wish to identify your student by name and grade in newsletters, publications or yearbooks.

I give my permission to **AJHAE** to identify my child by name and grade in newsletters, publications or yearbooks.

 o Artwork release

There may be times during the school year when **AJHAE**, news media or others wish to use artwork created by your child at the academy for use in print, video, Internet or other communications methods.

I give my permission to **AJHAE** to use artwork created by my child for promotional purposes in a variety of mediums for the academy or its management company, The Leona Group, L.L.C., and/or in local media coverage of **AJHAE** events.

Student’s Name *(please print)*

|  |  |
| --- | --- |
| Signature of Parent or Guardian  | Date  |

## MILITARY FAMILIES

States are required to report students who are with a parent or legal guardian who is an active member of the Armed Forces or National Guard. Please complete the following as it applies to your family and return to the school at your earliest convenience.

|  |  |
| --- | --- |
|   | A. Child is a dependent of a member of the Active Duty Forces – Army, Navy, Air Force, Marine Corps, Coast Guard  |
|   | B. Child is a dependent of a member of the National Guard – Army National Guard of Air National Guard  |

|  |  |  |
| --- | --- | --- |
| Signature of parent/guardian:   |   | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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## MEDIA RELEASE

Please check the boxes of the items you would like to allow your child to participate in and sign below.

□ News information release

There may be times during the school year when **AJHAE**, news media or others wish to photograph or videotape your child at School Name for use in print, video, Internet or other communications methods.

I give my permission to **AJHAE** to provide information concerning school activities with my child to the general news media. I also give my permission for my child’s name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums for **AJHAE**, and/or in local media coverage of **AJHAE** events.

□ Communication release

There may be times during the school year when **AJHAE** or others wish to identify your student by name and grade in newsletters, publications or yearbooks.

I give my permission to **AJHAE**, to identify my child by name and grade in newsletters, publications or yearbooks.

□ Artwork release

There may be times during the school year when **AJHAE**, news media or others wish to use artwork created by your child at **AJHAE** for use in print, video, Internet or other communications methods.

*I give my permission to* **AJHAE** *to provide information concerning school activities with my child to the general news media. I also give my permission for my child’s name, portrait, picture or voice to be used (both now and in the future) for display or in promotional material in a variety of mediums for the academy, and/or in local media coverage of academy events.*

*I acknowledge that subsequent to the date my child ceases to be enrolled at* **AJHAE***, I may revoke the foregoing grant of permission by providing* **AJHAE***, with specific written notice of such revocation.*

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

Student’s Name *(please print)*

 Signature of Parent or Guardian Date

## MEDICATION

(If applicable)

Physicians may find it necessary to prescribe medication to be given during school hours. If your child is taking any medication it must be dropped off at the school office by the parent, who must make arrangements with the school to take this medication. Such medication must be in its original container and accompanied by the physician’s written instructions, containing the following information:

1. Student’s name
2. Name of prescribing doctor
3. Name of medication
4. Instructions such as dosage and time to be given

 Student’s name Birth date

 Name of medication Diagnosis/purpose of medication

Form of Medication:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | Tablet/capsule  |   | Liquid  |   | Inhaler  |   | Injection  |   | Nebulizer  |   |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Dosage Frequency Time

 How is medication to be administered?

 Should the school be aware of any adverse reactions or precautions?

|  |  |
| --- | --- |
| Home phone  | Emergency phone  |
| Doctor’s name  |  Doctor’s phone  |

The undersigned parent/guardian authorizes **AJHAE** through its administrators and/or staff to administer medication or to supervise the taking of medication by my child.

It is understood that the undersigned parent/guardian shall immediately notify school personnel in writing in the event the prescription shall be discontinued or modified. Refills of the prescription shall be the responsibility of the parent/guardian.

Further, the undersigned shall release and indemnify **AJHAE** and its employees from any liability or damage which may result from the administration of said medication as prescribed by the physician.

