

Richard Allen Schools
2012-2013 ENROLLMENT PACKET
PLEASE PRINT ALL INFORMATION IN INK

Date: _____

Referred by: _____

Student's Name: _____

Grade: _____

Items needed to confirm enrollment:

1. _____ Copy of Birth Certificate
2. _____ Copy of Student's Social Security Card
3. _____ Complete Immunization Records
4. _____ Recent Photograph of Student (We can make a copy.)
5. _____ Two (2) Signed Record Request Forms (Do not remove from packet)
6. _____ Custody Check List
7. _____ Copy of Most Current Grade Card
8. _____ Proof of Residency (See enclosed Acceptable Proof of Residency Requirements form for district requirements)
9. _____ Copy of Student Withdrawal Form (If applicable)
10. _____ IEP and ETR (If applicable)
11. _____ Books and Materials Fee (1 student-\$25, 2 students-\$45, 3 or more students-\$65)

Enrollment applications and all of the above items should be submitted to the campus where you are applying for enrollment as soon as possible for proper enrollment.

Downtown Campus

Grades: 2nd – 6th
 184 Salem Avenue
 Dayton, Ohio 45406
 937.586.9756

Edgemont Campus

Grades: 7th – 9th
 700 Heck Avenue
 Dayton, Ohio 45417
 937.586.9815

Hamilton Campus

Grades: K – 6th
 299 Knightsbridge Drive
 Hamilton, Ohio 45011
 513.868.2900

Dayton View Campus

Grades: K – 1st
 627 Salem Avenue
 Dayton, Ohio 45406
 937.278.4201

The McKinney-Vento Homeless Assistance Act is federal legislation providing protection for homeless children in the area of public education. **You must complete and sign the McKinney-Vento Questionnaire of Residency before filling out the student enrollment application.** All school districts must be in compliance with McKinney-Vento. Non-compliance can negatively impact school funding.

Richard Allen Schools

McKinney-Vento Questionnaire of Residency

PLEASE PRINT

Student Name(s): _____ Date: _____

- Richard Allen I (Edgemont), Richard Allen II (Downtown), Richard Allen III (Hamilton), Richard Allen Prep (Dayton View)

This questionnaire addresses the McKinney-Vento Act (P.L. 107-110). Your answers will help the school administrator determine residency documents necessary for this student's enrollment.

Presently, where is the student living? (Select an answer from Section A or Section B below)

Section A:

- In shelter, More than one family in house or apartment, In motel, hotel, car or campsite, With friends or family members (other than parent/guardian), Moving from place to place

CONTINUE - If you checked a box in Section A, skip Section B, complete Sections C, D, and E.

Section B:

- Choices in Section A DO NOT apply to me

STOP - If you checked the box in Section B, sign here and submit this form to school personnel.

Parent/Guardian Signature Date

Section C: The Student Lives:

- With one parent, With two parents, With one parent and another adult, Alone with no adults, With a relative, friend(s) or other adults(s), With an adult not the parent or legal guardian

Section D: Living Arrangements:

- Is your current address a temporary living arrangement?, If a temporary living arrangement due to loss of housing or economic hardship, estimate length of time you will reside at this address. Estimated length of time: _____

Section E: Complete this section and return this form to the Richard Allen campus checked above if you, the parent/legal guardian, cannot verify that you own or rent a residence in the Richard Allen Schools District. A proof of residency is required from the person who owns the address where you and the student reside. Each public school district has criteria for accepting proof of residency. (See Acceptable Proofs of Residency form for criteria)

Public School District of Residence: _____

Parent/Legal Guardian Name: _____

Although I do not own or rent a residence, I am the custodial parent of the child named above and my current temporary or permanent residence is as follows: (All addresses will be verified)

Street Address (Include Apt. Number) City State Zip Code

Print Name of Legal Resident who Owns or Rents the Residence Telephone (Include Area Code)

If my permanent or temporary residence changes, or status of Section B changes, I agree to notify the school immediately. I certify that the above information is correct and the above named parent/legal guardian and student currently rent/reside in my home. Furthermore, I will provide proof of residency documents as required by attending Public School District.

