Early Career Academy Enrollment Packet

Please complete the following documents of the enrollment packet and bring to the campus on your designated meeting date:

- Enrollment Forms
- Authorization for Release of Student Records Request for Educational Records
- Student Discipline Questionnaire
- Parent Acknowledgement
- Parent/Emergency Contact Information and Release
- Photograph/Video Release
- Transportation Plan

REQUIRED REGISTRATION DOCUMENTS:

These documents are required to register your child: Birth Certificate

- Immunization Records
- Recent Report Card or Transcript

Please Note: All required documentation must be complete before the first day of school.

Thank you and we look forward to meeting you!!

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Enrollment Form

Student Last Name _____ First Name _____ Middle _____

Primary Address _____

City _____ State _____ Zip _____ Gender _____

Mailing Address (if different than primary address)_____

City _____ State _____ Zip _____

Primary Phone _____ District of Residence _____

Birthdate _____ City of Birth _____ State/Country of Birth _____

Student is residing with (please select one)

_____Both Parents _____Father _____Mother _____Mother and Stepfather (his name) _____

_____Father and Stepmother (her name) _____ _____Other (please explain) _____

Ethnicity Code (required in MI. & IN) (Choose all that apply)

_____American Indian or Alaskan _____ Black or African American _____White (including Middle Eastern)

_____Asian (including China, India) _____ Hispanic or Latino _____ _____Native Hawaiian or Pacific Islander

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Language

Is your child's native language a language other than English? _____No _____Yes

If Yes, what is the language? _____

Is the primary language used in your home a language other than English? _____No _____Yes

If Yes, what is the language? _____

If you have answered YES to wither of the above two questions, your child will be assessed to determine his/her eligibility to receive English as a Second Language (ESL) services.

If not born in the United States, what date did the child enter the United States (Month/Day/Year)_____

Does your family need translation services for school information _____No _____Yes

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Parent/Guardian 1 (with whom the student resides)

First Name _____ Last Name _____ Relationship to Student _____

Email Address _____ Work Phone _____ Cell Phone _____

Parent County of Residence _____

Parent/Guardian 2 (other parent in the household or non-custodial parent living at another address)

First Name _____ Last Name _____ Relationship to Student _____

Email Address _____ Work Phone _____ Cell Phone _____

Parent County of Residence_____

Same Address as student? ____No ____Yes (if No, enter address below)

Address _____

City _____ State _____ Zip _____

If custody of your child is a concern, please provide a copy of the Personal Protection Order and/or Custody Papers and complete the information below.

*Legally, **do not** release my child to: _____

Emergency Contact Information 1

First Name _____ Last Name _____ Relationship to Student _____

Email Address _____ Work Phone _____ Cell Phone _____

Emergency Contact Information 2

First Name _____ Last Name _____ Relationship to Student _____

Email Address _____ Work Phone _____ Cell Phone _____

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Enrollment Form

Medical Information (Choose all that apply)

Will your child be taking non-prescription medication at school? _____No _____Yes (if Yes, please list) _____

Will your child be taking prescription medications at school? _____No _____Yes (if Yes, please list) _____

Does your child have any of the following? (Check all that apply)

_____Nothing Known _____Cardiac_____Epilepsy_____Food Allergy _____Medical Waiver_____Special Blood Condition

_____Aspirin Allergy _____Contact lenses_____Iodine Allergy_____Penicillin Allergy_____

_____AsthmaCardiac_____Diabetese_____Diabetes_____Latex Allergy_____Sulfa Allergy

Special Instructions: _____

Primary Doctor _____ Hospital Preference _____

Medical Alerts – Please list any special physical or health problems requiring special attention or help from school personnel. For example; Seizures, SERVERE allergies:

Has your child previously received any Special Education Services? ____Yes ____No

Special Education - Disability Category (please check)

_____504 Education Plan

_____Autism

_____Cognitively Impaired

_____Emotionally Impaired

_____Hearing Impaired

_____Otherwise Health Impaired

_____Physically Impaired

_____Visually Impaired

_____Other _____

Service Delivery within Special Education (check all that apply)

_____Co-taught courses

_____Resource or study skills course

_____Self Contained Classroom

Ancillary Services Support (check all that apply)

_____Speech and Language Services

_____School Social Worker Services

_____Teacher Consultant Services

_____Other _____

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McKinney–Vento Eligibility Questionnaire

Name of School _____

Name of Student _____

_____Female _____ Male

Date of Birth ___/___/___ Age: ___ Social Security # _____

(or student identification number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The

answers to this residency information to help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ___ Yes ___ No

2. Is this temporary living arrangement due to loss of housing or economic hardship? ___ Yes ___ No

If you answered YES to the above questions, please complete the remainder of this form.

