



When the enrollment process is complete (registration packet, interview, and acceptance letter) please obtain a "receipt of acceptance" from the Registrar's office.



# Liberty Academy

## Registration Packet 2011-2012

Legal Name (as identified on birth certificate)

Student ID #: \_\_\_\_\_

Last

First

Middle

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Gender: M / F

Grade 2011-2012: \_\_\_\_\_

Birth Date

Student Phone:

Student Address:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home

\_\_\_\_\_  
Street Address/ Apt #

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell

\_\_\_\_\_/\_\_\_\_\_  
City State Zip

### Student Demographic Information:

What was the date the student first enrolled in a U.S. school? \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Years enrolled in Utah school \_\_\_\_\_

#### Home Language Survey:

This information is helpful in order to provide meaningful instruction for all students and to communicate most effectively with parents.

1. Which language did your child learn when he/she first began to talk?  
\_\_\_\_\_
2. What language does your child most frequently use at home?  
\_\_\_\_\_
3. What language do you most frequently use to speak to your child?  
\_\_\_\_\_
4. Name the language most often spoken by the adults at home:  
\_\_\_\_\_

#### Ethnicity:

\_\_\_\_ Asian

\_\_\_\_ Black, not of Hispanic origin

\_\_\_\_ Hispanic

\_\_\_\_ White, not of Hispanic origin

\_\_\_\_ Pacific Islander

\_\_\_\_ American Indian (Tribe: \_\_\_\_\_)

\_\_\_\_ Alaskan

\* If you do not make a selection, Liberty Academy is required by state law to make a selection for you.

Note: Providing this information does not mean your child will be taught in his or her native language, but it will help us find additional methods, programs, or services to help your child learn.



# Contact Information

## Parent/ Guardian Information (Student's Primary Residence)

**Mother/Guardian:** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

**If parents are divorced or separated, please provide proof of:**

\_\_\_\_\_ Shared Custody

\_\_\_\_\_ Restraining Order

\_\_\_\_\_ Single Parent

## Emergency Contacts:

(Do not list anyone listed under Parent/Guardian)

If my Child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

# 1

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Relationship to child

# 2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Relationship to child

# 3

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Relationship to child



# Request for Transfer of Records

Please list previous school attended:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

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

\_\_\_\_\_  
Fax Number

I hereby give permission for Liberty Academy to request my student's complete, confidential school records.

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

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

**Please check each of the instructional programs your child participated in at his/her pervious school(s):**

\_\_\_\_\_ **Special Education**

- \_\_\_\_\_ Resource Specialist Program (RSP) and Individual Small Group Instructions (ISGI)
- \_\_\_\_\_ Special Day Class/ Self-Contained
- \_\_\_\_\_ Speech and Language (SLP)

\_\_\_\_\_ **Other Programs**

- \_\_\_\_\_ Gifted and Talented
- \_\_\_\_\_ English as a Second Language (ESL) or English Language Development (ELD)
- \_\_\_\_\_ 504 Plan
- \_\_\_\_\_ Other: \_\_\_\_\_

**Please complete the following if your child has been enrolled in any of the special programs listed above:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Social Security #

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone

Parent/Guardian Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\* If you checked Special Education Program, we will need a copy of your child's IEP from his/her previous school. These records are needed in order to determine appropriate services for your child in our school.





*It Starts Here*

# Kindergarten Entry Medical Checklist

*This form is to be filled out by child's physician or healthcare provider and parent/guardian for kindergarten entry. Please take this form with you to your child's pre-kindergarten checkup. Return the form to Liberty before the Kindergarten start date.*

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

1. Student has received all necessary state immunization requirements or is on a set schedule to meet the requirements during the school year. *(Please give a copy of the immunization record to the school.)*

Immunization schedule arrangements: \_\_\_\_\_

Expected date to be current on immunizations: \_\_\_\_\_

1. M.D. initials  
\_\_\_\_\_

2. Student current vision screening: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

2. M.D. initials  
\_\_\_\_\_

3. Please list all of student's allergies including seasonal, food, and medication:

\_\_\_\_\_

3. M.D. initials  
\_\_\_\_\_

4. Is the student lactose intolerant? **YES NO**  
If yes, is alternate food needed for school lunch? **YES NO**

4. M.D. initials  
\_\_\_\_\_

5. Is the student on any medications? If yes, please list below: **YES NO**

\_\_\_\_\_

5. M.D. initials  
\_\_\_\_\_

6. Do any of the medications need to be given during school hours? **YES NO** If yes, please list:

\_\_\_\_\_

6. M.D. initials  
\_\_\_\_\_

*Please note that if in-school medications are needed that **additional** paperwork must be submitted. (This includes asthma inhalers.) Forms may be picked up at the front office.*

