# Welcome to

# City Preparatory of Columbus




## Enrollment Packet

# CITY PREPARATORY OF COLUMBUS

# ENROLLMENT APPLICATION

## *Greetings Parents/Guardians:*

***The City PREP staff is elated that your child will soon become a member of our extraordinary learning environment where we exude Passion, Rigor, Excellence, and Pride! As a member of our ingenious cohort of students, your child will be encouraged to pursue challenging academic coursework, elective courses in the arts, and athletic opportunities.***

***At City PREP, our mission is to cultivate a community of zealous learners whose passions fuel academic, artistic, and athletic eminence. We work toward this goal daily by helping students identify their areas of giftedness and grow their passions into tangible by-products.***

***We are privileged to support your child's academic journey and are committed to ensuring each student is actively engaged in the teaching and learning process. If at any time you have questions or concerns about your child's academic journey, please contact us immediately. Again, we thank you for the opportunity to exceed your child's academic needs.***

***Respectfully,***

***City PREP Staff***



# CITY PREPARATORY OF COLUMBUS

# ENROLLMENT APPLICATION

## STEPS FOR ENROLLMENT

**The following documentation is required by the State Board of Education. Without the listed documents an orientation for enrollment cannot be offered.**

- ❑ **APPLICATION FORM:** Please be sure to complete the entire application
- ❑ **PROOF OF RESIDENCY:** Must be a utility bill, a copy of a current lease or a mortgage statement only.
- ❑ **BIRTH CERTIFICATE:** A copy of the student's birth certificate. A copy of a baptismal certificate, pass port or naturalization papers are acceptable in lieu of a birth certificate.
- ❑ **SOCIAL SECURITY CARD:** Must be the original card; copies will not be accepted.
- ❑ **IMMUNIZATION RECORDS:** Under the Ohio Revised Code, the parent or legal guardian is required to submit written evidence that his/her child has had all the required immunizations. It is the parent's or guardian's responsibility to furnish this information.
- ❑ **CUSTODY, DIVORCE, ADOPTION PAPERS, OR GUARDIANSHIP PAPERS** (if applicable): Under the Ohio Revised Code, proof of custody MUST be presented for any student for which custody has been determined by a court. Please provide adoption papers or other guardianship documents. If you've had a recent name change, please provide the appropriate documentation for that as well.
- ❑ **SPECIAL NEEDS DOCUMENTATION** (if applicable): Please provide the most recent Individual Education Program (IEP), Evaluation Team Report (ETR) and Multifactor Evaluation (MFE). Also, please provide copies of any applicable eligibility, psychological reports, etc.
- ❑ **504 PLAN** (if applicable): Include any relevant documentation.
- ❑ **TRANSCRIPT:** Unofficial transcripts from the last school(s) attended are acceptable.

We are happy to assist you in getting unofficial transcripts from your school. If you have been home-schooled, please provide grades and assessments at the time of enrollment. Please do not confuse transcripts and school records as they are not the same thing. Transcripts will help us place the student in the correct classes. If your child is entering the 9th grade for the first time, they may not have a transcript yet. Thank you for your cooperation in providing the requested documentation.

***Please return the application form and necessary documents to City PREP.***

# CITY PREPARATORY OF COLUMBUS

# PERSONAL INVENTORY



## Student Information (Confidential)

Student Name Antoine (First) Ramon (Middle) Collins (Last) Date 12/08/2014

Social Security Number 270 - 06 - 8226 Grade: 08 Gender: X Male ____ Female

Date of Birth (mm/dd/yy) 10 / 04 / 2000 Age: 14 Birthplace: Columbus, OH, US

Home Address: 2304 Holt Avenue Country: United States

City: Columbus State: OH Zip: 43219

Phone ( 330 ) 774-0179 E-mail Address: Sheirrahaines@yahoo.com

## Primary Parent/Guardian Information

Name Sheirra (First) Lynn (Middle) Haines (Last) Relationship Mother

Address 2304 Holt Avenue City Columbus State OH Zip 43219

Home ( 330 ) 774-0179 Work ( ) _____ Cell ( 330 ) 774-0179

E-mail Address Sheirrahaines@yahoo.com

Does the student reside with the above named individual?

- ☒ Yes
- ☐ No

If **Yes,** does this individual have legal custody? ☒ Yes ☐ No

If **No,** who does this student live with? _____

Does *this* individual have legal custody? ☐ Yes ☒ No

Does the individual the student resides with have access to student records? ☒ Yes ☐ No

## Other Parent/Guardian Information

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home ( ) _____ Work ( ) _____ Cell ( ) _____

E-mail Address _____

Does the student reside with the above named individual?

