



School Year Applying For: _____

Uniform Size: XS S M L XL

Student Information						
Student Last Name:	First Name:	Middle:	Apndg:	Gender: M F	Date of Birth: / /	Grade: K 1 2 3
Primary Household Parent(s)/Guardian(s) Names:			Secondary Household Parent(s)/Guardian(s) Names:			
Primary Household Address:			Secondary Living Address:			
Primary Mailing Address:		Primary Phone Number(s) Home: Father Cell: Father Work:		Secondary Mailing Address:		Secondary Phone Number(s) Home: Father Cell: Father Work:
Primary Email:		Mother Cell: Mother Work:		Secondary Email:		Mother Cell: Mother Work:
Last School Attended:	Teacher/Phone Number:		School Address:		Zip Code:	
Has the student ever received Special Education Services? Yes No	Does your student have a current Section 504 Accommodation Plan? Yes No		Has your student ever been suspended or expelled? Yes No		Has your student worked in a Montessori setting before? Yes No	
Title 1 Information: Is the student living in one of the following temporary situations due to economic hardship? Check if applicable.						
Shelter, Transitional Housing or Awaiting Foster Care		Doubled Up Living with a Friend, Relative, or Someone Else				
Unsheltered Living in a Car, Park, RV or On the Street		Weekly Hotel or Motel				

Non-Refundable Registration Fee of \$100 is due upon Admission Request. Payable by personal check or money order.

Parent/Guardian Name: _____ Signature: _____ Date: _____

For School Use Only		
Is the student in the physical custody of a parent or permanent legal guardian?	Yes	No
Required Documents		
All Students		
<input type="checkbox"/> Student Information Form <input type="checkbox"/> Custodial Papers/Legal Documents (if applicable) <input type="checkbox"/> Well Check Physician Form		
New Students		
<input type="checkbox"/> Student Information Form <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Medical Information and Consent Form <input type="checkbox"/> Technology Agreement	<input type="checkbox"/> Records Request/ Underage Student Proof of Promotion <input type="checkbox"/> School Policy Agreement <input type="checkbox"/> Information Release	<input type="checkbox"/> Financial Agreement <input type="checkbox"/> Custodial Papers/Legal Documents (if applicable) <input type="checkbox"/> Well Check Physician Form



Well-Check Physicians Form

Student Name: _____

Date of Appointment: ____/____/____

Physicians Name: _____

Physicians Phone: _____

Physicians Signature: _____

Disease History	Type/Year	Disease History	Type/Year
Allergies		Diabetes	
Drug Sensitivities		Heart Disease	
Lyme Diseases		Otitis Media	
Hepatitis		Rheumatic Fever	
Neuromuscular Disease		Strep Infections	
Asthma		Mononucleosis	
Chicken Pox		Vision Disorder	
Convulsive Disorder		Hearing Disorder	
ADHD		Congenital Defects	

Operation/Injuries (Please Specify)

1.
2.
3.

Additional Comments

Immunizations

Vaccine	First Dose	Second Dose	Third Dose	Fourth Dose	Fifth Dose
HepB					
DTap/Tdap					
Hib					
IPV					
PVC					
RV					
MMR					
Varicella					
Hep A					



Medical Information and Form

Student Name: _____

Physicians Name: _____

Physicians Phone: _____

Physicians Address: _____

Medical Plan&/or Policy: _____

Emergency Contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Does your student have any **allergies** or **medical conditions** that require treatment? Please list.

What are the treatments?

What is your preferred hospital? _____

Consent for Medical Treatment

The Consent for Medical Treatment Form is applicable for the duration of the student's attendance at Innovation Academy.

In an emergency, Innovation Academy Employees have my permission to call an ambulance or take my child to any available physician or hospital at my expense.

____ Yes _____ No

In an emergency, my child may receive first aid from an adult.

____ Yes _____ No

In an emergency, Innovation Academy Employees have my permission to call Dr. _____ at (phone number) _____ and, if necessary give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense.

____ Yes _____ No

Parent/Guardian Signature: _____ Date: _____



Information Release Form

The Information Release Form is applicable for the duration of the students attendance at Innovation Academy

Student Name: _____

Date: ____/____/____

I hereby give permission to release information to the official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

____ Yes

____ No

I hereby give permission to Innovation Academy to take and release pictures and video of my student learning and playing for the educational purpose and in the interest marketing.

____ Yes

____ No

I hereby give permission to Innovation Academy to publically post and display my students work in places such as the classroom, hall or on teacher websites for the educational purpose.

____ Yes

____ No

Parent/Guardian Signature: _____ Date: _____



Financial Agreement

Student Name: _____ Date: ____/____/____

This contract becomes effective upon the signature of the parent(s), upon acceptance by the Innovation Academy Office and upon payment of the nonrefundable registration payment of \$100. This contract contains the full agreement of the parties and no representation or assurance, whether verbal or written, shall affect or alter the obligation of either party hereto.

Payments Attached is ADDENDUM 1, which outlines our Tuition Plans and Schedule of Fees. Payments are due on the FIRST day of each month and a \$50 fee will apply to all installments received AFTER THE FIFTEENTH DAY of the month.

Payments may be made in the form of credit card (cash app payment only), money order or personal check. If the check bounces, there will be an additional \$50 fee added.

In the event the student's tuition and/or fees are in arrears transcripts or withdrawal dates will not be provided until the balance is paid in full.

In the event tuition and/or fees remain in arrears and unpaid upon the published due date and Innovation Academy retains an attorney and/or collection agency to collect monies due, the undersigned parent(s) agree to pay reasonable attorneys' fees and collection agency costs.

Payment Plan

Monthly Tuition	\$800.00
Annual Curricular Fee	\$300.00
New Year Registration	\$100.00

Enforceability

This Financial Contract shall be interpreted and enforceable under the laws of the State of Nevada. If any portion of this contract is found to be unenforceable by a court of law, then the remainder of said contract shall remain in full force and effect.

Acknowledgement

_____ I (we) will read and agree to abide by all policies of the Parent/Student Handbook. (initials)

_____ I (we) further acknowledge that, pursuant to the Financial Policies section of the Parent/Student Handbook, (initials) transcripts, diplomas, grades, etc. will not be released until all financial obligations under this tuition contract

have been satisfied.

_____ In the event my (our) child transfers to another school, I (we) understand and agree that transcripts cannot (initials) be provided to that school until all financial obligations under this tuition contract have been satisfied.

Parent/Guardian Signature: _____ Date: _____



Policy Agreement

I hereby state that I have read all of the following paperwork and understand the expectations of myself, my family and my students as enrolled.

I agree to follow and enforce all policies and addendums as set forth by Innovation Academy, as listed below:

*Student Information Form

*Parent/Student Handbook

*Financial Agreement

*Medical Information and Consent Form

*Information Release Form

*Technology Agreement

I understand that I am responsible for the policy behavior of all guests and visitors, myself, my student and family that are brought on the school property.

Parent Signature: _____ Date: _____