7. Student has dental concerns. **YES NO**  
If yes, please list: \_\_\_\_\_

7. M.D. initials  
\_\_\_\_\_

8. Student has spinal abnormalities. **YES NO**  
If yes, please list: \_\_\_\_\_

8. M.D. initials  
\_\_\_\_\_

9. Please list any additional known medical concerns:

\_\_\_\_\_

9. M.D. initials  
\_\_\_\_\_

If any of the concerns listed above need special medical care, please explain below:

\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Dentist Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Optometrist Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_



**LIBERTY ACADEMY**

**FERPA AGREEMENT**

**(PERMISSION TO SHARE IMMUNIZATION INFORMATION)**

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

Gender: \_\_\_\_\_

USIIS School Id \_\_\_\_\_ (office use only)

Student DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

School: Liberty Academy

Grade for 2011-2012 \_\_\_\_\_

**Utah 53-11-301 requires documentation of immunization for school attendance.**

The Utah Department of Health maintains a voluntary, confidential record system to assist parent/guardian, health care providers, and schools in documenting your child's immunizations. This record system is called the Utah Statewide Immunization Information System (USIIS). Allowing your child's school to share your child's immunizations history with USIIS will aid your child's health care provider, and the school to be determined with immunizations your child has received and which may still be needed.

**Many students' information may already be in the USIIS system. It may have been recorded by the health care professional that administered the immunizations. This form only allows us to input additional immunizations in the system so that we have a method of tracking your child's immunizations.**

\_\_\_\_\_ I **give** my permission for the school to share my child's/ legal dependant's immunization information with USIIS.

\_\_\_\_\_ I **do not give** my permission for the school to share my child's/ legal dependant's immunization information with USIIS.

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

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

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



## ACKNOWLEDGEMENT OF SPECIAL NOTICES

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Liberty Academy, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Liberty Academy may disclose appropriately designated "directory information" without written consent, unless you have advised Liberty Academy to the contrary in accordance with Liberty Academy procedures. The primary purpose of directory information is to allow Liberty Academy to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production
- The annual yearbook
- Honor roll or other recognition lists
- Graduation programs
- Sports activity sheets (i.e. weight and height of wrestling team members)

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories names, addresses and telephone listings unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

Liberty Academy has designated the following information as directory information:

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Electronic mail address
- Photograph
- Degrees, honors, and awards received
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- The most recent educational agency or institution attended

If you do not want Liberty Academy to disclose directory information from your child's education records without your prior written consent, you must notify Liberty Academy in writing by 9/1/2010.

I have read, understand, and agree to comply with the policy described above.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE



## ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

In compliance with Section 504 of the Rehabilitation Act (“504”) and the Americans with Disabilities Act (ADA), Liberty Academy will provide reasonable accommodations to qualified individual with disabilities. Students, parents or employees needing accommodations should contact their school ADA/504 Coordinator. In compliance with the Equal Educational Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is Liberty Academy policy to provide alternative language services to limited English Proficient (LEP students so that students with language barriers have a meaningful opportunity to participate in Liberty Academy educational programs. Fast Forward Charter High School provides English as a Second Language (ESL) instruction and other effective services to students who are identified as LEP by means of a thorough evaluation process. Parents or guardians who want to request alternative language services for their child should contact Liberty Academy.

### EQUAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITY

It is the policy of Liberty Academy to provide equal educational and employment opportunity for all individuals. Therefore, Liberty Academy prohibits all discrimination on the basis of race, color, religion, sex, age, national origin, disability, or veteran’s status. This policy extends to all aspects of Liberty Academy educational programs, as well as to the use of all Liberty Academy facilities, and participation in all school-sponsored activities.

### CIVIL RIGHTS GRIEVANCE PROCEDURE

Complaints of discrimination should be filed with the Administration. Complaints of discrimination should be reported as soon as possible, but no later than 90 days after the incident(s) in order to be effectively investigated and resolved.

Copies of the Title IX, Section 504 of the Rehabilitation Act, the American with Disabilities Act, and all other applicable State and Federal civil rights laws may be viewed at Liberty Academy.

I have read, understand, and agree to comply with the policies described above.