- ☐ Yes
- ☐ No

If **Yes,** does this individual have legal custody? ☐ Yes ☐ No

If **No,** who does this student live with? _____

Does *this* individual have legal custody? ☐ Yes ☐ No

Does the individual the student resides with have access to student records? ☐ Yes ☐ No

# CITY PREPARATORY OF COLUMBUS

# PERSONAL INVENTORY



## Previous School History

- ❑ **Currently attending or last attended:**
  Name of School _____
  School District _____

- ❑ **Currently being home-school:**
  Name of last school attended (if applicable) _____
  Date of last attendance _____

- ☒ **Not attending school:**
  Name of the last school Kipp Columbus
  Date of last attendance 10/2014

Is student officially withdrawn from school?
- ☒ Yes
- ❑ No

If not officially withdrawn, check one:
- ❑ Still attending
- ❑ Expelled
- ❑ Dropped out unofficially
- ❑ Suspended but may return
- ❑ Other (please explain) _____

Has the student passed any proficiency test?
- ☒ Yes If **Yes,** which ones? _____
- ❑ No

Does the student have an IEP?
- ☒ Yes
- ❑ No

Does the student have a 504?
- ❑ Yes
- ☒ No

How will the children get to and from school?
- ☒ Personal Transportation
- ❑ Public Transportation
- ❑ Other _____

Is your child/student interested in busing to school? ☒ Yes ❑ No

In what school district do you reside? _____

# CITY PREPARATORY OF COLUMBUS

# PERSONAL INVENTORY



## Ethnicity

- ☐ American Indian/Alaskan Native
- ☐ Asian/Pacific Islander
- ☒ Black, Non-Hispanic
- ☐ Hispanic
- ☐ White, Non-Hispanic
- ☐ Multi-Racial

## Migrants or Homeless Status

Is this student, parent(s), guardian(s) or spouse a migratory worker?

- ☐ Yes
- ☒ No

Does this student have a fixed, regular or adequate nighttime residence?

- ☒ Yes
- ☐ No

## Native Language

Is English this student's native language?

- ☒ Yes
- ☐ No If **No,** what is the native language of the student? _____

What language is spoken most frequently at home? English

How long has the student attended school in the United States? 8 years

I agree to the release of City PREP student directory information: which includes student name, age, address, phone number and parent names.

- ☒ Yes
- ☐ No

How did you hear about City PREP?

| | Details/Specifics: |
|---|---|
| Event/Booth | |
| Friend/Referral | Shatoya Wilbur |
| Internet | |
| Mail/Flier/Sign | |
| Newspaper/Magazine | |
| Radio/Television | |
| Other | |

***I certify that the information on this application is accurate.***

Sherra Nan | Mother | 12/08/2014

Parents/Guardians | Relationship to Student | Date

***Statement of Non-Discrimination:*** It is the policy of the City PREP to provide equal opportunities in all of its educational programs and operations and in all areas of employment practice, and to ensure that there shall be no discrimination against any employee or applicant or student on the basis of age, race, color, religion, disability, sex, national origin or ancestry. City PREP is an Equal Opportunity Employer.

# CITY PREPARATORY OF COLUMBUS

# EMERGENCY MEDICAL FORM



***Purpose:*** *To enable parent(s)/guardian(s) to authorize the provision of emergency treatment for students who become ill or injured while under school authority when a parent or guardian cannot be reached. This information will be shared with staff and emergency care providers if needed.*

Student Name Antoine Collins Date of Birth (mm/dd/yy) 10 / 04 / 2000

Home Address 2304 Holt Avenue E-mail Sheirrahaines@yahoo.com

City Columbus State OH Zip 43219

Parent/Guardian with whom student resides Sheirra Haines

Home Phone ( 330 ) 774-0179 Work ( ) _____ Cell ( 330 ) 774-0179

Please list any food allergies. none

## Emergency Contact Information

***In the event you cannot be reached, list two (2) local people whom to you authorize the school to release your ill or injured child.***

