



## Student Registration Packet

# Innovations International Charter School Of Nevada

Now Accepting Applications For the 2016 – 2017 School Year

Completed Applications Must Be Hand Delivered To The Office

Applications Completed Through Fax or Online Need To Be  
Verified With The Office For Accuracy Of All Necessary Documents

### **Checklist Of Required Documents And Forms**

- Completed Enrollment Application (all forms to be filled out accurately)
- Child's Official Birth Certificate
- Current Immunization Records
- Current Transcripts (Applicable for middle and high school students)
- Proof of Grade Level Completion (current report card)
- Individual Education Plan (IEP – if applicable)
- Section 504 Plan (if applicable)
- Response to Instruction Plan (RTI – if applicable)
- Copy of Parent/Guardian's Driver's License
- Proof of Address (power bill, lease agreement, mortgage or escrow papers, etc.) This MUST be current and MUST be seen in parent/guardian's name

### **Note:**

If you live with someone, the permanent resident MUST accompany the parent/guardian and bring in the following documents:

- Notarized Residential Affidavit
- Proof of Address (stated above)
- Photo ID

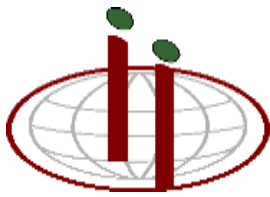
Guardianship – If you are the guardian, please bring in the guardianship papers.

Court Ordered Documents – are needed if a parent's name is written as a Noncustodial Parent/Guardian OR if the parent's name is listed on the birth certificate and not on the enrollment packet.

To be eligible for kindergarten, a child must be 5 years old by September 30, 2016.

To be eligible for first grade, a child must be 6 years old by September 30, 2016.





# Innovations International Charter School of Nevada

## Family Census Form

Please complete ONE form per family.

If you have children in more than one school, please bring a copy of this form to each school.

**Household Address – All student information/mailings will be sent to this household.**

**Residence Address**

**Mailing Address (P.O. Box ONLY)**

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P.O. Box Number                      City                                      State                                      Zip Code

**Parent/Guardian Information**

**Parent/Guardian Living In Primary Household With Student (s)**

Legal Name of Parent/Guardian	Legal Name of Parent/Guardian
Last Name:	Last Name:
First Name:	First Name:
Relationship To Student:	Relationship To Student:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email Address:	Email Address:
Parent/Guardian DOB:	Parent/Guardian DOB:
Employer:	Employer:

**Children: List all children living in this household for which you or your spouse is the parent/legal guardian.**

**Start with the oldest child. Include all children not attending school yet.**

Child's Legal Last Name	First Name	Middle Initial	Date of Birth	Gender	Grade In School	School Attending	Relationship To Oldest Student
							<b><u>Oldest Student</u></b>
							<b><u>Sibling Other</u></b>
							<b><u>Sibling Other</u></b>
							<b><u>Sibling Other</u></b>

**Emergency Contact Information – Please list all individuals who will share the responsibility for this child.**

Name	Date of Birth	Relationship	Cell Phone #



# Innovations International Charter School of Nevada

## Student Health Information

### Student Health Information

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Print – Child's Name (Last Name, First Name, Middle Initial)

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Grade Level For New School Year

Student ID Number

Student Birth date

### Check All That Apply

No Known Disability       Asthma/Airway Disorder       Blood Disorder       Diabetes

Seizures (List the type) \_\_\_\_\_

Food Allergies (List all foods involved) \_\_\_\_\_

Genetic Syndrome       Wears Glasses/Contacts       Wears Hearing Aides

Hearing Impairment       Immunization Exemption (only medical and/or religious exemptions accepted)

ADD/ADHD       Migraines       Multiple Disabilities       Neurological Disease

Muscular Disease       Potentially Severe Reaction (list all that apply) \_\_\_\_\_

Environmental Hypersensitivity (list all that apply) \_\_\_\_\_

Skin Disorder       Heart Problem       Visual Impairment       Color Blindness

Exempt from Physical Screening       Psychological Disorder (list) \_\_\_\_\_

Other (list all that apply) \_\_\_\_\_

Receiving medication?  Yes  No

Able to take PE/Recess?  Yes  No

List the medications taken by the child. \_\_\_\_\_

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Is the child to be medicated at school?  Yes  No

Medication given at school must be provided by the parent. Parents must also provide medical documentation regarding limitations and medication. Only medication approved and prescribed by a physician can be administered at school. Please complete the appropriate paper work needed for this. No over the counter medication will be administered to your child. This includes items such as Tylenol, cough medicine, cough drops, etc. If you have further questions, please contact the office by calling 216 – 4337.

