



## *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, 2021.

To be eligible for first grade, a child must be 6 years old by September 30, 2021.

**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: 2021 - 2022**

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