1. Name Sheirra Haines Relationship Mother

   Address 2304 Holt Avenue City Columbus State OH Zip 43219

   Home Phone ( 330 ) 774-0179 Work ( ) _____ Cell ( 330 ) 774-0179

2. Name _____ Relationship _____

   Address _____ City _____ State _____ Zip _____

   Home Phone ( ) _____ Work ( ) _____ Cell ( ) _____

## Medical History

Does student have any allergies? ❑ Yes ☒ No If **Yes,** what? _____

Does student have any allergies? ❑ Yes ❑ No If **Yes,** what? _____

Does student have any medical conditions? ❑ Yes ☒ No If **Yes,** what? _____

Does the student currently take any medications? ❑ Yes ☒ No If **Yes,** what? _____

# CITY PREPARATORY OF COLUMBUS

# EMERGENCY MEDICAL FORM



## OPTION II: Consent for Treatment

I hereby give consent for the following medical care provider to be notified:

Doctor _____ Phone (  ) _____

Dentist _____ Phone (  ) _____

Specialist _____ Phone (  ) _____

Hospital Nationwide Children's Hospital Phone ( 614 ) 722-2122

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the above named doctor or, in the event designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of a licensed physician or dentist, shows in the necessity for such a surgery.

| Sheirra Haines | Sheirra Haines | 12/08/2014 |
|---|---|---|
| Print Parent/Guardian Name | Parent/Guardian Signature | Date |

## OPTION II: Refusal to Consent for Treatment

I **DO NOT** give my consent for emergency medical treatment for my child.

In the event of illness or injury requiring emergency treatment, I wish the school to take the following action:

_____

_____

_____

| | | |
|---|---|---|
| Print Parent/Guardian Name | Parent/Guardian Signature | Date |

# CITY PREPARATORY OF COLUMBUS

## IMMUNIZATION DISCLOSURE FORM

I Sheirra Haines hereby authorize _____
(Name of Parent/Guardian) (Name of Provider(s))

To disclose the specific and individually identifiable immunization records of the named student to City Prep.

For the specific purpose of presenting written evidence for the purpose of admission, the above named child has been immunized by a method of immunization approved by the Ohio Department of Health as required by section 3313.671 of the Ohio Revised Code.

This authorization will expire upon the presentation of written evidence sufficient to comply with Section 3313.671 of the Ohio Revised Code for the period of time needed to fulfill its purpose. I also understand that I may revoke this authorization, in writing, at any time and that I may be asked to sign the Revocation Section at the bottom of this page. I further understand that any action taken by the above named provider(s) of school accordance to this authorization prior to it being revoked is legal and binding.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services or my eligibility for benefits; however, if a services is requested by non-treatment provider (i.e. insurance company) for the sole purpose of creating health information (i.e. physical exam), service may be denied if authorization is not given. I understand that my information may not be protected from re-disclosure by the requester of the information unless otherwise provided by state or federal law.

**PLEASE NOTE: Medical records provided to schools that receive federal funding are protected by the Family Educational Rights and Privacy Act (FERPA).**

I also understand that my refusal to sign this authorization may prevent the school from verifying the above named child has been immunized. I further understand that if the school cannot verify and cannot provide satisfactory written evidence that the above named child has been immunized, the child may be excluded from school pursuant to Section 3313.671 of the Ohio Revised Code. I understand that I may receive a copy of this signed authorization.

| Sheirra Haines | Sheirra Haines | 12/08/2014 |
|---|---|---|
| Print Parent/Guardian Name | Parent/Guardian Signature | Date |

***Office use only***

Authorization was revoked on _____
Date City PREP Staff Signature

# CITY PREPARATORY OF COLUMBUS

# TITLE I HOUSEHOLD SURVEY

*The State of Ohio requests that City PREP collect the following information for purposes of school funding. This information will only be used for verifying eligibility of state and federal funds for students in need. Please assist us in keeping our records as accurate as possible so we can better serve your child.*

Student Name Antoine (First) Ramon (Middle) Collins (Last)

Grade 08 Date of Birth (mm/dd/yy) 10 / 04 / 2000 Sex: X Male ____ Female

Check the box next to the number of people in your household.

Is your total household income **LESS THAN** the amount listed on the same line?

