

2018-19 Re-enrollment Packet (ACCEL Schools)



INSTRUCTIONS

Please complete all seven pages of the re-enrollment packet. If you have multiple children and they all reside at the same address AND have the same primary guardians and emergency contacts, then only one re-enrollment packet is necessary per family. If your children have different guardians, addresses, etc, please complete one packet per child. Thank you!

STUDENT INFORMATION #1

Legal First Name: _____ Legal Middle Name: _____

Legal Last Name: _____ Date of Birth: ____/____/____

Student(s) Current Address: _____

City: _____ State: _____ Zip: _____

STUDENT INFORMATION #2 (assumes same Home Address)

Legal First Name: _____ Legal Middle Name: _____

Legal Last Name: _____ Date of Birth: ____/____/____

STUDENT INFORMATION #3 (assumes same Home Address)

Legal First Name: _____ Legal Middle Name: _____

Legal Last Name: _____ Date of Birth: ____/____/____

STUDENT INFORMATION #4 (assumes same Home Address)

Legal First Name: _____ Legal Middle Name: _____

Legal Last Name: _____ Date of Birth: ____/____/____

STUDENT INFORMATION #5 (assumes same Home Address)

Legal First Name: _____ Legal Middle Name: _____

Legal Last Name: _____ Date of Birth: ____/____/____

MILITARY QUESTION (NEW REQUIREMENT BY STATE & FEDERAL GOVERNMENT)

Does the student have a parent/guardian who is an active duty member of the Armed Forces or on full-time National Guard duty?

YES NO

PRIMARY PARENT/GUARDIAN INFORMATION

Relationship to Student: _____

Guardian First Name _____ Guardian Last Name: _____

Cell Phone: _____ Home Phone: _____

Day/Work Phone: _____ Email Address: _____

(OPTIONAL) SECONDARY PARENT/GUARDIAN CONTACT

Relationship to Student: _____

Guardian First Name _____ Guardian Last Name: _____

Cell Phone: _____ Home Phone: _____

Day/Work Phone: _____ Email Address: _____

PLEASE CONFIRM YOUR RE-ENROLLMENT DECISION FOR 2018-19 SCHOOL YEAR

YES, the student(s) is returning for the 2018-19 school year

NO, the student(s) is withdrawing at the end of this school year (2017-18)

Reason for withdrawing at the end of the school year: Moving/Relocation Other Reason



2018 PARENT SURVEY

INSTRUCTIONS

Please rate your satisfaction in terms of:

1) Your child's safety while at school:

- Extremely Satisfied
- Very Satisfied
- Satisfied
- Somewhat Dissatisfied
- Dissatisfied

2) Your child's learning and academic progress in the current school year:

- Extremely Satisfied
- Very Satisfied
- Satisfied
- Somewhat Dissatisfied
- Dissatisfied

3) Your overall satisfaction with the school:

- Extremely Satisfied
- Very Satisfied
- Satisfied
- Somewhat Dissatisfied
- Dissatisfied

4) How likely are you to refer a friend to this school?

- Extremely Likely
- Very Likely
- Likely
- Not Likely
- Never

Additional comments/feedback as it pertains to your satisfaction with the school:



EMERGENCY CONTACT INFORMATION

I understand that providing current emergency contact information is critical to the safety and well-being of my child. My signature on this packet certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information for myself, and my emergency contacts, within 24 hours of any change, to the school office and my child’s classroom teacher. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, and health personnel including student nurses.

LOCAL EMERGENCY CONTACTS (Adults, 18 years or older, who may be contacted in the event of an emergency **in addition** to the student’s primary and secondary parent/guardians that were entered on the *Student & Family Contact Form* earlier in this packet):

Emergency Contact #1 (following parents/guardians)

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
This person is: <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		

Emergency Contact #2

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
This person is: <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		

Emergency Contact #3

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
This person is: <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		

STUDENT DROP-OFF & PICK-UP (2018-19)

BUS TRANSPORTATION

Bus transportation may be available to and from our school. In order to utilize bussing you must meet certain requirements and fill out a separate Bus Transportation Application Form.

Would you like to request a Bus Transportation Application Form for the 2018-19 school year? YES NO

STUDENT DROP-OFF & PICK-UP

AM Schedule: Drop-Off to School. How will your child be transported to school?	
<input type="checkbox"/> Parent/Guardian Driver <input type="checkbox"/> Parent/Guardian Walker <input type="checkbox"/> Walk <input type="checkbox"/> City Bus <input type="checkbox"/> Carpool. Please name the participants that you authorize to pick up your child(ren) via carpool below.	<input type="checkbox"/> School Bus Service (requested above) <input type="checkbox"/> Day Care Van: _____ <input type="checkbox"/> Other. Please explain: _____ _____ _____



PM Schedule: Pick-Up from School. How will your child be picked up from school?

