



School Year Applying For: \_\_\_\_\_

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

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

### 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.



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.

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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Technology Agreement

Student Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Student Technology Agreement

I will use my computer and other technologies to complete school work and learn.



When using school computers, I will be a

\*use good manners.

\* not look at or use anyone else's work without permission.

good digital citizen:

\* use appropriate language

I will be careful with all hardware and software that I use.

I will keep my passwords private.

I will share the computer and other technologies and the network.

If I do not know how to use any or part of the computer system or technology, I will ask for help.

I will not share personal information about myself or anyone else on the Internet without my teachers permission. \*This includes address, phone number, work or photograph,etc.

I understand that anyone can read the messages I send and that my work on the computer is not private.

I will not write hurtful words on the computer.

I will not use anything from the computer or Internet or send anything over the Internet that belongs to someone else without their permission.

I will only use the Internet for appropriate learning activities.

### Parent Technology Agreement

I understand that I am responsible for my student's behavior and actions while using technology at school. I am liable for the cost of all damages my student may cause. I understand that technology is an important learning tool that can be revoked by a staff member if my student does not follow the set guidelines as per this agreement and as set by the teacher.

### 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

Below outlines our Tuition Plans and Schedule of Fees. Monthly payments are due on the FIRST day of each month and a \$50 fee will apply to all installments received AFTER THE FIFTH DAY of the month. Annual Plans should be paid in full by the first of August yearly.

Payments may be made in the form of cash, Zelle or personal check. If the check bounces, there will be an additional \$50 fee added.

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.



|   |                     |
|---|---------------------|
| Families with multiple children in attendance will                        | receive a Discount. |
| MONTHLY TUITION DUE BY 5 <sup>TH</sup> OF THE MONTH                       | \$800.00            |
| ANNUAL CURRICULUM FEE DUE UPON REGISTRATION OR 15 <sup>TH</sup> OF AUGUST | \$300.00            |
| ONE TIME REGISTRATION FEE   | \$100.00            |

**Withdrawal**

I (we) understand that by registering my (our) child for the school year beginning in August, and by paying the non-refundable registration fee of \$100, a space will be reserved in the applicable class specifically for my (our) child. I (we) understand that registering my (our) child, without enrolling him/her, or withdrawing during the academic year will cause difficulty, since student spaces cannot or may not be filled. I (we) also recognize that as a private school, Innovation Academy’s budget is based largely on tuition revenues and contributions. Therefore, I (we) specifically agree that once my (our) child is registered and guaranteed a space, if my (our) child is withdrawn or dismissed for any reason, I am (we are) obligated to forfeit the \$100.00 non-refundable registration fee and pay for any outstanding tuition and/or fees through the end of the semester. A one-month (30days) notice is required to withdraw. The month will not be pro-rated for withdrawal.

**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.

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

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

\_\_\_\_\_ I (we) understand that this a year-round school with only 1 optional month of July.

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

\*Medical Information and Consent Form

\*Parent/Student Handbook

\*Information Release Form

\*Financial Agreement

\*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: \_\_\_\_\_