Signature of Residence Owner/Renter Date

Richard Allen Schools

2012-2013 STUDENT ENROLLMENT APPLICATION

Richard Allen I (Edgemont)

Richard Allen II (Downtown)

Richard Allen III (Hamilton)

Richard Allen Prep (Dayton View)

Student Information

PLEASE PRINT ALL PAGES IN INK

Date:

Student Legal Name: (Must Match Birth Certificate) First MI Last

Birth Date: (MM/DD/YY) Gender: Male Female

Birthplace City: Native Language:

(School districts must collect race/ethnicity information as required by state and federal law)

Ethnic Origin: Asian/Pacific Islands Black, Non-Hispanic White American Indian/Alaskan Native Hispanic/Latino Multi-racial (Country of Origin)

If student is multi-racial, please circle all of the above races that apply

Grade completed in 2011-2012 Anticipated grade 2012-2013 school year

Street Address: (No P.O. Box) (Include Apartment or Lot Numbers in Address)

City: State: Zip Code:

Home Phone: (XXX-XXX-XXXX) Cell Phone: (Include Area Code) (Include Area Code)

Public School and Prior School Information

Dayton Public School Districts:

- Dayton Huber Heights Jefferson Township Mad River Miamisburg Northmont Northridge Oakwood Trotwood-Madison Vandalia Butler West Carrollton Fairborn Richard Allen I Richard Allen II Richard Allen III Richard Allen Prep Other: Please fill in name of District:

OR

Hamilton Public School Districts:

- Edgewood Fairfield Hamilton Madison Monroe Mt. Healthy New Miami Princeton Ross Talawanda Trenton West Chester Lakota Middletown Other: Please fill in name of District:

According to your address, what public school would your child attend?

Public School Name:

Name of Last School Child Attended:

Address of Last School Attended:

City, State, Zip Code

Phone Number (XXX-XXX-XXXX)

Richard Allen Schools

2012-2013 STUDENT ENROLLMENT APPLICATION

- Richard Allen I (Edgemont), Richard Allen II (Downtown), Richard Allen III (Hamilton), Richard Allen Prep (Dayton View)

STUDENT'S NAME: _____

DOES THIS STUDENT NEED SCHOOL BUS TRANSPORTATION? Yes No

Parent/Guardian #1 Information (PLEASE PRINT)
Check relationship to student: Father Mother Guardian Foster Parent Grandparent
Who is the legal parent or guardian of this student?
If non-custodial parent, guardian, foster parent or grandparent, court papers must accompany this form
Name: FIRST MI LAST Custodial Parent
If address is same as student address, do not fill out address information below
Address, City, Zip:
Email: Cell Phone: (XXX-XXX-XXXX)
Home Phone: (XXX-XXX-XXXX)
Employer: Work Phone: (XXX-XXX-XXXX) Available at Work: Yes No

Parent/Guardian #2 Information (PLEASE PRINT)
Check relationship to student: Father Mother Guardian Foster Parent Grandparent
If non-custodial parent, guardian, foster parent or grandparent, court papers must accompany this form
Name: FIRST MI LAST Custodial Parent
If address is same as student address, do not fill out address information below
Address, City, Zip:
Home Phone: (XXX-XXX-XXXX)
Email: Cell Phone: (XXX-XXX-XXXX)
Employer: Work Phone: (XXX-XXX-XXXX) Available at Work: Yes No

2012-2013 STUDENT ENROLLMENT APPLICATION

STUDENT'S NAME: _____

List all other children between the ages of 5 and 18 who are living in your household:

| <u>Student Name</u> | <u>Birth Date</u> | <u>Grade</u> | <u>School Attending</u> |
|---------------------|-------------------|--------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please check all items below that apply to your child:

- IEP (Individualized Education Program) Currently Active
- 504 Plan**
- Suspended **
- Expelled **
- Title I Math Eligible
- Title I Reading Eligible
- Physical, Emotional, Psychological, or Social Difficulties in Last 2 Years **

****Please Explain:**

2012-2013 STUDENT ENROLLMENT APPLICATION

You must provide complete information in each area.

Student's Name: _____ Grade (2012-2013): _____

Briefly describe your child's academic strengths and weaknesses:

Briefly describe your child's extracurricular interests and abilities:

Please list all schools attended in the last three years.

| <u>School Year</u> | <u>Grade</u> | <u>School</u> | <u>City</u> | <u>State</u> |
|--------------------|--------------|---------------|-------------|--------------|
| 2011-2012 | _____ | _____ | _____ | _____ |
| 2010-2011 | _____ | _____ | _____ | _____ |
| 2009-2010 | _____ | _____ | _____ | _____ |

Did your student attend half day or full day kindergarten? (Check one)

Parent/Legal Guardian Verification Information

By signing, I verify that all information provided is true and verifiable to the best of my knowledge.

