



Dear Parent(s)/Guardian(s):

Welcome to Discovery Academy! We are so lucky that families continue to show interest in sending their children to our school each year, and we will continue to strive to do our best to make you proud of the educational program we put forth each and every year. Discovery Academy strives to empower our students with tools that they may not otherwise have access to due to the economic constraints of their community. There is a need to enable them to envision the world beyond their own neighborhood. It is our desire to expose them to people and places they never would have had an opportunity to meet or see. They will be empowered to see the difference they can make in their own community as they engage in project-based learning.

Discovery Academy is a tuition-free community school established under Chapter 3314 of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administration or the Ohio Department of Education. Discovery Academy adheres to HB 410 in its requirements with school attendance, and will follow truancy law for all students. Discovery will determine the grade level for each child based on prior school records and the successful completion of the previous grade.

Discovery Academy will conduct health screenings for any students who are enrolled for the first time in kindergarten or first grade. Students will be screened for hearing, vision, speech and communication. The screenings will take place at the school and will be completed by November 1<sup>st</sup>. There is no cost to the parents for these services and the results will be sent home. For information on school data, including our most recent report card, please visit [www.discoverytoledo.com/school-data](http://www.discoverytoledo.com/school-data)

Thank you again for choosing us, and welcome to Discovery Academy!

## Attention Parents/Guardians

**In order to be officially enrolled we must have the items listed below when you turn in your enrollment packet. All items MUST be turned in together before a child will be officially enrolled. Spots will not be held until we have ALL these documents.**

The office will be open for you to turn in this registration packet and the other required information on between 8:00 AM and 4:30 PM during the school year, and 9:00 AM and 3:00 PM during the summer months. When planning to turn in your registration and required documentation, please allow a few minutes for the office to make sure everything is in order before you leave. Once all of the paperwork is in order, you will receive notification that your child(ren) are officially enrolled.

The Academy will determine your student's grade level based on a letter of promotion or placement from his/her previous school. The Academy is a tuition free community school and follows all compulsory education laws in accordance with ORC 3321.01.

If you have any questions, please contact Mr. Campbell or the school office. Required items:

- Completed Registration Packet
  - Complete all areas on each page
  - Ensure parent/guardian and student signature or initial areas are completed
  - If something does not apply, draw and diagonal line across the page and initial so we know you didn't just overlook it by mistake
- 2 proofs of residence (lease, rental agreement, utility bill, bank statement, voter registration card) If you live with someone else and cannot furnish a proof of residence in the parent/guardian's name, we must have the attached affidavit. The affidavit must
  - Include a proof of residence (from the list above) for the person with whom you reside
  - Be notarized
- Birth Certificate & Social Security Card
- Parent/Guardian Driver's License
- Immunizations (see attached immunization requirements for school age children)
- Court Documents related to guardianship/custodial parent, etc (if applicable)
  - Must be current
  - Must be the complete document and have the appropriate signatures (Judge/Magistrate)
- Individual Education Plan (IEP) if applicable

Thank you,  
Discovery Academy

## STUDENT REGISTRATION

Sec. 3314.041. The governing authority of each community school and any operator of such school shall distribute to parents of students of the school upon their enrollment in the school the following statement in writing:

"School Name is a community school established under Chapter 3314 of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administration or the Ohio Department of Education."

**STUDENT INFORMATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_ Home telephone \_\_\_\_\_  
 Address \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 City of birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex M or F (circle one) Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

Name of last school attended \_\_\_\_\_ Dates attended \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ School district in which parent or guardian lives \_\_\_\_\_

**FAMILY INFORMATION**

	<i>Last name</i>	<i>First name</i>	<i>Employer</i>	<i>English proficient</i>	<i>Other language spoken and/or read</i>	<i>Daytime phone</i>	<i>Evening phone</i>
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Father				Yes or No			
Mother				Yes or No			
Step-parent				Yes or No			
Guardian				Yes or No			
Guardian				Yes or No			

Student lives with: check 1

Parents	
Father & stepmother	
Mother & stepfather	
Mother only	
Father only	
Guardians	
Court-appointed guardians	
Foster parents	

