



## Innovations International Charter School of Nevada Student Registration Packet

Now Accepting Applications for the 2017 – 2018 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)
- Current Immunization Records
- 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, 2017.

To be eligible for first grade, a child must be 6 years old by September 30, 2017.

**STUDENT MUST BE ENROLLED BY LEGAL NAME** (Per NRS 392.165 as stated on the birth certificate or other legal document)



# Innovations International Charter School of Nevada

## Student Registration – Page One

### Student Information (please print)

\_\_\_\_\_  
Last Name First Name Middle Initial Student ID Number

\_\_\_\_\_  
Gender Date of Birth Grade Attended 2016 – 2017 Grade To Attend 2017 – 2018

\_\_\_\_\_  
Residence Address City State Zip Code

(Please Check One) Last School Attended: \_\_\_\_\_ CCSD \_\_\_\_\_ Private \_\_\_\_\_ Charter \_\_\_\_\_ Public

Has the student ever received Special Education Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student have a 504 Accommodation Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student have a RTI Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the student (25%) American Indian or enrolled in a tribe? \_\_\_\_\_ Yes Tribal Name: \_\_\_\_\_

Has the student ever been expelled? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Home Language Survey

First Language (s) Learned By Student: \_\_\_\_\_ English \_\_\_\_\_ ASL/Deaf \_\_\_\_\_ Other: (List) \_\_\_\_\_

Language Spoken By Student With Friends \_\_\_\_\_ English \_\_\_\_\_ ASL/Deaf \_\_\_\_\_ Other: (List) \_\_\_\_\_

Language (s) Used In The Home: \_\_\_\_\_ English \_\_\_\_\_ ASL/Deaf \_\_\_\_\_ Other: (List) \_\_\_\_\_

Language For School Correspondence: \_\_\_\_\_ English \_\_\_\_\_ ASL/Deaf \_\_\_\_\_ Other: (List) \_\_\_\_\_

### Title I Hope Survey

Is the student living in one of the following temporary situations due to economic hardship?

\_\_\_\_\_ Shelter, Transitional Housing or Awaiting Foster Care \_\_\_\_\_ Double Up Living With A Friend, Relative or Other

\_\_\_\_\_ Unsheltered Living in a Car, Park, RV, or on the street \_\_\_\_\_ Weekly Hotel or Motel

If the student is living in one of the above temporary situations, would you like to accept Title I Hope Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

### For School Use Only

Is the student in the physical custody of a parent or legal guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No

Check documents presented at time of registration: \_\_\_\_\_ Proof of Address \_\_\_\_\_ Residential Affidavit

Custodial Papers/Legal Documents: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Pending

New Students: \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Immunizations \_\_\_\_\_ Records Requested \_\_\_\_\_ Military Compact

### School Information

Student ID: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Room Number: \_\_\_\_\_

Attendance Permit Code: \_\_\_\_\_ Attendance Permit Date: \_\_\_\_\_

Enrollment Processed By: \_\_\_\_\_ Date: \_\_\_\_\_



# 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

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

**Residence Address**

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

P.O. Box Number	City	State	Zip Code
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### 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 702-216-4337.

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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