



Green Inspiration Academy 2018-19 Enrollment Packet

CONGRATULATIONS- YOU MADE THE RIGHT CHOICE!

Dear Parent/Guardian,

Thank you for your interest in the Green Inspiration Academy. Green Inspiration Academy (Green) is a free K-8 charter school program. Our primary focus is to improve your child's reading and math skills and to promote healthy lifestyles. So far, we have had much success in furthering our Mission. We are proud to have received a Grade of "B" in value added on our most recent State Report Card! Green continues to be the top performing elementary school in its District! What is also important is that we have been open since 1999. With many charter schools opening and closing, it is important to know that we have maintained a consistent curriculum for over 18 years!

Green is a licensed charter school established under Chapter 3314 of the Ohio Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law.

Under the law, we must require that all necessary documentation on the File Checklist and withdrawal forms be complete in order to enroll your child. Missing documents may cause your student to lose their enrollment position in their class. There are no exceptions-all paper work must be submitted!

Classes will fill up quickly! So your application is not delayed, complete the enrollment packet in its entirety and return to the school's office 4265 Northfield Road Highland Heights, Ohio 44128 .

If you have any questions and/or **need assistance in completing this packet**, feel free to contact Ms. Black at the school office Monday through Friday between 9:00 am – 4:00 pm at (216) 378-9573. You can also download this form on our website at www.greeninspirationacademy.com

We welcome you to our school family and look forward to educating your child!

April N. Hart
Executive Director



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FILE CHECKLIST

FOR OFFICE USE ONLY

Process Date: ___/___/___ Letter of Consent to Release School Record sent: ___/___/___
 School Records Received: ___/___/___ Special Ed. Records Received: ___/___/___
 Code of Conduct Acknowledgement Returned: Yes Evidence of Enrollment Received: Yes

This checklist below is for your use to make certain all documents are complete. All items are to confirm enrollment in to Green Inspiration Academy.

Items Included in this packet to be submitted include:

- Student Admissions Profile and Parent Guardian Information (2 pages total)
- Custody Papers (if applicable)
- Emergency Contact Information
- Parent Request for Release of Student Records
- Child Health Assessment (2 pages)
- Certificate of Immunization
- Volunteer Form
- Photograph/Videotape Permission form

Copies of other essential documents that must be submitted with the enrollment package:

- Birth Certificate
- Copy of the actual Social Security Card
- Copy of Immunization Record
- Proof of Residency (utility Bill, Tax Record, Lease) ***CURRENT***
- Application for Free and Reduced Lunch *if applicable*
- Proof of Income (needed for Free and Reduced Lunch, if applicable)
- IEP /ETR *if applicable Records* ***CURRENT***
- Withdraw Form from Previous School
- School Records/**BEHAVIOR/ACADEMIC/ATTENDANCE/TEST RECORDS**
- Driver's license / Identification Required

_____ Please check this box and initial once you have reviewed the Parent/Student Handbook and the School Report card online at www.greeninspirationacademy.com



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ADMISSIONS PROFILE

PLEASE PRINT

Applicant Information:

CURRENT GRADE AS OF TODAY: _____

List Student's Name fully as it appears on the birth certificate:

Today's Date: _____

Last Name: _____

First Name: _____ Middle Name: _____

Home Address: _____ Home Telephone: _____

City: _____ County: _____ State: _____ Zip: _____

Male Female DOB: ____ / ____ / ____ (**Must Provide Birth Certificate**) Age: _____

Birthplace City; (*exactly as it appears on the birth certificate*) _____

Native Language: _____ (primary language spoken by the student)

Ethnicity: (**check one (1) only**)

- African American (Non-Hispanic)
 American Indian / Alaskan Native
 Asian / Pacific Islander
 Hispanic
 Multiracial
 White (Non-Hispanic)

Name of Most Recent School: _____ Previous Grade: _____

Address of School: _____

Legal District of Residence (*district of residence where parent/guardian lives*) _____

Was your child receiving Special Education services? No: Yes:

If yes, do you have your child's special education records (IEP)? No: Yes: *If yes, attach copy*



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(ADMISSION PROFILE CONTINUED..)

