



Innovations International Charter School of Nevada **Student Enrollment Information**

To register your students in school, the following documentation is necessary.
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, 2020.

To be eligible for first grade, a child must be 6 years old by September 30, 2020.

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 Form

School Year: 2020 - 2021

| Last Name (Legal) | First Name (Legal) | Middle Name | Preferred Name | Student ID # |
|---|--|---|---|--------------|
| | | | | |
| Home Address | Apartment # | City | State | Zip Code |
| | | | | |
| Primary Home Phone Number | | Primary Cell Phone Number | | |
| | | | | |
| Gender | Date of Birth | Grade Last Attended and Where | Grade to Attend at Innovations | |
| | | | | |
| Federal Ethnic Category | Federal Race Category | Language Spoken in the Home | Students Lives With | |
| Non-Hispanic/Non- Latino Hispanic / Latino | Caucasian Asian Black or African American American Indian/Alaska Native Native Hawaiian or Pacific Islander | English Only Spanish Other (Please List) _____ | Both Parents Mother Only Father Only Legal Guardian Other | |

Other School Aged Children Living at Home

| Child's First and Last Name | Relationship to Student | Grade Level | School Attending |
|-----------------------------|-------------------------|-------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Student Name: _____

Student ID Number: _____

Additional Student Information. If the answer is 'yes' to any of these questions, the registration will need additional paper work to be submitted.

| Question | Yes | No |
|--|-----|----|
| Identified as a special education student with an active IEP? | | |
| Identified as a student with an active 504 Plan? | | |
| Identified as a student with an active RTI Plan? | | |
| Identified as a student receiving English Language assistance. | | |
| Identified as a student on a Behavioral Plan. | | |
| Identified as a student who has been or is in the process of being expelled from another school? | | |
| Identified as a secondary student who is credit deficient. | | |
| Identified as a student who has a chronic absentee problem. | | |

First Time Kindergarten Students

| Question | Yes | No |
|---|-----|----|
| Has your child attended a pre-school / day care prior to enrolling in kindergarten? | | |

Student Health Information

| Question / Health Concerns | Yes | No |
|--|-----|----|
| Known disability: (list all that apply here) | | |
| Asthma/Airway Disorder | | |
| Blood Disorder | | |
| Diabetes | | |
| Seizures: (list the type here) | | |
| Food Allergies (list the foods here) | | |
| Wears Glasses / Contacts | | |
| Wears Hearing Aides | | |
| Receives Medication at School (list all that apply here) | | |
| ADD / ADHD | | |
| Migraines and/or Nose bleeds | | |
| Psychological disorder: (list all that apply here) | | |
| Able to take physical education class | | |
| Other: (list all that apply here) | | |

Student Name: _____

Student ID Number: _____

Parent/Guardian Information. Please list parent/guardian in the order of contact priority.

| Last Name (Legal) | | First Name (Legal) | | Place of Employment | | Work Phone Number | |
|--|--|--------------------|--------------------------------|---------------------------|-------|---|----------|
| | | | | | | | |
| Home Address | | Apartment Number | City | | State | | Zip Code |
| | | | | | | | |
| Primary Home Phone Number | | | | Primary Cell Phone Number | | | |
| | | | | | | | |
| Parent / Guardian Primary E-mail Address | | | Authorized to Pick Up Student? | | | Legal Documentation If there is none, mark N/A | |
| | | | | | | | |

| Last Name (Legal) | | First Name (Legal) | | Place of Employment | | Work Phone Number | |
|--|--|--------------------|--------------------------------|---------------------------|-------|---|----------|
| | | | | | | | |
| Home Address | | Apartment Number | City | | State | | Zip Code |
| | | | | | | | |
| Primary Home Phone Number | | | | Primary Cell Phone Number | | | |
| | | | | | | | |
| Parent / Guardian Primary E-mail Address | | | Authorized to Pick Up Student? | | | Legal Documentation If there is none, mark N/A | |
| | | | | | | | |

Other Contact: Relationship

| Last Name (Legal) | First Name (Legal) | Relationship | Phone Number | Able to Pick Up Student? |
|-------------------|--------------------|--------------|--------------|--------------------------|
| | | | | |

Student Name: _____

Student ID Number: _____

| Last Name (Legal) | First Name (Legal) | Relationship | Phone Number | Able to Pick Up Student? |
|-------------------|--------------------|--------------|--------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

School Health Services

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 even my child required 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.

(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

Student Name: _____

Student ID Number: _____

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).

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

Signature of Parent/Guardian

Date

Parent / Guardian Certification of Registration Accuracy / Completion

This is to certify that all information on this registration form is true to the best of my/our knowledge and belief. I understand that inadequate information may result in a delayed entry to the school.

| Parent / Guardian Name Printed | Parent / Guardian Signature | Relationship to Student |
|--------------------------------|-----------------------------|-------------------------|
| | | |
| | | |