 Signature of Parent or Guardian Date

## IMMUNIZATION

***(Please fill out or obtain shot record from doctor’s office.)***

State law prohibits a principal or teacher from admitting new entrants to school without a record of having received at least one dose of each: Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Hepatitis B, and Chickenpox (Varicella). Children who have not received the required immunizations will be excluded from school until parents provide proof that all required immunizations have been received or **until the school has a waiver on file.**

### Immunization schedule

|  |  |
| --- | --- |
| Immunization  |  Ages 4 – 6 Ages 7-18  |
| Diphtheria, Tetanus and Pertussis  | 4 doses are required. If a dose was not given on or after the 4th birthday, a booster dose of DTP is required. Most children will have 5 doses.  | 4 doses are required.  |
| Polio  | 3 doses are required. If the last dose was not given on or after 4th birthday, a booster dose is required. Most children will have 4 doses.  | 3 doses are required.  |
| Measles, Mumps and Rubella  | 2 doses are required. The 1st dose must be given on or after the 1st birthday. The 2nd dose must be given at least 28 days from the 1st dose.  | 2 doses are required. The 1st dose must be given on or after the 1st birthday. The 2nd dose must be given at least 28 days from the 1st dose.  |
| Hepatitis B  | 3 doses are required. Minimum of 28 days between 1st and 2nd doses; minimum of 56 days between 2nd and 3rd doses; minimum of 4 months between 1st and 3rd doses; and 3rd dose must be administered on or after 24 weeks or 168 days of age.  |
| Varicella (Chickenpox)  | 1 dose required on or after 1st birthday.  | 1 dose required if received on or after the 1st birthday but prior to the 13thbirthday OR 2 doses required, administered at least 28 days apart, if the child received the 1st dose on or after the 13th birthday.  |

Student’s immunization records

Please complete this table if it is not possible to make copy of Student’s Immunization Record. Make two copies, send original to **AJHAE** and keep one for your records.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Immunization  | Month/Day/Year  | Month/Day/Year  | Month/Day/Year  | Month/Day/Year  | Month/Day/Year  |
| Diphtheria  |   |   |   |   |   |
| Tetanus  |   |   |   |   |   |
| Pertussis  |   |   |   |   |   |
| Polio  |   |   |   |   |   |
| Measles  |   |   |   |   |   |
| Mumps  |   |   |   |   |   |
| Rubella  |   |   |   |   |   |
| Hepatitis B  |   |   |   |   |   |
| Varicella (Chickenpox)  |   |   |   |   |   |

 Immunization waiver

A parent or guardian wishing to exempt his/her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. That child will be subject to exclusion from the school or program if an outbreak of a vaccine-preventable disease to which s/he is susceptible occurs.

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should s/he contract a disease that could have been prevented through proper vaccination.

I object to having my child immunized against the diseases I have checked below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| o Diphtheria  | o Pertussis  | o Measles  | o Rubella  |  o Varicella (Chickenpox)  |
| o Tetanus  | o Polio  | o Mumps  | o Hepatitis B  |  o Other  |

Reason:

Student’s Name *(please print)*

 Signature of Parent or Guardian Date

## INTERNET ACCEPTABLE USE POLICY

Prior to receiving authorization to use the Internet, students and their parents/guardians must sign the following permission and contract document.

### Parents

I give permission for my child to participate in the use of the Internet, a worldwide telecommunications network. I realize that (s)he will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school’s position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold **AJHAE** accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Acceptable Use Policy.

Student’s Name *(please print)*

 Signature of Parent or Guardian Date

### Students

I will abide by the Internet Acceptable Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for **AJHAE** to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate school discipline and/or legal action may be taken.

 Student’s Name *(please print)* Grade

 Signature of Student Date

# HOME LANGUAGE SURVEY

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

 Parent(s) Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_

What was the first language your child learned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language does the family speak at home most of the time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language does the parent(s) speak to his/her child most of the time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language does the child speak to his/her parent(s) most of the time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language does the child speak to his/her brother/sister most of the time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language does the child speak to his/her friends most of the time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can an adult family member or extended family member speak English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can they read English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What languages, other than English, are spoken in the home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your child receiving help with English in their previous school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do the parents/guardians request oral and/or written communication from the school in English?\_\_\_\_\_\_\_\_\_

 If no, in what language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

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

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

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

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

 Signature of Parent or Guardian Date

## STUDENT RESIDENCY

By completing this questionnaire, you help the school comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the school identify services that the student may be eligible to receive.