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

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE



## Liberty Academy Acceptable Use Policy for Internet and Network Access

The goal of using the Internet is to provide support for the public education system. The Internet is a world-class tool for educators, students, and parents. It can provide many exciting educational resources and learning opportunities.

Unfortunately, there are materials on the Internet that are controversial in nature that do nothing to promote the educational process. It is important that all who access the Internet, demonstrate judgment on the information that they access. The following is prohibited:

1. Any use of the Internet for illegal or inappropriate purposes to access materials that are objectionable in a public school environment. Inappropriate use is defined as use in violation of the intended use of the Internet, to provide information to support the educational process. (e.g. Instant messenger, chat rooms, streaming video, audio, Internet radio, file sharing, MP3 downloading, and burning copies of copyrighted C.D's are prohibited).
2. Any use for commercial purposes, financial gain or political lobbying.
3. Access to the Internet without parental permission.
4. It is understood that Liberty Academy, Utah State Office of Education, and the Utah Education Network have no control of the information on the Internet. Some sites on the Internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive to some people. While the student will receive supervision and guidance while using the Internet, it is the student's responsibility to choose not to access materials that do not fit the goal of Internet use at Liberty Academy.

Students that break this Acceptable Use Policy may face one or all of the following consequences:

1. Loss of network / Internet access
2. Removal from class (timeout or conference)
3. Parent conference
4. Suspension from school for the remainder of the term
5. Expulsion from school for repeated violation
6. Civil and criminal charges filed against the student

I have read the Student Contract and the Internet Acceptable Use Policy and agree to all terms therein.

---

Student Signature

---

Date

I give permission for the student who has signed the above statement to have access to the Internet at Liberty Academy.

---

Parent/Guardian Signature

---

Date



# Vision Screening Permission Form

Vision screenings to screen your child for visual problems such as Amblyopia (Lazy eye) will be conducted throughout their school years and is required by Utah State Law (see reverse side) for their school to perform for all preschoolers and kindergarteners in their school.

Utah State law requires all children entering kindergarten must provide proof they had a vision screening **within a year prior to enrollment.**

Many pediatricians and Head Starts provide this proof as they conduct vision screenings at their locations and during medical physicals. It is each child's parent or guardian's responsibility to comply with the law to provide this proof of vision screening. This proof is needed along with their immunization records. ***The proof provided by a health care professional does not exempt your student from needing vision screening provided by the school.***

If your student wears glasses, please be sure your child brings their eye glasses on the day of the vision screening at their school. Children's vision can change in as short of time as 6 months and there may be a need to see their eye doctor for a possible change in the prescription.

**Please complete the following portion and return to your child's school**

I do \_\_\_\_\_ give permission

I do not \_\_\_\_\_ give permission

for my child, \_\_\_\_\_  
(Please PRINT child's name)

to receive vision screening consistent with the requirements of Utah State law. I understand that the results of the vision screening and necessary additional information about my child that may be in his/ her school records may be shared with other educators and health care professionals working with the schools to provide appropriate follow-up services for my child.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE

Liberty Academy  
1195 South Elk Ridge Drive  
Salem, UT 84653  
Phone: 465-4434  
Fax: 465-7808

## **Current Utah Statutory Codes (Regarding vision Screening)**

### **53A-11-201. Rules for examinations prescribed by Department of Health -- Notification of impairment.**

(1) (a) Each local school board shall implement rules as prescribed by the Department of Health for vision, dental, abnormal spinal curvature, and hearing examinations of students attending the district's schools.

(b) Under guidelines of the Department of Health, qualified health professionals shall provide instructions, equipment, and materials for conducting the examinations.

(c) The rules shall include exemption provisions for students whose parents or guardians contend the examinations violate their personal beliefs.

(2) The school shall notify, in writing, a student's parent or guardian of any impairment disclosed by the examination

### **53A-11-203. Vision screening.**

(1) A child under seven years of age entering school for the first time in this state must present the following to the school:

(a) a certificate signed by a licensed physician, optometrist, or other licensed health professional approved by the division, stating that the child has received vision screening to determine the presence of amblyopia or other visual defects. As used in this section, "division" means the Division of Services for the Blind and Visually Impaired, State Office of Education; or

(b) a written statement signed by at least one parent or legal guardian of the child that the screening violates the personal beliefs of the parent or legal guardian.

(2) The division shall provide vision screening report forms to persons approved by the division to conduct the screening.

(3) Each school district may conduct free vision screening clinics for children aged 3-1/2 to seven.