Information on other children in home

Name of other children in home	Birth date	Grade

Ethnicity - please check the box that applies to this student (optional)

- Native American or Aleutian     
  Asian or Pacific Islander     
  African American     
  Hispanic/Latino     
  Caucasian, non-Hispanic origin

Language spoken in home? \_\_\_\_\_ Is child proficient in English? Yes or No Other language child speaks and/or reads \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date Enrolled \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Date enrolled \_\_\_\_\_ Date records requested \_\_\_\_\_ Date records received \_\_\_\_\_ Student ID # \_\_\_\_\_ Homeroom teacher \_\_\_\_\_

Copy of birth certificate? Yes or No      Social Security card? Yes or No      2 forms of proofs of residency? Yes or No

## EMERGENCY PROCEDURE CARD

**PLEASE FILL OUT THIS FORM COMPLETELY, WITH WORKING NUMBERS. HAVING THE PROPER EMERGENCY CONTACT INFORMATION FOR YOUR CHILD IS VERY IMPORTANT.**

Date of admission		Date of release		Grade	
Child's name <i>(including last, first, middle initial)</i>			Child's address <i>(including house number and street, building/apartment number)</i>		
Child's date of birth	Home phone number ( )	City		State	ZIP Code

### Residency information

Student lives with *(please circle one)* parents, mother, father, stepmother, stepfather, other *(explain)*:

Father's/legal guardian's name			Mother's/legal guardian's name		
Home address <i>(if not child's address)</i>			Home address <i>(if not child's address)</i>		
City	State	ZIP Code	City	State	ZIP Code
Employer name			Employer name		
Employer address			Employer address		
City	State	ZIP Code	City	State	ZIP Code
Employer phone number ( )	Hours of employment a.m. to p.m.		Employer phone number ( )	Hours of employment a.m. to p.m.	

### Contact instructions

Please indicate whom we should contact in case of an emergency *(other than parent)*:

1 <sup>st</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )
2 <sup>nd</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )
Doctor:	Office phone:	( )
	Alternate phone:	( )

Name(s) of person other than parent or legal guardian to whom child may be released:

Please indicate whom we should contact in case of an early dismissal *(other than parent)*:

1 <sup>st</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )
2 <sup>nd</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )

Are there any restrictions on your child's activities at school? Yes or No If Yes, please explain.

Is there any medical information/concern you would like to share with the school which might help better serve your child? This information is confidential.

In case of separated or divorced parents, are there any legal restrictions on the release of child to either parent? If so, provide a copy of formal documentation to keep in your child's file.

### Emergency instructions

- I give permission to Discovery Academy to secure emergency medical and/or surgical treatment for the above named minor child while in its care.
- I do not give permission to Discovery Academy to secure emergency medical and/or surgical treatment for the above named minor child while in its care.

Hospital preferred in case of emergency: Phone: ( )

Health insurance policy name and number:

Allergies:

Signature of Parent or Guardian Date

## REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward a transcript for the following individual(s) who enrolled at Discovery Academy on \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

The Academy will determine the grade level based on the information furnished such as a letter of promotion or placement.

It is requested that information about courses taken, grades earned to the date of withdrawal, standardized test results, parent-teacher conferences, health records, psychologist reports and other important data be included.

In addition, if the student had a 504 plan or was receiving special education services, please forward these records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the information to be sent.

Thank you

Discovery Academy

Send records to: Discovery Academy  
2740 West Central Avenue  
Toledo, OH 43606  
419-214 3266  
Fax: 419-214-3269

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### Parents

Please sign and complete the information below as a request for release of your child's student records.

Name and address of school last attended:

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Phone number

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## AFFIRMATION OF PRIOR DISCIPLINE RECORD

Check the appropriate box, provide all appropriate information and sign this document.

I affirm that the information provided here is true and that any false statement may result in forfeiting my child's enrollment privileges at Discovery Academy.

The undersigned affirms that \_\_\_\_\_  
has not been suspended or expelled from any school.

The undersigned affirms that \_\_\_\_\_  
has been suspended or expelled from a school.