 Student’s name

 Date of birth Age Sex □ Male □ Female

 Parent(s) name Phone number

 Address City ZIP Code

1. Where is the student living now? *(check one box)*

□ In a shelter

□ In a car

□ In a motel or hotel

□ In a trailer park or campsite

□ With more than one family in a house or apartment

□ With friends or family members other than parent or guardian

□ None of the above

*If you checked the box marked “None of the above” you do not have to complete the remainder of this form. Please sign below and return a copy of this form to the school office.*

1. Does the living arrangement marked in Question 1 result from a loss of housing or economic hardship?

 □ Yes □ No □ Unsure

1. The student lives with:

□ 1 parent

□ 2 parents

□ 1 parent and another adult

□ A relative, friend(s) or other adult(s)

□ Alone with no adults

□ An adult who is not the parent or legal guardian

 Signature of Parent or Guardian Date

**FOR SCHOOL USE ONLY**

□ Student not covered by McKinney-Vento Act

□ Student covered by McKinney-Vento Act

□ Follow-up required

Contact person at the student’s school who may know of the family situation:

Name Phone number

Date / /

 (month) (day) (year)

## FAMILY FEEDBACK

Thank you for choosing **AJHAE**. We are committed to serving our families in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. Your feedback is very important and your responses will be kept confidential.

|  |  |  |
| --- | --- | --- |
| How did you hear about **AJHAE**?  |  |  |
| o Newspaper ad o Radio commercial  | o Flier  | o Saw building or sign  |
| o Newspaper article o Television commercial  | o Postcard in mail  | o Other:  |
| o Web site o Movie theater commercial  | o Friend or relative  |   |

### Customer service

If you called for information, was the call answered promptly in a friendly and courteous manner? o Yes o No, please explain:

If you requested information via the school Web site, was your request answered promptly in a friendly and courteous manner? o Yes o No, please explain:

If you visited the school for information, were you greeted promptly in a friendly and courteous manner?

o Yes o No, please explain:

Were all of your questions regarding **AJHAE** answered to your satisfaction? o Yes

|  |  |
| --- | --- |
| o No, please explain:  **In your words** What words would you use to describe the school building and grounds?  |   |
|  o Clean o Accessible  | o Safe and secure o Outdated, old  |
|  o Inviting o School pride displayed  | o Unclean o Unorganized  |
|  o Modern o Colorful  What words would you use to describe the school Web site?  | o Building, classrooms and office well-marked with signs  |
|  o Easy to use o Quality  | o Appealing o Not attractive  |
|  o Informative o Up-to-date information  | o Out-of-date information o Difficult to use  |
|  o School pride shown o Relevant information  What words would you use to describe school advertising you saw?  | o Confusing o Too much information  |
|  o Quality o Interesting  | o Not relevant o Misleading  |
|  o Original o Relevant  | o Confusing o Didn’t stand out  |
|  o Professional o To the point  | o Not representative of school, students or community  |

What words would you use to describe why you and your child chose **AJHAE**?

o Quality education o Safe, secure building o Family-oriented o Curriculum focus o Caring staff o Transportation o Good reputation o Diverse student body o Small school atmosphere o Uniforms o Best option available o No other choice o Close to my home o School leader o Attention given to student and family needs

For each student, **AJHAE** must report the level of access to computing hardware for completing schoolwork within the student’s primary residence. We are asking parents to help us with this reporting.

**Please check only ONE of the options below under each of the two categories:**

**HARDWARE QUESTIONS:**

\_\_\_ The student has regular access to a desktop, laptop, or tablet for the student to use to complete schoolwork at their primary residence.

\_\_\_ The student has regular access to a smartphone for the student to use to complete schoolwork at their primary residence.

\_\_\_ The student does not have regular access to a desktop, laptop, tablet, or smartphone for the student to use to complete schoolwork at their primary residence.

**CONNECTIVITY QUESTIONS:**

\_\_\_ The student has regular access to the internet through cable, DSL, or some other noncellular method at their primary residence.

\_\_\_ The student has regular access to the internet primarily through a cellular hotspot or cell phone at their primary residence.

\_\_\_ The student does not have regular access to the internet at their primary residence.

## AJHAE SCHOOL-PARENT COMPACT

**AJHAE**, and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State’s high standards. This school-parent compact is in effect during school year 2023-24.

