REGISTRATION PACKET

Please return this packet with:

- **COPY OF BIRTH CERTIFICATE**
- **COPY OF IMMUNIZATION RECORDS**
- **COPY OF PARENT DRIVER'S LICENSE**
- **PREVIOUS SCHOOL RECORDS**

School Year Applying For: _____

Student Information						
StudentLastName:	FirstName:	Middle:		Gender: M F	Date of Birth: / /	Grade:

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.

For School Use Only

Is the student in the physical custody of a parent or permanent legal guardian? Yes No

Parent/Guardian Name:_____Signature:_____Date:_____

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	
Hepatitis		Otitis Media	
Lyme Diseases		Rheumatic Fever	
Neuromuscular Disease		Strep Infections	
Asthma		Mononucleosis	
Chicken Pox		Vision Disorder	
Convulsive Disorder		Hearing Disorder	
ADHD		Congenital Defects	

Operation/Injuries (Please Specify)

Additional Comments:

Immunizations- please attach current immunization record from provider.

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. I will keep my passwords confidential.
I will refrain from writing hurtful words on the computer.
I will handle all hardware and software with care.
When using school computers, I will demonstrate good digital citizenship by practicing good manners and not viewing or using others' work without permission.
I will use the Internet solely for appropriate educational activities.
I will share computers, other technologies, and network resources responsibly.
If I am unsure how to use any part of the computer system or technology, I will seek assistance.
I understand that anyone can view the messages I send and that my work on the computer is not private.
I will not use or share someone else's work or information without their permission.
I will not share personal information about myself or others online without my teacher's permission, including addresses, phone numbers, workplaces, photographs, or other personal details.

Cell Phone Agreement

Please note that all smart devices are prohibited at school under Nevada state law (including cell phones, smart watches, and Bluetooth headphones). If students need to bring such devices for after-school use, they must be turned in upon arrival and placed in a lock box, which will be secured for the duration of the day. Devices will be returned at dismissal. If a device is found on a student without prior surrender, it will be confiscated, and a parent must sign it out at the end of the day. Starting from the third offense, parents will be required to pay a $50 fee for device retrieval.

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.

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

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 5TH OF THE MONTH	$1,000.00
ANNUAL CURRICULUM FEE DUE UPON REGISTRATION OR FOR RECURRING STUDENTS JULY 1 ST	$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. 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.

Accreditation/Licensing

Innovation Academy is operated as an exempt school under the provision of NRS394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act. Our license is with the State Department of Education and upon opening in fall 2015, the school is recognized as a member of the American Montessori Society (AMS). Innovation Academy follows and maintains integrity with the Department of Education through utilizing highly regarded educational curriculum with aligns with the Common Core State Standards. By registering your child with Innovation Academy you agree to our Membership criteria as well as to uphold the standards pf educational guidelines we adhere to. Membership is determined by the application submittal of the student from the legal guardian combined with the acceptance into the program by the Principal.

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:_____

2025 Updated Emergency Medical Form

Student:_____

Emergency Contacts

Name:_____ Phone:_____Relationship:_____

Name:_____ Phone:_____Relationship:_____

Name:_____ Phone:_____Relationship:_____

Primary household address:_____

Operation/Injuries (Please specify) Medical History

1._____

2._____

3._____

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 if needed and/or give permission for treatment at any medical facility.

Parent/Guardian Signature:_____ Date:_____

Playground Release and waiver

Acknowledging participation in the activities at Innovation academies schools playground the undersigned on his or her own behalf and on behalf of any executors errors, successor and assigns, hereby, acknowledge and agree to as follows

The undersigned knowingly and fully assumes all risks known and unknown associated with the participation and activities at Innovation Academy and waves all claims for damage to personal property or injury to person arising from such participation. The release and waiver covers the risk of death, serious injury, and property loss whether arising from a negligence or carelessness on the persons entities being released and other participants or be dangerous or defective equipment

1. The undersigned certify that he she is physically fit and may participate in all activities available on the playground, and has not been advised to the contrary by qualified medical professional.
2. The undersigned on his or her behalf and on behalf of any executor's air, successor and assigns, hereby releases, discharges, and holds harmless any authorized entity doing business at Innovation Academy school, including its employees, representatives and all affiliates from any and all claims of damages or liability arising from death, disability, personal injury, property damage or theft, or any kind of action
3. The undersigned agrees to abide with the rules and conditions of participation posted at or explained by an employee/teacher parent at any time may decide to not allow their child to continue the use of the equipment in written form.
4. The undersigned acknowledges that this release and waiver of liability form will be used and relayed upon the company and then I will govern the under signs, actions and rights.

Participant name:_____ Birthdate:_____

****READ BEFORE SIGNING****

Parent/guardian acknowledgment

The undersigned, parent and or guardian does hereby represent that he/she is in truth, acting at such capacity and agrees to save and hold harmless and indemnify each and all parties referred to above of all liability loss cost claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack such of capacity to so act and release set parties on behalf of the minor and the parents are legal guardian.

Parent or Guardian Signature:_____ Date:_____

FIELD TRIP AND PARENT CONSENT AND LIABILITY WAIVER

Child's name:_____

Parent's name:_____

I _____ grant permission in this school event that requires transportation to a location away from the schools site. This activity will take place under the guidance and directions of the school employees and or volunteers/parents. This permission/consent/waiver is not limited to one event but is all encompassing for the many events that will occur while the student is enrolled.

As a parent, I remain legally responsible for any personal actions taken by the above named student.

I agree on behalf of myself, my child named herein, to release and waive any and all claims for damage which I or my child may have so as to release and discharge in advance those parties hereinafter named and further agree to ideminify, hold harmless and defend Innovation Academy, its staff, volunteers and parents from any liability arising from mt child attending the event or in connection with any illness or injury or cost of medical treatment.

I have asked, and been answered all questions related to the events, safety and transportation for field trips. I agree to the conditions, ratios and safety measures taken on behalf of my child.

Parent's signature:_____ Date:_____

As a school and staff we are trying our best to consesrve paper! Those who have been with us previous years know how often we send home monthly calendars, flyers and other paper announcements. Starting this year, we will be transitioning for everyone! To make sure you receive all of these we want to make sure have your email!

Please fill out the form below. Remember to put each email you want future Innovation announcements to be sent.

Student Name:_____

Parent/Guardian Name:_____

1. Parent/Guardian email:_____

2.Parent/Guardian email:_____

3.Parent/Guardian email:_____