



Registration Checklist

Please use this list as a reference for documentation needed to complete your student file. Incomplete packets will be returned by our registrar.

Please provide the following information:

- Wallet size photo
- Birth certificate
- Social Security card
- Current report card (students grades 1-9th grade) Transcript (students 10-12)
- Parent ID State Issued
- Immunization records
- I-READ (if applying for 4th grade)
- 504 and/or IEP for those in special education

Documents included in this packet:

- Student demographics information form
- Parent/Guardian information form
- Consent for student dismissal/transportation & emergency contact form
- Additional student information form
- Student records release and consent form
- Student health history
- Student records release and consent form



STUDENT DEMOGRAPHICS FORM

(Please print clearly)

- 2015-16 (second semester begins on January 19th, 2016)
- 2016-17

Student Name: _____

(Last)

(First)

(Middle Initial)

Date of Birth: ____ / ____ / ____

Please circle the students gender: Male Female

Grade student is applying for: K 1 2 3 4 5 6 7 8 9 10 11 12

Home phone: () _____

Home address: _____

City, State: _____ Zip Code: _____

Mailing address (if different from above):

Siblings currently enrolled and/or also applying for CASB and SASB:

_____ check if currently enrolled at SASB/CASB
 (Last name) (First name) (Grade)

_____ check if currently enrolled at SASB/CASB
 (Last name) (First name) (Grade)

_____ check if currently enrolled at SASB/CASB
 (Last name) (First name) (Grade)

Office Use Only:	Signature of Approval:	Registrars box
Date Received:		
Initials:	Date:	Time:



PARENT/GUARDIAN INFORMATION FORM

Student lives with (please circle one): Both Parents Mother Father Guardian Other _____

*If divorced please fill out the Custodial Statement & Agreement for Divorced, Separated or Placement Students found online or in the school office.

In order to receive messages from teachers and staff please provide email below:

Primary parent/guardian e-mail: _____

Secondary parent/guardian e-mail: _____

Primary parent/guardian information:

First name: _____ Last name: _____

Address: _____

City, State & Zip: _____

Phone: () _____ Cell phone: () _____

Employer: _____

Employer address: _____

Work phone: () _____

Secondary parent/guardian information:

First name: _____ Last name: _____

Address: _____

City, State & Zip: _____

Phone: () _____ Cell phone: () _____

Employer: _____

Employer address: _____

Work phone: () _____



CONSENT FOR STUDENT DISMISSAL/TRANSPORTATION & EMERGENCY CONTACT FORM

Other than the parent/guardian, please list each individual who is allowed to pick up your child from school.

(Last name)	(First name)	(Phone)	(Relationship to student)
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(Last name)	(First name)	(Phone)	(Relationship to student)
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(Last name)	(First name)	(Phone)	(Relationship to student)
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Photo release:

In order to have your child's photo appear in class photos, sports photos, or any group images please check the YES box below.

- Yes**, I allow Career and Success Academy of South Bend the right to video and photograph my child.
- No**, please do not publish any photographs, video and/or audio of my child.

(Student name)

(Date)

(Parent printed name)

(Parent signature)



ADDITIONAL INFORMATION

Check all that apply:

- My student has been tested and identified as academically high ability
- My student has a disability and currently has a 504
- My student has a disability and currently has an IEP
- My student has been suspended from school
- My student has been expelled from school
- My student has been placed in an alternative school (example: Rise Up or JDC)
- My student has been placed in a homebound learning environment (Homebound is not the same as homeschooled)

I hereby certify as a parent/guardian that:

- My student is not in the process or currently suspended or expelled.
- My child has not ever been suspended or expelled.

The falsification of this statement will result in immediate expulsion of your student from Success Academy and/or Career Academy South Bend.

Parent name: _____

Parent signature: _____

Date: _____

Registrar's signature: _____



STUDENT RECORDS RELEASE & CONSENT FORM

I request that my child be withdrawn from the Previous School Attended with the intent to enroll at Success Academy or Career Academy. I request that the Previous School send all my child’s records listed below by fax to Success Academy/Career Academy or by mail to me. This consent/request that all available records for my child be sent to Career Academy/Success Academy may be revoked at any time in writing but revocation would affect only the future release of records and would not affect records already released at the time of revocation.

Parent Signature: _____ Date: _____

Student name: _____ STN# _____

Date of birth: _____ / _____ / _____ Grade completed: _____

Previous school attended: _____

City, State & Zip: _____

Attention school registrar or previous school:

We are requesting records for this student. Please fax the entire student cumulative file. Including the following list:

Behavior records/Discipline – please indicate if no records exists by sending a discipline summary

- showing no records exist
- Report card for K-9th grade or Transcript for 10-12th grade
- Standardized test scores (NWEA, ISTEP, I-READ, etc.)
- Attendance summary
- RTI – Response to intervention plan
- Race ethnicity form
- Home language survey
 - Language proficiency testing (LAS/WIDA)
- Disability Information
 - 504
 - IEP
 - Disability assessment and psychological testing

Registrar or school representative signature: _____

Please fax records to:

Success Academy K-6th grade
Attn: Susan Freehan
3408 Ardmore Trail South Bend, IN 46628
p. 574.288.5333 f. 574.288.5388

Career Academy 7th-12th grade
Attn: Karla Levy
3801 Crescent Circle South Bend, IN 46628
p. 574.299.9800 f. 574.288.6125



STUDENT HEALTH HISTORY

Please notify the school of any changes to the information you provide below throughout the school year.

Students Name:	Date of Birth:
Address:	Home Phone:

Parent/Guardian:	Cell:
	Work:
Parent/Guardian:	Cell:
	Work:

Has this student ever had chicken pox? Yes No **If yes, when?**

Physician: **Phone:**

Preferred Hospital:

Medical History

Does this student have any of the following conditions: (Check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> ADD / ADHD	Please describe any conditions regarding your child _____ _____ _____
<input type="checkbox"/> Seizures	<input type="checkbox"/> Anxiety	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing loss	
<input type="checkbox"/> Migraines	<input type="checkbox"/> Vision Problems	
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Indigestion Problems	

Does this student have a food or latex Allergy? Yes No **If yes, please list:**

Daily Home Medications:

Daily School Medications:

I give permission for my child to receive the following medication:

Acetaminophen (generic Tylenol), dose per weight, every 4-6 hours as needed. YES
Reason: minor aches and pains
Please notify me when my child takes Acetaminophen at school: YES

Antacid (Calcium Carbonate), 750mg tab, chewed, every 2 hours as needed. YES
Reason: minor stomachache/acid indigestion
Please notify me when my child takes Antacid at school: YES

Cough Drops, 1 every 2 hours as needed. YES
Reason: cough/minor throat irritation
Please notify me when my child takes Cough Drops at school: YES

Date: _____ **Signature of Parent/Guardian:** _____



C.H.I.R.P. FORM (CHILDREN & HOOSIERS IMMUNIZATION REGISTRY PROGRAM RELEASE FORM)

I, _____, give Success Academy and Career Academy, permissions to release the following information concerning my child, _____, to the

Indiana State Department of Health’s Children and Hoosiers Immunization Registry Program (C.H.I.R.P.):

- Name
- Date of birth
- Current address
- Current phone number
- Immunizations received and the dates they were acquired

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child’s immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child’s information may be available to the immunization data registry of another state, a healthcare provider or a provider’s designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

By signing I hereby consent to the release of such information.

Signature

Date

Printed name of parent or guardian

Child’s name

Address

Success Academy and Career Academy of South Bend