Child lives with: (**check one (1) only**)

- Both Biological Parents Mother Only Father Only Both Parents Alternate
 (If both parents alternate please indicate Custodial Parent) Legal Guardian

Parent/Guardian Information

Mother: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____

Father: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____



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If the student is living with Guardian(s) complete this section)

(ADMISSION PROFILE CONTINUED...)

Guardian: _____ **Occupation:** _____

Home Address: _____ **Home Telephone:** _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Cellular Phone:** _____

Business Address: _____ **State:** _____ **Zip:** _____

Business Telephone: _____ **Business Email:** _____

Custodial Parent's Name: _____ **Home Telephone:** _____

Print

Parent/Guardian Signature: _____

Date: _____



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Emergency Contact/Permission

Understand that providing current emergency contact information is critical to the safety and well-being of my child. My signature on this form 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 administrative assistant/secretary and my child's classroom teacher(s).

Name of Child: _____ Age: _____ Date of Birth: ____/____/____

Address: _____ City _____ State _____ Zip _____
Street Number and Name Apt. #

Medicare/Care source Number _____

Local Emergency Contacts: Adult persons (18 years or older) who may be contacted in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I hereby give permission to the staff of the Green Inspiration Academy to secure emergency medical treatment for the above named child while under their supervision:

Name of child's physician or health clinic: _____

Address: _____ City _____ State _____ Zip _____

Phone Number _____ After-Hours Emergency Number _____

8. Hospital preferred for Emergency Treatment: _____

9. Health Insurance Policy Name and Number: _____

10. Please list any special services your child has received in the last three (3) years: _____

11. Please list any allergies: _____ Date of last Tetanus Shot: ____/____/____

12. Name(s) of Person other than Parent or Legal Guardian to Whom Child may be released must be 18 years or older:

Name Phone

Name Phone

Name Phone

Name Phone

In the event emergency medical treatment is required, I give consent for my child (ren) to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. The school will **not** transport my child (ren) to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that the school staff will telephone 911 for emergency medical assistance.

Parent/Guardian Signature: _____ Today's Date: ____/____/____

4265 Northfield Road Highland Heights, Ohio 44128



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Release of Student Records Form

Today's Date: ___ / ___ / ___

Child's Full Name (please print) _____

First Name Middle Name Last Name Appendage (i.e. Jr.)

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Guardian Address _____

Resident School District Name: _____

Check appropriate box and provide name of former school where indicated below.

Student Entering Grades 1st – 8th in 2018-2019

Whereas my child is now enrolled for the _____ (grade) at **THE GREEN INSPIRATION ACADEMY** for the **2018-2019** academic-year. I give my permission to: **THE GREEN INSPIRATION ACADEMY** to request and immediately receive academic records from [name the school that the student is withdrawing from below]:

(Please list last School most recently attended by student)

Please include all relevant records including:

- ___ Transcripts /Academic Grades ___ Individual Career Plan (ICP) ___ 504 Plan
- ___ Grades to Date of withdrawal ___ Health and Immunization Record ___ Attendance Record
- ___ Standardized Test Scores ___ IEP and MFE ___ Other
- ___ Is student currently suspended /or expelled Yes___ No___

Resident School District Notification of Student Entering Kindergarten in 2018-2019

Whereas my child is currently enrolled in **THE GREEN INSPIRATION ACADEMY** for the 2018-2019 academic-year, I hereby notify the _____ (Resident School District)

Please send the information to:

The Green Inspiration Academy
4265 Northfield Road
Highland Heights, Ohio
Fax: 216-378-9437
or email to: Aaricka Black at ablack13@green-ia.com

Parent/Guardian Signature: _____

4265 Northfield Road Highland Heights, Ohio 44128



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CHILD HEALTH ASSESSMENT

Student Information:

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| | | |
|--|--------------------|------------------------------|
| <u>Last Name:</u> | <u>First Name:</u> | <u>Middle Name:</u> |
| <u>Child's Date of Birth:</u> ____/____/____ | <u>Home Phone:</u> | <u>Parent/Guardian Name:</u> |
| Check Present Grade: K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> SP ED <input type="checkbox"/> | | |
| RACE/ETHNICITY: <input type="checkbox"/> African American (Non-Hispanic) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> White (Non-Hispanic) | | |