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Print – Name of Person Enrolling Child

Signature

Date



## Innovations International Charter School of Nevada Parent Acknowledgement of Medical Permission Form

I, the parent/guardian of \_\_\_\_\_ (my child), authorize and direct Innovations International Charter School of Nevada to obtain medical care for my child in the event such care is reasonably needed. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital, the permission to perform any reasonably necessary medical/surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release Innovations International Charter School of Nevada, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for my child.

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(Parent/Guardian Signature)

(Date)

### Medication Information

Receiving medication?     Yes     No

The parent must provide medication given at school. Parents must also provide medical documentation regarding limitations and medication. Only medication approved and prescribed by a physician can be administered at school. Please complete the appropriate paper work needed for this. No over the counter medication will be administered to your child. This includes items such as Tylenol, cough medicine, cough drops, etc. If you have further questions, please contact the office by calling:

(702) – 216 – 4337

Option 1: Oakey Campus

Option 2: City Impact Campus



# Innovations International Charter School of Nevada Parent Responsibility Form

**Initial**

**Parent Responsibility**

\_\_\_\_\_

I/We agree to support my/our child (ren) in all aspects of his/her education. I/We believe this is a critical element to our child (ren) achieving academic success.

\_\_\_\_\_

I/We agree to be active in our child (ren)'s education by attending school events and by assisting the teacher in the classroom in whatever way we are able to do so. I/We believe my/our presence is a very real sign of support for our child (ren) and the school.

\_\_\_\_\_

I/We agree to enforce IICSN's policies as outlined in the Parent and Student Handbook. Guidelines are established to correct inappropriate behavior and to notify me/us as to the conduct of our child (ren). If I/We are called by the school, I/We will respond in a timely manner to address the issue at hand.

\_\_\_\_\_

I/We agree to the Innovations' mandatory student dress code appearance and policy. All students must wear the official designated uniform to school each day unless a special day has been called by the school. I/We agree to respond to the school immediately if my/our child (ren) are out of dress code in order to maintain the school's rules and to ensure my/our child (ren) get their education for the day.

\_\_\_\_\_

I/We agree to keep the school aware of any address and/or telephone number changes we make during the school year. I/We understand the school may need to contact me for an emergency regarding my child and that current information is vital to my child's health.

\_\_\_\_\_

I/We agree to take responsibility for reading and understanding the technology policies of the school. I/We agree to refund the school for its replacement fees for any technology hardware, software, or educational programs vandalized by my/our child (ren). I/We also agree to uphold the school's policies on avoidance of unauthorized Internet sites by my child (ren) while on a school computer, tablet, laptop, or iPad.

I certify that all answers given in this enrollment packet are accurate and complete. I understand that if my child is enrolled at Innovations International Charter School of Nevada, my having given false or misleading information in any of my application forms, residency forms, or having omitted significant information there from, may result in the discharge of my child from the school.

Student Name Printed

Grade Level

Date

Parent/Guardian Name Printed

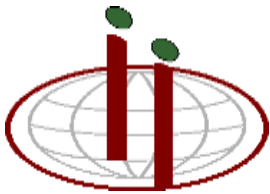
Signature

Date

Parent/Guardian Name Printed

Signature

Date



# Innovations International Charter School of Nevada

## Demographic Information Survey

As required by federal law, Innovations International Charter School of Nevada must report student-related data by ethnic group. It is also a federal requirement that each school survey student/parents to collect this information. Please complete the following information and return it to IICSN with your enrollment packet. If you have more than one student attending, please complete a separate form for each student.