If the student has been suspended or expelled, please provide the Discovery Academy, date of suspension and/or expulsion, along with a detailed description of the incident(s).

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\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Discovery Academy Staff Member

\_\_\_\_\_  
Date copy sent for verification

### Former school district

Name and address of responding school district:

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Phone number

Please check one:

According to our records, we verify that the information provided above by the parent/student is correct.

According to our records, the information provided above by the parent/student is not correct. Appropriate documentation of suspensions and/or expulsions is attached.

\_\_\_\_\_  
Signature and title of sending district administrator

\_\_\_\_\_  
Date

## NATIONAL SCHOOL LUNCH PROGRAM NOTIFICATION

Discovery Academy participates in the National School Lunch Program (NSLP). The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. The program was established under the National School Lunch Act, signed by President Harry Truman in 1946.

To find out if your student qualifies for free or reduced lunch rates for the school year, please request the appropriate paperwork from the Discovery Academy office

**FOR SCHOOL USE ONLY**

Date of follow-up contact with parent to complete paperwork \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Free and reduced lunch paperwork for the 2009-2010 school year **must** be included with registration packets distributed after July 1, 2009*

**HOUSEHOLD INFORMATION SURVEY**

Discovery Academy will participate in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child’s school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart.

**INCOME GUIDELINES – 185%**  
**Guidelines to be effective from July 1, 2022 through June 30, 2023**

<b>Number of persons in family or household size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice per month</b>	<b>Every two weeks</b>	<b>Weekly</b>
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
Each additional member add	+8,732	+728	+364	+336	+168

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 7 -digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: \_\_\_\_\_ 7-digit Case Number: \_\_\_\_\_



**Discovery Academy – 2740 W. Central Ave. Toledo, Ohio 43606 – 419.214.3266**

**INSTRUCTIONS:** Complete this survey and return to your child’s school or mail to the following address:

**The following selections must be completed by the Head of Household or Designee:**

- 1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children:
- 2. STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M = Migrant R = Runaway F = Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

- 3. TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker’s Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income (Add lines 1-6)</b>	\$	

- 4. SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the “I do not have a Social Security number” box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date \_\_\_\_\_

Last Four (4) Digits of Social Security Number: XXX-XX- \_\_\_\_\_  I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone	Work Phone	Email Address
		<small>By providing your email address, you may be contact via email by the district.</small>

<b>For Internal Office Use Only:</b> Please circle one option.	
QUALIFIES	DOES NOT QUALIFY

## INCLUSIVE EDUCATION

IDEA 97 states that, to the maximum extent appropriate, children with disabilities should be educated with children who are not disabled. Special classes, separate schools or other removal of children with disabilities from the regular educational environment should occur only when the nature or severity of the disability of a child is such that education within regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. Discovery Academy embraces this philosophy, believing that special education students can best be educated in the regular classroom. Our teachers accept responsibility for all students in their classroom and modify, accommodate and adjust teaching techniques and classroom activities to meet the learning abilities of all children.

Please indicate on the Special Education Records Request form in this registration packet if your child has an Individual Education Plan (IEP) in place. You will receive an invitation from the intervention specialist or resource teacher to attend an IEP meeting, if necessary, within the first month of your child's enrollment at our academy.

The following signature indicates that I understand the instructional philosophy of the school.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

The academy is participating in an effort to identify, locate and evaluate all children who may have disabilities. For more information regarding assistance for students with disabilities or if you suspect a child may have a disability, please contact the school leader.

## SPECIAL EDUCATION RECORDS REQUEST

(If applicable)

Please complete this form for all new students who were enrolled in special education at their previous school. This request will then be forwarded to the special education department of your child's previous school district.

Student name \_\_\_\_\_ Grade Date of birth \_\_\_\_\_

Parent(s) name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Previous district attended \_\_\_\_\_ Building \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Disability \_\_\_\_\_

District contact person \_\_\_\_\_ Phone \_\_\_\_\_

Date of last Individual Education Plan \_\_\_\_\_ (please attach a copy)

Please sign below so that we may request your child's special education records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

I grant permission for Discovery Academy to receive the special education records of my

child \_\_\_\_\_ from \_\_\_\_\_ school district.  
(please print name) (please print name)

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Date form forwarded to special education teacher \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date records requested from previous school \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date records received from previous school \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

School \_\_\_\_\_ Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent/Guardian Mother's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Other's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name of Relative or Childcare Provider \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

### PART I OR II MUST BE COMPLETED

*PART I – TO GRANT CONSENT* I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Room Phone \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

.....