Consent:

I hereby give my consent as the parent/guardian of the above named child to release, discuss or otherwise inform the school of my child's health condition and any health concerns:

Parent/Guardian Signature: _____ Date Signed: ____/____/____

Health History and Medical Information Pertinent to Routine Care:

| | | | |
|--|-------------------------|-------------------------|----------------|
| Emergency Care: <input type="checkbox"/> None <input type="checkbox"/> Yes; describe: | | | |
| Allergies to Food or Medicine: <input type="checkbox"/> None <input type="checkbox"/> Yes, describe: | | | |
| Height | Weight | Head Circumference | Blood Pressure |
| ____ IN/CM %of ILE ____ | ____ LB/KG %of ILE ____ | ____ IN/CM %of ILE ____ | ____/____ |

Physical Examination:

Date of Exam: ____/____/____

| <u>Physical Examination</u> | <u>Normal</u> | <u>Abnormal</u> | <u>Comments</u> |
|------------------------------------|----------------------|------------------------|------------------------|
| Head/Ears/Eyes/Nose/Throat | | | |
| Teeth | | | |
| Cardio/Respiratory | | | |
| Abdomen/GI | | | |
| Genitalia/Breasts | | | |



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| | | | |
|-------------------------------|--|--|--|
| Extremities/Joints/Back/Chest | | | |
| Skin / Lymph Nodes | | | |
| Neurological / Tone | | | |
| Developmental (E.G. DDST) | | | |



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CHILD HEALTH ASSESSMENT

Child's Name: _____

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Screening Tests:

| Screening Tests | Normal | Abnormal | Comments |
|---------------------------------------|---------------|-----------------|-----------------|
| LEAD | | | |
| ANEMIA (HGB/HCT) | | | |
| URINALYSIS (UA) | | | |
| HEARING | | | |
| VISION | | | |
| DATE OF DENTIST'S LAST EXAMINATION | | | |

Recommendations/Health Care Provider's Signature:

| | |
|---|---|
| <p align="center"><u>HEALTH PROBLEMS OR SPECIAL NEEDS</u></p> <p><input type="checkbox"/> <u>NO</u> Problems <input type="checkbox"/> <u>YES</u>, Describe:</p> | <p align="center"><i>Recommended Treatment – Medication - Special Care</i> <i>(Attach Additional Sheets as Necessary)</i></p> |
| <p>Medical Care Provider:</p> <hr/> <p>Address:</p> <hr/> <p>Phone:</p> <hr/> | <p align="center">NEXT APPOINTMENT: (MONTH/YEAR)</p> <p align="center">_____ / _____</p> |
| <p>_____ Date: ____/____/____</p> <p><i>Signature of Attending Physician or CRNP</i></p> <p align="right">MD DO CRNP</p> | |



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CERTIFICATE OF IMMUNIZATION

| | | |
|---|--------------------|------------------------------|
| <u>Last Name:</u> | <u>First Name:</u> | <u>Middle Name:</u> |
| <u>Child's Date of Birth:</u> / / | <u>Home Phone:</u> | <u>Parent/Guardian Name:</u> |
| <u>Home Address:</u> | | <u>Grade:</u> |

| VACCINE CIRCLE APPROPRIATE ITEM | ENTER MONTH, DAY, AND YEAR EACH IMMUNIZATION WAS GIVEN DOSES | | | | |
|---|--|----------------|--|----------------|----------------|
| <i>Diphtheria and Tetanus</i> (DtaP, DTP, Td, or DT) | 1) ___/___/___ | 2) ___/___/___ | 3) ___/___/___ | 4) ___/___/___ | 5) ___/___/___ |
| <i>Polio (OPV or IPV)</i> | 1) ___/___/___ | 2) ___/___/___ | 3) ___/___/___ | 4) ___/___/___ | |
| Hepatitis B | 1) ___/___/___ | 2) ___/___/___ | 3) ___/___/___ | | |
| Measles – Mumps – Rubella (MMR) | 1) ___/___/___ | 2) ___/___/___ | Or Measles Serology: Date: ___/___/___ titer: _____ | | |
| Varicella (Vaccine or Disease) | 1) ___/___/___ | 2) ___/___/___ | Rubella Serology: Date: ___/___/___ titer: _____ | | |
| Other | 1) ___/___/___ | 2) ___/___/___ | Mumps disease diagnosed by a physician: <input type="checkbox"/> Yes Date: ___/___/___ | | |

Doses required by law for new school enterers (K or 1st Grade) are shaded in gray.