(4) The division shall maintain a central register of children, aged 3-1/2 to seven, who fail vision screening and who are referred for follow-up treatment. The register shall include the name of the child, age or birth date, address, cause for referral, and follow-up results. Each school district shall report referral follow-up results to the division.

(5) The division shall coordinate and supervise the training of persons who serve as vision screeners.

(6) A licensed health professional providing vision care to private patients may not participate as a screener in free vision screening programs provided by school districts.

(7) The Department of Health shall, by rule, set standards and procedures for vision screening required by this chapter, and shall provide the division with copies of rules, standards, instructions, and test charts necessary for conducting vision screening.

(8) The division shall supervise screening, referral, and follow-up required by this chapter.



## Exemption and Immunization Requirements

### Exemptions:

There are 3 types of exemptions used for immunizations:

1. Personal
2. Religious
3. Medical

All three of these exemptions require a signed form. You can obtain these forms from your local health department.

### Immunizations:

If an exemption is not presented, the following are the required immunizations for school admittance:

Immunization	Doses	Required before Kindergarten admittance	Additional Comments
DTP (Diphtheria, Tetanus, Pertussis):	5	<b>YES</b> (All 5 doses are required before school admittance)	Tdap Booster Required at age:11-12 (before 7 <sup>th</sup> grade)
Polio	4	<b>YES</b> (All 4 doses required before school admittance)	
MMR ( Measles, Mumps, Rubella)	2	<b>YES</b> (All 2 doses required before school admittance)	If choosing individual vaccines: 2 doses of Measles 1 dose of mumps and 1 dose of Rubella
Varicella Vaccine or Chicken Pox	1	<b>YES</b> (Vaccine must be given before school admittance)	If your child had chicken pox, this vaccine is not required
Hib ( Haemophilus Influenzae Type B)	4	<b>NO</b> (Not Required for school Admittance)	This vaccine is not recommended after a student's fifth birthday
Hepatitis A	2	<b>YES</b> (All 2 doses required before school admittance)	If a student is born before July 1, 1996 this vaccine is not required
Hepatitis B	3	<b>YES</b> (All 3 doses required before school admittance)	

## **Utah State Statutory Codes (regarding immunizations and exemptions):**

### **53A-11-301. Certificate of immunization required.**

(1) Unless exempted for personal, medical, or religious objections as provided in Section **53A-11-302**, a student may not attend a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family care home, or headstart program in this state unless there is presented to the appropriate official of the school a certificate of immunization from a licensed physician or authorized representative of the state or local health department stating that the student has received immunization against communicable diseases as required by rules adopted under Section **53A-11-303**.

(2) School districts may not receive weighted pupil unit monies for a student unless the student has obtained a certificate of immunization under this section or qualifies for conditional enrollment or an exemption from immunization under Section **53A-11-302**.

### **53A-11-302. Immunizations required -- Exceptions -- Grounds for exemption from required immunizations.**

(1) A student may not enter school without a certificate of immunization, except as provided in this section.

(2) Except as provided in Subsection **53A-11-1402**(4), a student who at the time of school enrollment has not been completely immunized against each specified disease may attend school under a conditional enrollment if the student has received one dose of each specified vaccine prior to enrollment.

(3) A student is exempt from receiving the required immunizations if there is presented to the appropriate official of the school one or more of the following:

(a) a certificate from a licensed physician stating that due to the physical condition of the student one or more specified immunizations would endanger the student's life or health;

(b) A completed form obtained at the local health department where the student resides, providing:

(i) the information required under Subsection **53A-11-302.5**(1); and

(ii) a statement that the person has a personal belief opposed to immunizations, which is signed by one of the individuals listed in Subsection **53A-11-302**(3)(c) and witnessed by the local health officer or his designee; or

(c) a statement that the person is a bona fide member of a specified, recognized religious organization whose teachings are contrary to immunizations, signed by one of the following persons:

(i) one of the student's parents;

(ii) the student's guardian;

(iii) a legal age brother or sister of a student who has no parent or guardian; or

(iv) the student, if of legal age.

### **53A-11-303. Regulations of department.**

(1) The Department of Health shall adopt rules to establish which immunizations are required and the manner and frequency of their administration.

(2) The rules adopted shall conform to recognized standard medical practices.

(3) The rules shall require the reporting of statistical information and names of non-compliers by the schools.

More information regarding the Utah State Department of Health's requirements for immunizations may be found at: [http://www.immunize-utah.org/public/sched\\_school\\_edreq.htm](http://www.immunize-utah.org/public/sched_school_edreq.htm)