Parent/Legal Guardian Name (PLEASE PRINT): _____

Relationship: _____

Signature: _____ Date: (MM/DD/YYYY) _____

FOR OFFICE USE ONLY:

Entry Date: _____ SSID Number: _____ DASL Input _____ SOES Input _____

Richard Allen Schools

MEDICAL PERMISSION STATEMENT

PLEASE PRINT ALL INFORMATION

Student's Name: _____ **Grade (2012-2013):** _____

I/We grant permission for the school staff to take whatever steps may be necessary to obtain emergency medical care for the student listed above. These steps may include, but are not limited to, the following:

- * Attempt to contact parent or guardian.
- * Attempt to contact parent or guardian through any of the persons listed below.
- * Attempt to contact the child's physician listed below.
- * If the school cannot contact any one of the people below, we will: a) call another physician, b) call an ambulance, or c) take the child to the hospital in the company of a staff member.

Any expense incurred for the above will be the financial obligation of the child's family.

Richard Allen Schools will not be responsible for anything that may happen as a result of false, incomplete, or erroneous information given at the time of enrollment.

Current Medications: Does your child take a regularly prescribed medication? Yes No
If yes, please indicate what medication, why it is prescribed, and how often it is taken.

Persons to contact in the event the school cannot reach you:

| Name | Relationship | Phone Number(s) |
|----------|--------------|-----------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Physician(s) to contact in the event of an emergency:

| Name | Phone Number(s) |
|----------|-----------------|
| 1. _____ | _____ |
| 2. _____ | _____ |

Family Medical Insurance Carrier: _____ **Policy Number:** _____

Family Information

Parent/Guardian Name: _____

Address: _____
Last First MI

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

Richard Allen Schools

2012-2013 Photo Release

I hereby assign and grant to Richard Allen Schools, or those for whom the schools have contracted, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be included as an individual or members of a group (in whole or in part), made through any media by photographers at their studio or elsewhere, including the use of any printed matter in conjunction with such photographs.

I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the use that it might be applied.

I hereby release and discharge Richard Allen Schools, its assigns, and all person acting under its permission or authority or those for who it is acting, from the against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of the finished product.

Complete and sign **only one section** below:

I give Richard Allen Schools permission to photograph my child

I hereby warrant that I am competent to contract for the student named below. I have read the foregoing release and warrant that I fully understand the contents thereof.

Print Student Name

Print Parent/Guardian Name

Parent Signature

Date

I DO NOT give Richard Allen Schools permission to photograph my child

I hereby refuse to give photo release consent.

Print Student Name

Print Parent/Guardian Name

Parent Signature

Date

Richard Allen Schools

**2012-2013
TRANSPORTATION RELEASE**

Please complete this release in order for the district to provide transportation services for your student to such activities as gym, field days, after-school care, choir practice, and other school events not including field trips, which require a release for each trip.

By my signature below, I give permission for _____
Student's Name

to be transported to and from the activities described above.

Parent Signature

Date



Sowing Seeds of Knowledge . . . Growing Trees of Wisdom

Richard Allen Schools
2012-2013 Parent Agreement

The parent or guardian of students accepted by Richard Allen Schools must agree to:

- 1) Make every effort to cooperate with the school to ensure that students demonstrate respect, courtesy, and responsibility.
- 2) Ensure that students meet all uniform requirements to include clean, properly maintained apparel.
- 3) Assume ultimate responsibility for transporting students to and from school on a daily basis, in the event that other means of transportation are not available, regardless of cause, and be available to transport students who are removed from school due to illness or other circumstances.
- 4) Ensure that students arrive at school on time each day.
- 5) Ensure that students are picked up on time following dismissal each day.
- 6) Ensure that students arrive at school fully prepared for the school day with homework, books, paper, pencils, and all other necessary materials and supplies.
- 7) Faithfully attend all parent / teacher conferences.
- 8) Faithfully attend all meetings of the Parent Association (PA).
- 9) Participate and cooperate in student screening and placement processes.
- 10) Participate and cooperate in conferences related to Family Report Cards.
- 11) Provide all immunization records as required by the Ohio Revised Code.
- 12) Provide the school with all medical related instructions regarding special health needs.
- 13) Keep students at home in the event of communicable diseases.
- 14) Accept full responsibility for the loss of any and all students' personal items.
- 15) Follow the school's conflict resolution process.

The purpose of Richard Allen Schools is not only to educate but also strengthen each student's ability to learn. Children who enroll are expected to continue in Richard Allen Schools through all available grades. The Student and Parent Handbook provides a full explanation of all rules, requirements, and expectations for students and parents.

I have read and understand the above information and agree to cooperate accordingly for admission and continued enrollment in Richard Allen Schools.