Age appropriate dose(s) of varicella vaccine or history of disease and 3 doses Hepatitis B vaccine required for entry into 7th grade.

To the best of my knowledge, this child has received the minimum required immunizations. Source: Written Verbal Both

Signed: _____ Date: ___/___/___
(PHYSICIAN, PUBLIC HEALTH OFFICIAL, SCHOOL NURSE, OR OTHER DESIGNEE)

Statement for Exemption to Immunization Law (If applicable)

MEDICAL EXEMPTION

The physical condition for the above named child is such that immunization would endanger life of health.

Signed: _____ Date: ___/___/___
Physician's Signature

RELIGIOUS EXEMPTION

Includes a strong moral or ethical conviction similar to a religious belief

The parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations. State your reasons for requesting religious exemption: _____



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Volunteer Form

Volunteers may be involved in monitoring the playground, student drop-off and pick-up, crosswalk, and assisting with school events. In addition, parents are encouraged to contribute their time and talent to organizing extracurricular activities and community outreach projects. All parents/guardians are expected to volunteer 2 hours each month per parent/guardian in the household. Any family member – parent, sibling, grandparent, or family friend – may complete the hours for the family. Hours may be “banked” by serving several hours at once. A number of volunteer options are available both in the school and from home or work. Volunteer hours are logged and records are kept on file. Contact the school administrative team for volunteer suggestions. Also, refer to the school newsletter throughout the year for ways to be of service. The following is a partial list of ways to fulfill the volunteer commitment.

Please check as many boxes that fit your particular interests and availability.

During School Hours Volunteers May . . .

- Assist with small reading groups *
- Assist with small math groups *
- Share about your work or career
- Help teachers with classroom décor -- posters, boards, hallway art displays
- Help during reading groups, Paragon, and math
- Organize completed work into Friday Folders
- Photocopy homework or project packets
- Supervise or play with children during lunch *
- Work in the media center
- Clean school equipment or school grounds
- Type cumulative student records
- Answer office phone any day at mid-day
- Volunteer with the student council
- Volunteer with the student choir
- Tutor students after school *
- Pick up and return books from the public library

After School Hours Or From Work Or Home Volunteers May . . .

- Assist teachers in correcting student work
- Assist with the school website
- Contact a paper or printing company and offer to collect outdated or unwanted paper products
- Host a talk at work to promote the school
- Organize a family drive to enlist in Target, Office Depot, or Wal-Mart Card Programs that donate to the school
- Share any fund raising experiences and ideas
- Provide general grounds maintenance
- Buy or send in Paragon supplies
- Organize Scholastic book orders for teachers
- Pick up and return books from the public library
- Shop for school supply donations – pencils, pens, paper towels, wet wipes, bleach wipes, Ziploc bags are needed throughout the year
- Request your office to donate art supplies
- Photocopy homework and project packets

* The types of volunteer service noted with an asterisk require successful completion of a criminal background check.

I understand that Volunteering is a requirement.

All volunteers must complete an Application for Employment and a Character Questionnaire, and may be fingerprinted (for federal and state clearance). Volunteers receive structured training, and must follow all policies and procedures defined by the School. If activity occurs that is not in keeping with the School policies, the Chief Administrative Officer (CAO) reserves the right to relieve the volunteer of his or her responsibilities.

Parent/Guardian Signature

_____/_____/_____
Date



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Photograph/Videotape Permission

Dear **Parent/Guardian**:

From time to time the Green Inspiration Academy records student activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and/or videotapes may be used for advertising purposes to promote enrollment at Green Inspiration Academy or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following:

1. I **(do)** give permission for my child to be photographed/videotaped and the resulting photographs/videotape to be used and displayed within the school as well as, to be used for public display and/or published for the benefit of the school.
2. I **(do not)** give permission for my child to be photographed/videotaped and the photographs/videotape to be publicly displayed and/or published.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.

