

Date Received: ____/____/____

Full-Time / CAP

Student's Name: _____

Interview Date: ____/____/____

Start Date: ____/____/____

Receipt Number: _____

Grade (11-12): ____



LIBERTY ACADEMY

Registration Packet

2011-2012

FRONT PAGE FOR OFFICE USE ONLY

To register your child, please provide the following:

- _____ Birth Certificate
- _____ Proof of immunization/exemption
- _____ Student's last report card
- _____ Transcript (9th-12th)
- _____ Testing scores (UBSCT, UPASS, etc.)
- _____ Behavior report & attendance record from previous school (a print-out from SIS)
- _____ Check out sheet from previous school (Mid-year transfers only)
- _____ Completed Registration Forms

Note: INCOMPLETE REGISTRATION PACKETS WILL NOT BE ACCEPTED.

New Student Interview Process:

(To complete enrollment, you must have all necessary signatures.)

1. Meet with registrar to submit appropriate documentation.

_____/_____/_____
Registrar Signature

_____/_____/_____
Date

2. Meet with administrator to discuss past and future school experiences:

- Further review needed on behavior? Yes / No
- Academic problems/issues? Yes / No
- Committee review needed? Yes / No

Accepted / Denied / Contingent

_____/_____/_____
Administrator Signature

_____/_____/_____
Date

If applicable:

Meet with a committee to further review behavior/ discipline problems.

Was an agreement made? Yes* / No *If yes, please provide the documentation.

_____/_____/_____
Administrator Signature

_____/_____/_____
Date

DISCLAIMER:

Liberty Academy reserves the right to deny enrollment based on the following:

- Current enrollment is full (This may include a denial based on a specific grade's current enrollment being filled)
- Inadequate/ Incomplete registration packet
- Behavior Problems {Utah code 53A-2-208(3)(b)}

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: _____

Name

(____) _____ - _____

Home Phone

(____) _____ - _____

Cell Phone

(____) _____ - _____

Work Phone

Occupation

Email Address

Employer

Father/Guardian: _____

Name

(____) _____ - _____

Home Phone

(____) _____ - _____

Cell Phone

(____) _____ - _____

Work Phone

Occupation

Email Address

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

Relationship to child

Home Phone

Cell Phone

Work Phone

2

Name

Relationship to child

Home Phone

Cell Phone

Work Phone

3

Name

Relationship to child

Home Phone

Cell Phone

Work Phone



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 previous 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.



Disciplinary History Form

This information is allowed under Utah Code 53A-2-208(3)(b)

Student Name

Last

First

MI

Grade

Please circle the appropriate answer

- 1. Has your student ever been suspended from school? Yes / No
- 2. Has your student ever been expelled from school? Yes / No
- 3. Is there any disciplinary action pending concerning your student from his/her previous school of enrollment? Yes / No

If you answered yes to any of the above questions, please provide details below.

(Include school name, student's grade level at the time of the incident, approximate date of the incident, description of the incident for which discipline was taken, and the type of discipline handed down by the school.)

I, _____, certify that the above information is true and complete.

Parent/ Guardian Signature

____/____/____

Date

Utah Code 53A-2-208(3)(b)

(b) A board may provide for the denial of applications from students who:

- (i) have committed serious infractions of the law or school rules, including rules of the district in which enrollment is sought; or
- (ii) have been guilty of chronic misbehavior which would, if it were to continue after the student was admitted:
 - (A) endanger persons or property;
 - (B) cause serious disruptions in the school; or
 - (C) place unreasonable burdens on school staff



STUDENT HEALTH INFORMATION

____ Please check here if there are no known health problems.

VISION / HEARING / ALLERGIES

____ Known eye condition (Other than corrective lenses) Please explain: _____
 ____ Wears contacts ____ Contacts worn at all times ____ Wears glasses ____ Glasses worn at all times
 ____ Known hearing problem ____ Uses hearing aid ____ Has tubes in ears
 ____ Food Allergies: _____
 ____ Medicine Allergies: _____
 ____ Environmental Allergies: _____
 Additional Comments: _____

STUDENT HAS THE FOLLOWING CONDITIONS:

Does medication need to be administered during school hours? ____ YES ____ NO

If "yes," please provide signed Physician's Authorization for Medication on the form provided by the school.**

Condition	Medication prescribed by doctor	Taken at School?	Dosage & Time
____ Asthma	_____	____ YES ____ NO	_____
____ Epilepsy	_____	____ YES ____ NO	_____
____ Fainting spells	_____	____ YES ____ NO	_____
____ Diabetes	_____	____ YES ____ NO	_____
____ Heart condition	_____	____ YES ____ NO	_____
____ Migraines	_____	____ YES ____ NO	_____
____ Allergies	_____	____ YES ____ NO	_____
____ ADHD/ADD	_____	____ YES ____ NO	_____
____ Other (specify)	_____	____ YES ____ NO	_____

Does student have any condition that may result in a classroom emergency? ____ YES ____ NO

Does student have a physical condition which limits participation in:

Classroom activity ____ YES ____ NO

Physical Education ____ YES ____ NO

Explanation: _____

In the event of a suspension, accident, or other emergency, when a parent or guardian is unavailable, I here by authorize a representative of the school to make arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. Under such circumstances I further authorize the physician named below to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

____ Physician Address Phone

____ Health Insurance Provider Insurance ID # Hospital preference

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

____ Parent/Guardian Signature Date

**A signed medication release must be on file in the Office for any student taking medication (physician prescribed or over-the-counter) during school hours. This must be renewed yearly. Per Utah Education Code, students in possession of prescribed, over the counter, or illegal drugs for personal use, sale, or supplying another student are subject to suspension and/or expulsion.

DENTAL INFORMATION

____ Dentist Address Phone

____ Insurance Provider Insurance ID#



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.

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

Dear Parents,

We are collecting 24-hour kits for each student in our school to have in case of an emergency or natural disaster. The first week of school, please send your student with a gallon sized zip-loc bag with enough storable food (granola bars or other snacks) and prescription medication for 24 hours, along with a family picture.

It is important that you also include a card with emergency contact information and notes about special requirements for your child. This card will stay in the bag.

The kits will be given to the student's homeroom teacher, who will store it safely in the classroom. Thank you for helping our students be prepared!

(Please complete one card per student.)

Name of Student: _____
Address: _____
Phone: _____
Doctor: _____
Phone: _____
Nearest Hospital: _____
Phone: _____
Emergency Contact: _____
Phone: _____
Allergies: _____
Medications and dosage instructions: _____ _____
Other considerations: _____ _____

Name of Student: _____
Address: _____
Phone: _____
Doctor: _____
Phone: _____
Nearest Hospital: _____
Phone: _____
Emergency Contact: _____
Phone: _____
Allergies: _____
Medications and dosage instructions: _____ _____
Other considerations: _____ _____

Name of Student: _____
Address: _____
Phone: _____
Doctor: _____
Phone: _____
Nearest Hospital: _____
Phone: _____
Emergency Contact: _____
Phone: _____
Allergies: _____
Medications and dosage instructions: _____ _____
Other considerations: _____ _____