*PART II – REFUSAL TO CONSENT* I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Effective Date: 06-30-1992

## PARENTAL CONSENT TO SHARE INFORMATION & ACCESS MEDICAID

This form will be used for billing purposes if your child is provided with an evaluation and/or services listed in their IEP at **no cost to you**.

Academy Name:      DISCOVERY ACADEMY

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Before the Academy can submit claim data for Medicaid billing, it must first obtain a signed Parent Consent to Share Information and Access Medicaid form. With this consent, there are:

- No out-of-pocket expenses
- No deductibles or co-pays
- No decrease in lifetime coverage
- No increased premiums

I understand and agree to give permission to the above-name academy to share my child's IEP records in order to bill Medicaid.

I do not give permission to the above-named academy to share by child's IEP records in order to bill Medicaid.

The above-named Academy has the opportunity to receive Federal Medicaid dollars through a program called the Medicaid School Program (MSP). Through this program, school districts can receive Medicaid dollars for services such as **speech, audiology, physical therapy, occupational therapy, nursing, psychology, counseling** and **social work services**. The district can receive Medicaid funding when a student receives one or more of these services and the student has current Medicaid insurance coverage. In the process of billing Medicaid for these services, certain billing information must be shared with the Ohio Department of Jobs and Family Services. Your consent is voluntary. You are not required to enroll in Medicaid. You have the right under 34 CFR Part 99 and Part 300 to withdraw your consent at any time. Billing Medicaid will not lead to the discontinuation of benefits, or result in your paying for services that would otherwise be covered by Medicaid.

Your child will be provided with an evaluation and/or the services listed in their IEP at no cost to you whether you grant, refuse, or revoke consent.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Please sign below if you would like to allow your child to participate in the following programs.

News information release:

There may be times during the school year when the academy, The Leona Group, news media or others wish to photograph or videotape your child at Discovery Academy for use in print, video, Internet or other communications methods.

I give my permission to Discovery Academy to provide information concerning school activities with my child to the general news media. I also give my permission for my child’s name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums for the academy or its management company, The Leona Group, L.L.C., and/or in local media coverage of academy events.

Communication release

There may be times during the school year when the academy, The Leona Group or others wish to identify your student by name and grade in newsletters, publications or yearbooks.

I give my permission to Discovery Academy and its management company, The Leona Group, L.L.C., to identify my child by name and grade in newsletters, publications or yearbooks.

Artwork release

There may be times during the school year when the academy, The Leona Group, news media or others wish to use artwork created by your child at the academy for use in print, video, Internet or other communications methods.

I give my permission to Discovery Academy to use artwork created by my child for promotional purposes in a variety of mediums for the academy or its management company, The Leona Group, L.L.C., and/or in local media coverage of academy events.

Student’s Name *(please print)* \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

## MILITARY FAMILIES

States are required to report students who are with a parent or legal guardian who is an active member of the Armed Forces or National Guard. Please complete the following as it applies to your family and return to the school at your earliest convenience.

	A. Child is a dependent of a member of the Active Duty Forces – Army, Navy, Air Force, Marine Corps, Coast Guard
	B. Child is a dependent of a member of the National Guard – Army National Guard of Air National Guard

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

Record Field Number – FN430

## MEDIA RELEASE

Please check the boxes of the items you would like to allow your child to participate in and sign below.

News information release

There may be times during the school year when the academy, The Leona Group, news media or others wish to photograph or videotape your child at School Name for use in print, video, Internet or other communications methods.

I give my permission to School Name to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums for the academy or its management company, The Leona Group, L.L.C., and/or in local media coverage of academy events.

Communication release

There may be times during the school year when the academy, The Leona Group or others wish to identify your student by name and grade in newsletters, publications or yearbooks.