Student Name (Print): _____

Grade (2012-2013): _____

Parent/Guardian Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

Richard Allen Schools

**Student Health and Development Screenings
2012-2013**

Dear Parents/Guardians:

The Ohio Revised Code requires that students receive health and development screenings. The Nursing Department of Richard Allen Schools is prepared to provide the screenings listed below as necessary.

The law also provides that parents/guardians may choose either to have their child screened by their health care provider **or** may opt to not have their child screened and must give indication of their choice in writing.

Please complete this form by placing a check mark in the appropriate box indicating your desired option and returning this signed form to school with your child.

I certify that I am the parent/guardian of (student):

PLEASE PRINT

Student Name: _____ **Grade:** _____

Teacher: _____

PLEASE CHECK ONE OPTION BELOW:

I/we hereby authorize the Nursing Department of Richard Allen Schools to conduct **one or more** of the following **screenings** during school hours:

- Height/Weight
- Postural (scoliosis)
- Hearing
- Vision
- Health
- Dental
- Developmental/Speech
- Ringworm/Head Lice

As provided by law, I/we choose **not** to have our child screened.

I/we will have our child screened by our family physician or other health care provider and submit verification of screenings to the school not later than 15 days after the beginning of school.

Parent/Guardian Signature: _____ **Date:** _____

Richard Allen Schools



"Sowing seeds of knowledge...growing trees of wisdom"

FIRST REQUEST FOR SCHOOL RECORDS

Previous School: _____ Re: _____
(Student Name)
School Address: _____ Grade: _____ Birth Date: _____
City, State, Zip Code: _____ Phone: _____

1. You are authorized to release the records listed below for the above named student to:

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Richard Allen Academy Edgemont Campus 700 Heck Avenue Dayton, OH 45417 Phone (937) 586-9815 Fax (937) 586-0271 | <input type="checkbox"/> Richard Allen Academy II Downtown Campus 184 Salem Avenue Dayton, OH 45406 Phone (937) 586-9756 Fax (937) 586-9764 | <input type="checkbox"/> Richard Allen Preparatory Salem Avenue Campus 627 Salem Avenue Dayton, OH 45406 Phone (937) 278-4201 Fax (937) 278-4229 | <input type="checkbox"/> Richard Allen Academy III Hamilton Campus 299 Knightsbridge Drive Hamilton, OH 45011 Phone (513) 868-2900 Fax (513) 868-0498 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. Specific data to be released:

- | | | | |
|------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Academic | <input checked="" type="checkbox"/> Student Withdrawal | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Discipline |
| <input checked="" type="checkbox"/> Attendance | <input checked="" type="checkbox"/> Psychological | <input checked="" type="checkbox"/> IEP/ETR** | |

****Please submit request for current IEP/ETR to your Special Education Coordinator**

3. Signature of person authorizing release of records:

(Signature of Parent/Guardian)

Date

FOR OFFICE USE ONLY

| | | | |
|----------------|----|----------------------|----|
| Date requested | By | Date copies received | By |
|----------------|----|----------------------|----|

Richard Allen Schools



"Sowing seeds of knowledge...growing trees of wisdom"

SECOND REQUEST FOR SCHOOL RECORDS

Previous School: _____ Re: _____
(Student Name)
School Address: _____ Grade: _____ Birth Date: _____
City, State, Zip Code: _____ Phone: _____

1. You are authorized to release the records listed below for the above named student to:

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Richard Allen Academy Edgemont Campus 700 Heck Avenue Dayton, OH 45417 Phone (937) 586-9815 Fax (937) 586-0271 | <input type="checkbox"/> Richard Allen Academy II Downtown Campus 184 Salem Avenue Dayton, OH 45406 Phone (937) 586-9756 Fax (937) 586-9764 | <input type="checkbox"/> Richard Allen Preparatory Salem Avenue Campus 627 Salem Avenue Dayton, OH 45406 Phone (937) 278-4201 Fax (937) 278-4229 | <input type="checkbox"/> Richard Allen Academy III Hamilton Campus 299 Knightsbridge Drive Hamilton, OH 45011 Phone (513) 868-2900 Fax (513) 868-0498 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. Specific data to be released:

- | | | | |
|------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Academic | <input checked="" type="checkbox"/> Student Withdrawal | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Discipline |
| <input checked="" type="checkbox"/> Attendance | <input checked="" type="checkbox"/> Psychological | <input checked="" type="checkbox"/> IEP/ETR** | |

****Please submit request for current IEP/ETR to your Special Education Coordinator**

3. Signature of person authorizing release of records:

(Signature of Parent/Guardian)

Date