Where is the student presently living (check one)

_____ In a motel

_____ In a shelter

_____ With more than one family in a house or apartment

_____ Moving from place to place

_____ In a place not designed for ordinary sleeping accommodations (re: car, park, and campsite)

Name of Parent(s) Legal Guardian (s) _____

Address _____ Zip _____ Phone _____

Signature of Parent /Legal Guardian _____ Date _____

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Photograph/Video Release

Student Name: _____

Campus Location: _____

Date:_____

For good and valuable consideration, receipt and sufficiency of which is hereby acknowledged, I agree that **ITT Educational Services, Inc. Early Career Academy** and its subsidiaries, successors, licensees, affiliates, designees and assignees (collectively, "ITT/ESI") may use and reuse, publish, distribute, edit, excerpt, exhibit and otherwise exploit my likeness, persona, voice, name and performance in conjunction with the photographs and/or video taken at the above date and location (collectively, my "Appearance"), in whole or in part, in any and all media and manners, including, but not limited to, Internet use, throughout the world in perpetuity, without limitation, in connection with advertising and promotion of ITT/ESI's products and services.

I hereby release and discharge ITT/ESI from any and all claims, demands or causes of action that I may have, whether for libel, violation of my right of privacy or publicity, or any other matter arising out of or in any manner connected with the use of my Appearance or the exercise of the rights granted herein. I hereby verify that all statements and other information given by me are true and accurate, and I agree to be legally responsible for all claims arising from such statements. I acknowledge and agree that this Release shall not be subject to the terms of any union or guild agreement and that no sums will be due to me in connection with any use or reuse of my Appearance by ITT/ESI.

I understand that ITT/ESI is proceeding in reliance upon the terms set forth herein, and I will not attempt to revoke this Release at any time.

I have carefully read the terms of this Release and, in consideration of your considering the use of my Appearance; I have indicated my understanding and agreement by signing below. I AM 18 YEARS* OF AGE OR OLDER.

Date:_____ Signature _____

Address:_____

*19 years in Alabama and 21 years in Mississippi, Nebraska, Pennsylvania and Puerto Rico. If under 18 (19 or 21 in certain jurisdictions), parent or guardian must sign below. I, as parent and guardian of the minor who signed above, consent to the signing of such Release, and agree to defend and hold the beneficiaries of the Release harmless against any claim (including attorney's fees incurred in defending such action) that the minor may make because of personal injury, property damage and/or the use of the photographs and audiovisual likeness in any manner permitted by such Release. I fully understand that the beneficiaries of the Release are and will be relying on my agreement and signature, which are intended to induce them to accept the Release.

_____ _____

Parent/Guardian Signature Date

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Authorization for Release of Student Records

Please send the cumulative records (including, but not limited to, grades, health records, attendance information, student portfolios, record testing data, psychological reports, school social work reports, section 504 plan, Individual Educational Plan, and other information pertaining to special services support) for the student below:

Name of Student _____ Date of Birth _____ Grade _____

Name of Previous School _____

City _____ State _____ Dates attended _____

Grade Last Completed_____

Phone Number _____ Fax Number _____

To Be Completed by Previous School:

Did this student receive Special Education Services at your school? _____Yes _____No

Has this student ever been ***suspended*** from school? _____Yes _____No

If Yes, please explain _____

Has this student ever been ***expelled*** from school? _____Yes _____No

If Yes, please explain_____

Was this student ever subject to any other disciplinary action? _____Yes _____No

Please send records to: Early Career Academy

I hereby authorize the release of all records requested above.

Date: _____ Student Signature _____

Date: _____ Parent Signature _____

****To be completed and returned by the sending (former) School District**

Name of sending (former) school/district: _____

Signature of Sending District Administrator & Title _____ Date _____

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Affirmation of Prior Student Discipline Record

Please indicate whether your child has or has not been suspended or expelled from any public or private school in any state by typing or writing the child's name in either paragraph A or B:

Paragraph A:

The undersigned affirms that _____ **has not been** suspended or expelled from any public or private school for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and /or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from school or school-sponsored activity.

Paragraph B:

The undersigned affirms that _____ **has been** suspended or expelled from any public or private school for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and /or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from school or school-sponsored activity.

If you checked **Paragraph B**, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident that resulted in suspension or expulsion.

_____

_____

_____

_____

_____

_____

_____

Date _____

Signature of Parent/Guardian _____

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Transportation Plan

Student Name:_____

How will you get to school each day?

_____ Parent(s)/Guardian

_____ Other adult (Name and rRelationship)_____

_____ Drive myself (make & model of car and license plate #)_____

_____ Carpool with classmate (Name)_____

_____ Public bus (which route(s))_____

_____ Other (please describe)_____

Do you have special transportation requirements outlined in an Individual Education Plan or Section 504 plan?

_____Yes _____No

If yes, please briefly describe these requirements:

_____

_____

_____

_____

If you qualify for transportation services called for in the McKinney-Vento Act 42 U.S.C. 11435 the Early Career Academy Executive Director will work with you to put together a transportation Plan.

_____ _____ _____ _____

Parent/Guardian Signature Date Student Signature Date

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Parent Acknowledgement

I agree that it is my responsibility as the Parent/Guardian of _____ to read and understand the Early Career Academy Student/Parent Handbook.

Parent/Guardian Signature _____ Date _____

I attest all information provided on the Early Career Academy Registration form is true and accurate.

Parent/Guardian Signature _____ Date _____

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