I give my permission to School Name and its management company, The Leona Group, L.L.C., to identify my child by name and grade in newsletters, publications or yearbooks.

Artwork release

There may be times during the school year when the academy, The Leona Group, news media or others wish to use artwork created by your child at the academy for use in print, video, Internet or other communications methods.

*I give my permission to School Name to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used (both now and in the future) for display or in promotional material in a variety of mediums for the academy or its management company, The Leona Group, L.L.C., and/or in local media coverage of academy events.*

*I acknowledge that subsequent to the date my child ceases to be enrolled at School Name, I may revoke the foregoing grant of permission by providing School Name, with specific written notice of such revocation.*

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Student's Name (please print)

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Signature of Parent or Guardian

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Date



## MEDICATION

(If applicable)

Physicians may find it necessary to prescribe medication to be given during school hours. If your child is taking any medication it must be dropped off at the school office by the parent, who must make arrangements with the school to take this medication. Such medication must be in its original container and accompanied by the physician's written instructions, containing the following information:

1. Student's name
2. Name of prescribing doctor
3. Name of medication
4. Instructions such as dosage and time to be given

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_

Name of medication \_\_\_\_\_ Diagnosis/purpose of medication \_\_\_\_\_

Form of Medication:

Tablet/capsule     Liquid     Inhaler     Injection     Nebulizer     Other: \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Time \_\_\_\_\_

How is medication to be administered? \_\_\_\_\_

Should the school be aware of any adverse reactions or precautions? \_\_\_\_\_

Home phone \_\_\_\_\_ Emergency phone \_\_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

The undersigned parent/guardian authorizes Discovery Academy through its administrators and/or staff to administer medication or to supervise the taking of medication by my child.

It is understood that the undersigned parent/guardian shall immediately notify school personnel in writing in the event the prescription shall be discontinued or modified. Refills of the prescription shall be the responsibility of the parent/guardian.

Further, the undersigned shall release and indemnify Discovery Academy and its employees from any liability or damage which may result from the administration of said medication as prescribed by the physician.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

## IMMUNIZATION

*(Please fill out or obtain corresponding form from doctor's office.)*

State law prohibits a principal or teacher from admitting new entrants to school without a record of having received at least one dose of each: Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Hepatitis B, and Chickenpox (Varicella). Children who have not received the required immunizations will be excluded from school until parents provide proof that all required immunizations have been received or until the school has a waiver on file.

### Immunization schedule

Immunization	Ages 4 – 6	Ages 7-18
Diphtheria, Tetanus and Pertussis	4 doses are required. If a dose was not given on or after the 4th birthday, a booster dose of DTP is required. Most children will have 5 doses.	4 doses are required.
Polio	3 doses are required. If the last dose was not given on or after 4th birthday, a booster dose is required. Most children will have 4 doses.	3 doses are required.
Measles, Mumps and Rubella	2 doses are required. The 1st dose must be given on or after the 1 <sup>st</sup> birthday. The 2nd dose must be given at least 28 days from the 1st dose.	2 doses are required. The 1st dose must be given on or after the 1 <sup>st</sup> birthday. The 2nd dose must be given at least 28 days from the 1st dose.
Hepatitis B	3 doses are required. Minimum of 28 days between 1st and 2nd doses; minimum of 56 days between 2nd and 3rd doses; minimum of 4 months between 1st and 3rd doses; and 3rd dose must be administered on or after 24 weeks or 168 days of age.	
Varicella (Chickenpox)	1 dose required on or after 1 <sup>st</sup> birthday.	1 dose required if received on or after the 1st birthday but prior to the 13 <sup>th</sup> birthday OR 2 doses required, administered at least 28 days apart, if the child received the 1st dose on or after the 13th birthday.

### Student's immunization records

Please complete this table if it is not possible to make copy of Student's Immunization Record. Make two copies, send original to Discovery Academy and keep one for your records.

Immunization	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
Diphtheria					
Tetanus					
Pertussis					
Polio					
Measles					
Mumps					
Rubella					
Hepatitis B					
Varicella (Chickenpox)					

### Immunization waiver

A parent or guardian wishing to exempt his/her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. That child will be subject to exclusion from the school or program if an outbreak of a vaccine-preventable disease to which s/he is susceptible occurs.