**School Responsibilities:**

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State’s student academic achievement standards as follows:

**AJHAE** is in constant update of its’s plan and organization of resources to continue to provide intensive, individualized support as students display increased learning difficulties (Response to Intervention - RTI) focused on the use of student assessment data and relevant background information, to inform decisions related to planning and implementing instructional strategies at the school, classroom, and individual student levels. School personnel will identify measurement and assessment tools to be used for gathering benchmark data and tools to be used to monitor the progress of students. A schedule for progress monitoring and assessment will be established Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child’s achievement.

Specifically, those conferences will be held following the 1st and 3rd quarters.

1. Provide parents with frequent reports on their children’s progress.
2. Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows:

Parents may call the school to request a consultation with the school (419) 382.2280. School personnel will make reasonable arrangements to meet with parents.

1. Provide parents opportunities to volunteer and participate in their child’s class, and to observe classroom activities, as follows:

**AJHAE** will establish vehicles for regular and effective communication between schools and parents and the community. Leaders and staff will establish ways for parents and community to be involved in the day-to-day running of the school. For the purpose of improving parent involvement the school may employ or assign a person as parent-school liaison. Examples/Specifics: Open House; Parent Orientation; Parent Teacher Conferences; Science/Math/Reading Night; Book Fair; OAA Night and others deemed necessary and helpful to fulfilling the school’s mission.

**Parent Responsibilities:**

We, as parents, will support our children’s learning in the following ways:

* Monitoring attendance.
* Making sure that homework is completed.
* Monitoring amount of television their children watch.
* Participating, as appropriate, in decisions relating to my children’s education.
* Promoting positive use of my child’s extracurricular time.
* Staying informed about my child’s education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.
* Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school’s School Improvement Team, the Title I Policy Advisory Committee, the District wide Policy Advisory Council, the State’s Committee of Practitioners, the School Support Team or other school advisory or policy groups.

**Student Responsibilities:**

We, as students, will share the responsibility to improve our academic achievement and achieve the State’s high standards. Specifically, we will:

* Do my homework every day and ask for help when I need to.
* Read at least 30 minutes every day outside of school time.
* Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.

**AJHAE will:**

1. Involve parents in the planning, review, and improvement of the school’s parental involvement policy, in an organized, ongoing, and timely way.
2. Involve parents in the joint development of any schoolwide program plan, in an organized, ongoing, and timely way.
3. Hold an annual meeting to inform parents of the school’s participation in Title I, Part A programs, and to explain the Title I, Part A requirements, and the right of parents to be involved in Title I, Part A programs. The school will convene the meeting at a convenient time to parents, and will offer a flexible number of additional parental involvement meetings, such as in the morning or evening, so that as many parents as possible are able to attend. The school will invite to this meeting all parents of children participating in Title I, Part A programs (participating students), and will encourage them to attend.
4. Provide information to parents of participating students in an understandable and uniform format, including alternative formats upon the request of parents with disabilities, and, to the extent practicable, in a language that parents can understand.
5. Provide to parents of participating children information in a timely manner about Title I, Part A programs that includes a description and explanation of the school’s curriculum, the forms of academic assessment used to measure children’s progress, and the proficiency levels students are expected to meet.
6. On the request of parents, provide opportunities for regular meetings for parents to formulate suggestions, and to participate, as appropriate, in decisions about the education of their children. The school will respond to any such suggestions as soon as practicably possible.
7. Provide to each parent an individual student report about the performance of their child on the State assessment in at least math, language arts and reading.
8. Provide each parent timely notice when their child has been assigned or has been taught for four (4) or more consecutive weeks by a teacher who is not highly qualified within the meaning of the term in section 200.56 of the Title I Final Regulations (67 Fed. Reg. 71710, December 2, 2002).

Signature of Parent or Guardian

Date

**State Mandated Attendance Policy**

**Our attendance policy is based on the Ohio Revised Code, Chapter 3321 School Attendance. Attendance Policy** Attendance at school is key to achievement. Students are expected to attend school regularly and on time.

Parents/guardians are encouraged to partner with the school to ensure attendance and timeliness. Parents/guardians are required to notify the school of any absence prior to the start of the school day. Similarly, parents/guardians are required to notify the school in writing in advance of early pick-up. Parents/guardians are encouraged to make any doctor, dentist, etc. appointments for times other than school hours.

Refer to the student/parent handbook for complete details.