Person completing this form (check one):  Parent/Legal Guardian  Student  IICSN Employee

**Please answer both parts of the survey below:**

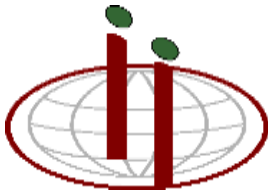
_____	_____	_____	_____
Last Name Printed	First Name Printed	MI	Date of Birth
_____	_____		
Student Number	Grade Level		
<b>Part 1:</b> Is your child Hispanic/Latino? <input type="checkbox"/> Yes, Hispanic/Latino <input type="checkbox"/> No, Not Hispanic/Latino			
The question above is about ethnicity, not race. However, if 'yes' is chosen above, data for this student will be reported in the Hispanic/Latino category.			
In addition to answering part 1 (above), please answer part 2 (below) by marking one or more boxes to indicate what you consider your student's race to be.			
<b>Part 2:</b> What is your child's race? (You may choose one or more).			
<input type="checkbox"/> American Indian or Alaska Native			
<input type="checkbox"/> Asian			
<input type="checkbox"/> Black or African American			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> White or Caucasian			
If 'no' is chosen in response to part 1 and if more than one category is chosen in response to part 2, the data for this student will be reported in the multiracial/multiethnic category.			

I choose not to provide the race and ethnicity information. I acknowledge that school personnel will, in accordance with federal guidelines, make the race and ethnicity selections for my student.

Name of person completing the survey (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Innovations International Charter School of Nevada Specialized Student Information Form

IICSN's goal is to provide your child with a positive educational experience. To assist in this process, please circle the following information that applies and provide a date where applicable.

1. Does your child have a current Individualized Education Program (IEP)? Yes No
2. Has your child had an IEP in the past? Yes No
3. Has your child received special education services under a consultative model in the general education classroom setting? Yes No
4. Has your child received special education services under a pull-out resource room model? Yes No
5. Has your child received special education services in a self-contained classroom setting? Yes No
6. Does your child have a Section 504 accommodation plan? Yes No
7. Does your child receive speech/language therapy? Yes No
8. Does your child receive occupational/physical therapy? Yes No
9. Is your child under a physician's care? Yes No
10. Has or does your child receive school counseling services? Yes No
11. Has your child been evaluated for special education services but not qualified? Yes No
12. Has your child ever been retained in school? Yes No
13. If you answered yes above, which grade? \_\_\_\_\_
14. Has your child ever been expelled from any public school? Yes No
15. Is there a pending expulsion regarding your child? Yes No
16. If your child is in high school, is he/she credit deficient? Yes No

Provide documentation/further explanation for any of the above questions. \_\_\_\_\_

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## Innovations International Charter School of Nevada Home Schooling Declaration

Innovations International Charter School of Nevada's is not a home schooling program. It is a State funded public charter school. Please read and check the statement below that best describes your child's current status.

\_\_\_\_\_ I have exempted my child for home schooling for the 2016-2017 school year but wish to withdraw my exemption and have my child attend Innovations International Charter School of Nevada. (If you check this statement, please contact CCSD Home Schooling Office to inform them that your child is enrolling in a public school and you would like to be withdrawn from your exemption).

\_\_\_\_\_ I have not exempted my child for home schooling for the 2016-2017 school year but have chosen to have him/her enrolled in Innovations International Charter School of Nevada.

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Innovations International Charter School of Nevada Authorization For Electronic Transfer of Student Records

In the event that my student transfers to a school outside of Innovations International Charter School of Nevada, I authorize release of all of his/her educational records electronically through facsimile transmission (FAX) or email. I understand and agree that should the records be inadvertently transmitted to an unauthorized recipient, through no fault of the sender, I waive any claim against the sender and agree to hold the sender harmless from any and all responsibility for damages if any, arising from the faulty transmission.

Select One and Mark:

- I authorize release of records through facsimile transmission (FAX) or email.
- I do not authorize release of records through facsimile transmission (FAX) or email.

I understand and agree that this authorization, if granted, may be rescinded at any time by submitting a revised authorization form to the student's current school of attendance. Innovations International Charter School of Nevada will maintain the privacy of the student's educational records pursuant to the provisions of the Family Educational Rights and Privacy Act (FERPA).

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Name of Parent/Guardian completing this form (Please print)

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Signature of Parent/Guardian

Date