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should s/he contract a disease that could have been prevented through proper vaccination.

I object to having my child immunized against the diseases I have checked below:

- |                                  |                                 |                               |                                   |  |
|----------------------------------|---------------------------------|-------------------------------|-----------------------------------|--|
| <input type="radio"/> Diphtheria | <input type="radio"/> Pertussis | <input type="radio"/> Measles | <input type="radio"/> Rubella     | <input type="radio"/> Varicella (Chickenpox) |
| <input type="radio"/> Tetanus    | <input type="radio"/> Polio     | <input type="radio"/> Mumps   | <input type="radio"/> Hepatitis B | <input type="radio"/> Other _____            |

Reason:

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Student's Name *(please print)*

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Signature of Parent or Guardian

Date

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## INTERNET ACCEPTABLE USE POLICY

Prior to receiving authorization to use the Internet, students and their parents/guardians must sign the following permission and contract document.

### Parents

I give permission for my child to participate in the use of the Internet, a worldwide telecommunications network. I realize that (s)he will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold Discovery Academy accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Acceptable Use Policy.

Student's Name *(please print)* \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

### Students

I will abide by the Internet Acceptable Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for Discovery Academy to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate school discipline and/or legal action may be taken.

Student's Name *(please print)* \_\_\_\_\_

Grade \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

## HOME LANGUAGE SURVEY

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

What was the first language your child learned? \_\_\_\_\_

What language does the family speak at home most of the time? \_\_\_\_\_

What language does the parent(s) speak to his/her child most of the time? \_\_\_\_\_

What language does the child speak to his/her parent(s) most of the time? \_\_\_\_\_

What language does the child speak to his/her brother/sister most of the time? \_\_\_\_\_

What language does the child speak to his/her friends most of the time? \_\_\_\_\_

Can an adult family member or extended family member speak English? \_\_\_\_\_

Can they read English? \_\_\_\_\_

What languages, other than English, are spoken in the home? \_\_\_\_\_

Was your child receiving help with English in their previous school? \_\_\_\_\_

Do the parents/guardians request oral and/or written communication from the school in English? \_\_\_\_\_

If no, in what language? \_\_\_\_\_

Comments:

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\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## STUDENT RESIDENCY

By completing this questionnaire, you help the school comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the school identify services that the student may be eligible to receive.

Student's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

Parent(s) name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

1. Where is the student living now? *(check one box)*

- In a shelter
- In a car
- In a motel or hotel
- In a trailer park or campsite
- With more than one family in a house or apartment
- With friends or family members other than parent or guardian
- None of the above

*If you checked the box marked "None of the above" you do not have to complete the remainder of this form. Please sign below and return a copy of this form to the school office.*

2. Does the living arrangement marked in Question 1 result from a loss of housing or economic hardship?

- Yes  No  Unsure

3. The student lives with:

- 1 parent
- 2 parents
- 1 parent and another adult
- A relative, friend(s) or other adult(s)
- Alone with no adults
- An adult who is not the parent or legal guardian

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**FOR SCHOOL USE ONLY**

- Student not covered by McKinney-Vento Act
- Student covered by McKinney-Vento Act
- Follow-up required

Contact person at the student's school who may know of the family situation:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

## FAMILY FEEDBACK

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

Thank you for choosing Discovery Academy. We are committed to serving our families in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. Your feedback is very important and your responses will be kept confidential.

How did you hear about Discovery Academy?

- |   |  |  |  |
|---|--|--|--|
| <input type="radio"/> Newspaper ad      | <input type="radio"/> Radio commercial         | <input type="radio"/> Flier              | <input type="radio"/> Saw building or sign |
| <input type="radio"/> Newspaper article | <input type="radio"/> Television commercial    | <input type="radio"/> Postcard in mail   | <input type="radio"/> Other: _____         |
| <input type="radio"/> Web site          | <input type="radio"/> Movie theater commercial | <input type="radio"/> Friend or relative |  |

### Customer service

If you called for information, was the call answered promptly in a friendly and courteous manner?