<input type="checkbox"/> Parent/Guardian Driver	<input type="checkbox"/> School Bus Service (requested above)
<input type="checkbox"/> Parent/Guardian Walker	<input type="checkbox"/> Day Care Van: _____
<input type="checkbox"/> Walk	<input type="checkbox"/> Other. Please explain: _____
<input type="checkbox"/> City Bus	_____
<input type="checkbox"/> Carpool. Please name the participant drivers that you authorize to pick up your child(ren) via carpool below.	_____

Do these transportation preferences vary by day of week? If so, please provide more information about your schedule: _____

Carpool Driver First & Last Name	Phone Number

AUTHORIZED PICK-UPS (IF APPLICABLE)

In the event I am unable to pick-up my child, I hereby give permission for my child to be picked up from school by any of the following persons in addition to the emergency contacts I authorized. If not applicable, leave blank.

First & Last Name	Phone Number	Secondary Phone Number

ADDITIONAL STUDENTS TO ENROLL FOR 2018-19

Do you have additional students, such as incoming Kindergarteners, you wish to enroll as new students for the 2018-19 school year? Please let our front office know:

First Name	Last Name	Date of Birth



UNIVERSAL CONSENT FORM & ENROLLMENT AGREEMENT

Our school is required by law to obtain the parent/legal guardian's written consent for each student regarding certain information and activities that enable our school to provide the educational experience we advertise. Declining to acknowledge, agree with or consent to some items may mean that the student/family will not have access to some of the educational materials and resources that we use throughout the school day and year and/or the student will not maintain enrollment at the school.

ACKNOWLEDGEMENT OF STUDENT HANDBOOK/CODE OF CONDUCT

We have received and read the school Handbook and Code of Conduct (available on school website). We understand the rights and responsibilities pertaining to students and agree to support and abide by the school's rules, guidelines, procedures, and policies. We also understand that the Handbook and Code of Conduct supersedes all prior handbooks, codes of conduct and other written material on the same subjects, that this Handbook and Code of Conduct should not be construed to accord any rights or privileges to students or families beyond those accorded by law, and that this Handbook and Code of Conduct may be revised at any time, with or without notice. The signatures on this document are legally binding and indicate the parties who signed have read and understand the terms and conditions in the Handbook and Code of Conduct. Not acknowledging the Handbook and Code of Conduct could mean that student will not be informed of the expectations to maintain their enrollment at the school.

Parent/Guardian Acknowledges Eligible Student Acknowledges (18 years and older)

FERPA ACKNOWLEDGEMENT

The Family Educational Rights and Privacy Act (FERPA) provides parents and students over 18 years of age ("eligible students") certain rights regarding the student's educational records. In order to serve the student's educational needs, the school may find it necessary to disclose a student's name, address, parent's/guardian's name, phone number, email address, and date of birth, to a vendor to provide the student with the appropriate learning solutions. The vendors agree to the confidentiality of the student's name and address and will not use such information for any purpose other than those required under their vendor contract with the school. I hereby acknowledge that my student's name and address may be provided to the school's vendors to ensure that the school can best meet the educational needs of my student. Not acknowledging FERPA could mean that the student and family will not have access to educational materials and resources and as such may receive a different educational experience than what the school has advertised.

Parent/Guardian Acknowledges Eligible Student Acknowledges (18 years and older)

AGREEMENT TO INTERNET USAGE TERMS AND POLICIES

I agree to my student using the Internet per the Internet Use Agreement outlined within the school's Handbook and Code of Conduct. I (we) further agree that any violation of the regulations will result in the termination of Internet privileges. Any violations may result in access privileges being revoked, school disciplinary action, and/or appropriate legal action. Not consenting to Internet usage terms and policies could mean that the student will not have access to the Internet for curriculum, research, or other schoolwork and as such may receive a different educational experience than what the school has advertised.

Parent/Guardian Agrees Eligible Student Agrees (18 years and older)
 Parent/Guardian Does Not Agree Eligible Student Does Not Agree

PERMISSION FOR RELEASE OF DIRECTORY INFORMATION FOR SPORTS/ACTIVITIES

I give consent for school to release student's directory information (such as student's name, address, parent's/guardian's name, telephone number, date and place of birth, participation in officially recognized activities and sports, weights and heights of members of athletic teams, dates of attendance, and degrees and awards received) for sports and activities. I understand that if I initially give my consent, I can choose to withdraw it at any time by updating student's records at the school.

Parent/Guardian consents
 Parent/Guardian consents only to PTO & Booster Groups supporting school-sponsored activities
 Parent/Guardian does not consent
 Eligible Student consents (18 years and older)
 Eligible Student consents only to PTO & Booster Groups supporting school-sponsored activities
 Eligible Student does not consent

AUTOMATED PARENT NOTIFICATION SYSTEM FOR EMERGENCIES, ATTENDANCE, EVENTS & OTHER REMINDERS

Our school uses electronic messaging software to notify families of school emergencies, attendance records, and upcoming events via telephone, email and/or text message. Please indicate your preference for participation in this messaging system. I understand that if I initially give my consent, I will be asked to opt-in to text messages at a later date and that I can also choose to opt-out of any of these services at any time throughout the school year.

Parent/Guardian Agrees Eligible Student Agrees (18 years and older)
 Parent/Guardian Does Not Agree Eligible Student Does Not Agree

MEDIA RELEASE

I/We understand that as part of my child's/my attendance at the school, photos, videos, and quotations may be taken for use in publications and reports about the school and/or program. I/We further understand that members of the news media invited to cover the school and/or program may take photos, videos and quotations.