Please Print:

Student's Name: _____

Grade: _____

Parent/Guardian Name: _____

Sign Below:

Parent/Guardian Signature

_____/_____/_____
Date Signed



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EMERGENCY MEDICAL AUTHORIZATION & INFORMATION

Student's Name _____ Phone: (____) _____ DOB __/__/____ Grade ____
Street _____ City _____ State _____ Zip _____

Mother/Guardian: _____ Home Phone (____) _____ Other Phone (____) _____
Father/Guardian: _____ Home Phone (____) _____ Other Phone (____) _____
Emergency Contact: _____ Home Phone (____) _____ Other Phone (____) _____

My child is allergic to: __ Hay/straw __ Dairy Products __ Bee Stings __ Nuts __ Other _____
Location of Epi-Pen: _____

If any of these are life-threatening, please describe: _____

My child has/had: __ Seizures __ Heart Disease __ Diabetes __ Asthma __ Homesickness

- Other medical conditions _____
- Other physical, emotional, mental, or behavioral concerns or limitations _____
- Medications being taken: _____

If your child requires medication, please read the Medication Policy in the Student/Parent Handbook. If you permit your child to carry and administer his or her own medication while in the school's care, please be advised that you must obtain a permission slip from the office and that you and your child shall be totally responsible for the safekeeping of the medication and the administration of the correct dosage.)

Please indicate your consent for office staff to administer the following medication to your student (in accordance with directions):

- Generic Tylenol _____ Do nothing before you call me
- Ibuprofen _____ Do nothing before you call me
- Maalox/tums for upset stomach _____ Do nothing before you call me
- Generic Sudafed for congestion _____ Do nothing before you call me
- Imodium AD for diarrhea _____ Do nothing before you call me
- Benadryl for allergy symptoms/congestion _____ Do nothing before you call me

TO PARENTS AND GUARDIANS: This is to authorize, or to decline to authorize, the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached for the purpose of giving consent for such treatment. Such authority is necessary to overcome legal obstacles to the provision of treatment when all reasonable attempts to reach parents or guardians have failed. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. The authority granted by this form meets the specifications outlined by Section 3313.712 of the Ohio Revised Code.

PART I – TO GRANT CONSENT

Doctor: _____ Phone: (____) _____
Dentist: _____ Phone: (____) _____
Hospital: _____ Phone: (____) _____
Name of person who will assume financial responsibility for medical treatment: _____
Signed: _____ Date: _____

PART II – REFUSAL TO GIVE CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to: _____
Signed: _____ Date: _____



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STUDENT TRANSPORTATION INFORMATION

Student's Name _____ DOB ___ / ___ / ___ Grade _____

Guardian's Name _____ Phone: (____) _____

Street _____ City _____ State _____ Zip _____

All students that reside in the City of Warrensville have the option of utilizing the Warrensville School District bus system for transportation. Please indicate your choose of transportation for your student.

I, _____ (Parent or Guardian name) of _____ (Student name)

would like for:

- | | | |
|--|---------------------|--------------------|
| <input type="radio"/> My Student to ride the school bus | _____ Before School | _____ After School |
| <input type="radio"/> My Student will be a car rider | _____ Before School | _____ After School |
| <input type="radio"/> My Student will be provided private transportation | _____ Before School | _____ After School |
| <input type="radio"/> My Student will be a walker | _____ Before School | _____ After School |

Additional comments or instructions:

Medical Concerns the bus driver should be aware of :

Emergency Pickup List: (18 years of age and older)

In the event of an emergency, I give permission for the following to pick up my student from school:

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

* Anyone picking up a student in an emergency, is required to show identification prior to the student's release.

I understand that transportation is provided by the Warrensville School District, my child agrees to follow all rules and regulations established by the Warrensville Board of Education and/or their official representatives. Failure to do so is good and sufficient reason to discontinue transportation services for my child.

Signature of Parent/Guardian

Telephone Number

Date