- Yes  
 No, please explain: \_\_\_\_\_

If you requested information via the school Web site, was your request answered promptly in a friendly and courteous manner?

- Yes  
 No, please explain: \_\_\_\_\_

If you visited the school for information, were you greeted promptly in a friendly and courteous manner?

- Yes  
 No, please explain: \_\_\_\_\_

Were all of your questions regarding Discovery Academy answered to your satisfaction?

- Yes  
 No, please explain: \_\_\_\_\_

### In your words

What words would you use to describe the school building and grounds?

- |                                |  |  |                                     |
|--------------------------------|--|--|-------------------------------------|
| <input type="radio"/> Clean    | <input type="radio"/> Accessible             | <input type="radio"/> Safe and secure  | <input type="radio"/> Outdated, old |
| <input type="radio"/> Inviting | <input type="radio"/> School pride displayed | <input type="radio"/> Unclean  | <input type="radio"/> Unorganized   |
| <input type="radio"/> Modern   | <input type="radio"/> Colorful               | <input type="radio"/> Building, classrooms and office well-marked with signs |                                     |

What words would you use to describe the school Web site?

- |  |  |   |  |
|--|--|---|--|
| <input type="radio"/> Easy to use        | <input type="radio"/> Quality                | <input type="radio"/> Appealing               | <input type="radio"/> Not attractive       |
| <input type="radio"/> Informative        | <input type="radio"/> Up-to-date information | <input type="radio"/> Out-of-date information | <input type="radio"/> Difficult to use     |
| <input type="radio"/> School pride shown | <input type="radio"/> Relevant information   | <input type="radio"/> Confusing               | <input type="radio"/> Too much information |

What words would you use to describe school advertising you saw?

- |                                    |                                    |   |  |
|------------------------------------|------------------------------------|---|--|
| <input type="radio"/> Quality      | <input type="radio"/> Interesting  | <input type="radio"/> Not relevant  | <input type="radio"/> Misleading       |
| <input type="radio"/> Original     | <input type="radio"/> Relevant     | <input type="radio"/> Confusing   | <input type="radio"/> Didn't stand out |
| <input type="radio"/> Professional | <input type="radio"/> To the point | <input type="radio"/> Not representative of school, students or community |  |

What words would you use to describe why you and your child chose Discovery Academy?

- |   |   |   |  |
|---|---|---|--|
| <input type="radio"/> Quality education       | <input type="radio"/> Safe, secure building | <input type="radio"/> Family-oriented                             | <input type="radio"/> Curriculum focus     |
| <input type="radio"/> Caring staff            | <input type="radio"/> Transportation        | <input type="radio"/> Good reputation                             | <input type="radio"/> Diverse student body |
| <input type="radio"/> Small school atmosphere | <input type="radio"/> Uniforms              | <input type="radio"/> Best option available                       | <input type="radio"/> No other choice      |
| <input type="radio"/> Close to my home        | <input type="radio"/> School leader         | <input type="radio"/> Attention given to student and family needs |  |

### Other comments

Please use this area to share any other comments you have.

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For each student, Discovery Academy must report the level of access to computing hardware for completing schoolwork within the student’s primary residence. We are asking parents to help us with this reporting.

**Please check only ONE of the options below under each of the two categories:**

**HARDWARE QUESTIONS:**

The student has regular access to a desktop, laptop, or tablet for the student to use to complete schoolwork at their primary residence.

The student has regular access to a smartphone for the student to use to complete schoolwork at their primary residence.

The student does not have regular access to a desktop, laptop, tablet, or smartphone for the student to use to complete schoolwork at their primary residence.

**CONNECTIVITY QUESTIONS:**

The student has regular access to the internet through cable, DSL, or some other non-cellular method at their primary residence.

The student has regular access to the internet primarily through a cellular hotspot or cell phone at their primary residence.

The student does not have regular access to the internet at their primary residence.

## DISCOVERY ACADEMY SCHOOL-PARENT COMPACT

Discovery Academy, and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during school year 2019-20.

### **School Responsibilities:**

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:

Discovery Academy will adopt a plan and organize resources in an efficient way that provides intensive, individualized support as students display increased learning difficulties (Response to Intervention - RTI) focused on the use of student assessment data and relevant background information, to inform decisions related to planning and implementing instructional strategies at the school, classroom, and individual student levels. School personnel will identify measurement and assessment tools to be used for gathering benchmark data and tools to be used to monitor the progress of students. A schedule for progress monitoring and assessment will be established. Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement. Specifically, those conferences will be held following the 1<sup>st</sup> and 3<sup>rd</sup> quarters.

2. Provide parents with frequent reports on their children's progress.

3. Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows:

Parents may call the school to request a consultation with the school (419) 214-3266. School personnel will make reasonable arrangements to meet with parents.

4. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities, as follows:

Discovery Academy will establish vehicles for regular and effective communication between schools and parents and the community. Leaders and staff will establish ways for parents and community to be involved in the day-to-day running of the school. For the purpose of improving parent involvement the school may employ or assign a person as parent-school liaison. Examples/Specifics: Open House; Parent Orientation; Parent Teacher Conferences; Science/Math/Reading Night; Book Fair; OAA Night and others deemed necessary and helpful to fulfilling the school's mission.

### **Parent Responsibilities:**

We, as parents, will support our children's learning in the following ways:

- Monitoring attendance.
- Making sure that homework is completed.
- Monitoring amount of television their children watch.
- Participating, as appropriate, in decisions relating to my children's education.
- Promoting positive use of my child's extracurricular time.
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.
- Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee, the District wide Policy Advisory Council, the State's Committee of Practitioners, the School Support Team or other school advisory or policy groups.



**Student Responsibilities:**

We, as students, will share the responsibility to improve our academic achievement and achieve the State’s high standards. Specifically, we will:

- Do my homework every day and ask for help when I need to.
- Read at least 30 minutes every day outside of school time.
- Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.

**Discovery Academy will:**

1. Involve parents in the planning, review, and improvement of the school’s parental involvement policy, in an organized, ongoing, and timely way.
2. Involve parents in the joint development of any schoolwide program plan, in an organized, ongoing, and timely way.
3. Hold an annual meeting to inform parents of the school’s participation in Title I, Part A programs, and to explain the Title I, Part A requirements, and the right of parents to be involved in Title I, Part A programs. The school will convene the meeting at a convenient time to parents, and will offer a flexible number of additional parental involvement meetings, such as in the morning or evening, so that as many parents as possible are able to attend. The school will invite to this meeting all parents of children participating in Title I, Part A programs (participating students), and will encourage them to attend.
4. Provide information to parents of participating students in an understandable and uniform format, including alternative formats upon the request of parents with disabilities, and, to the extent practicable, in a language that parents can understand.
5. Provide to parents of participating children information in a timely manner about Title I, Part A programs that includes a description and explanation of the school’s curriculum, the forms of academic assessment used to measure children’s progress, and the proficiency levels students are expected to meet.
6. On the request of parents, provide opportunities for regular meetings for parents to formulate suggestions, and to participate, as appropriate, in decisions about the education of their children. The school will respond to any such suggestions as soon as practicably possible.
7. Provide to each parent an individual student report about the performance of their child on the State assessment in at least math, language arts and reading.
8. Provide each parent timely notice when their child has been assigned or has been taught for four (4) or more consecutive weeks by a teacher who is not highly qualified within the meaning of the term in section 200.56 of the Title I Final Regulations (67 Fed. Reg. 71710, December 2, 2002).

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Our attendance policy is based on the Ohio Revised Code, Chapter 3321 School Attendance. Attendance Policy**

Attendance at school is key to achievement. Students are expected to attend school regularly and on time.

Parents/guardians are encouraged to partner with the School to ensure attendance and timeliness. Parents/guardians are required to notify the school of any absence prior to the start of the school day. Similarly, parents/guardians are required to notify the school in writing in advance of early pick-up. Parents/guardians are encouraged to make any doctor, dentist, etc. appointments for times other than school hours.

Refer to the student/parent handbook for complete details.