☒ Yes ☐ No

*For example: If you have four (4) members in your household and your yearly income is less than $43,568—you would mark Yes.*

| Number in Household | Annual total household income |
|---|---|
| ☐ 1 | $ 21,257 |
| ☐ 2 | $ 28,694 |
| ☐ 3 | $ 36,131 |
| ☐ 4 | $ 43,568 |
| ☒ 5 | $ 51,005 |
| ☐ 6 | $58,442 |
| ☐ 7 | $ 65,879 |
| ☐ 8 | $ 73,316 |
| ☐ 9+ | Add $7,437 for each member over |

***The State of Ohio requests the following information on each student we enroll at City PREP:***

| Foster Child: | Welfare Recipient: | Ward of the Court: | Food Stamp Recipient: |
|---|---|---|---|
| ☐ Yes | ☐ Yes | ☐ Yes | ☒ Yes |
| ☒ No | ☒ No | ☒ No | ☐ No |

School district you currently live in _____

School district you lived in last school year _____

Was this student home schooled last year? ☒ Yes ☐ No

I certify that the above information is true and correct and that all income is reported. I understand that this is information being given for the receipt of state and federal funds and school officials may verify the information on this form.

Sheirra Haines — Print Parent/Guardian Name

Sheirra Haines — Parent/Guardian Signature

12/08/2014 — Date

# CITY PREPARATORY OF COLUMBUS

# INTERVENTION FORM

Student Name Antoine (First) Ramon (Middle) Collins (Last) Date 12/08/2014

Have you received special education services in the past?

- ❒ Yes
- ☒ No
- ❒ Unknown

Do you have a current or active Individual Educational Program (IEP)?

- ☒ Yes
- ❒ No
- ❒ Unknown

***Please list all prior high schools the student has attended:***

1. Name of school Kipp Columbus

   City Columbus State OH Individual Education Program (IEP)? ☒ Yes ❒ No

2. Name of school _____

   City _____ State _____ Individual Education Program (IEP)? ❒ Yes ❒ No

3. Name of school _____

   City _____ State _____ Individual Education Program (IEP)? ❒ Yes ❒ No

## IEP Students Only:

Please obtain a copy of your IEP and Evaluation Team Report (ETR) from your prior school and give to the Dean of Instruction & Students at City PREP.

# CITY PREPARATORY OF COLUMBUS

# LIKENESS RELEASE FORM

I Sheirra Haines
(Parent/Guardian)

give City PREP, eSchool Consultants, LLC., and its affiliates, the right and permission to take photographs, videotape, or digital recordings of my child and use the same for the purpose of promoting City PREP.

I do hereby release to City PREP, eSchool Consultants, LLC., and its affiliates all rights to exhibit this work in print and electronic form publicly or privately and to market copies. I further consent to my child's name and identity being revealed therein or by descriptive text or commentary.

I understand that there will be no financial or other remuneration provided to me or my child. I also release City PREP, eSchool Consultants, LLC., and its affiliates from all liability in connection with the matter.

My permission and authorization to City PREP, eSchool Consultants, LLC., and its affiliates to use my child's photo, image, and likeness is voluntary and is a result of my support of the City PREP educational program.

| Antoine Collins | | 12/08/2014 |
|---|---|---|
| Print Student Name | Student Signature | Date |
| Sheirra Haines | | 12/08/2014 |
| Print Parent/Guardian | Parent/Guardian | Date |

# CITY PREPARATORY OF COLUMBUS

## STUDENT/PARENT CONTRACT

*The City PREP staff values your decision to enroll your student at our school. The following is a contract that outlines some of the ways you and the school's staff can build and maintain a partnership to share in the responsibility of supporting your student's learning.*

***School Responsibility:***

City PREP will provide a rigorous curriculum and individualized instruction in a creative and challenging learning environment that helps students meet Ohio's academic achievement standards as well as their personal aspirations.

These standards are to provide:

a. A variety of high quality curriculum and learning materials
b. Assistance in understanding academic achievement standards, assessments, and how to monitor student's progress
c. Opportunities for ongoing communication between families and teachers through:
    i. Conferences between parents and teachers
    ii. Frequent reports regarding your student's progress
    iii. Parent access to student's grade books
    iv. Opportunities for parents to volunteer within the school
    v. Parent access to student's course and other learning resources

City PREP will work to foster the parent/student/school relationship by:

d. Being proactive in communicating with parents
e. Providing parents and students flexibility (within reason) in scheduling their work
f. Offering parents a variety of times and modes for communicating with school staff

***Parent/Guardian Responsibility:***

I, the parent/guardian will share the responsibility to improve my student's academic achievement by:

g. Ensuring my child will attend school on a regular basis
h. Encouraging my student to show positive work behavior
i. Reviewing my child's school work, grade book and grades frequently
j. Frequently checking my child's e-mail messages through the school system web site
k. Volunteering on school committees if my time/schedule permits
l. Attending conferences with the teacher and participating in decisions relating to the education of my child
m. Providing an in-home learning environment for my child that has minimal distractions
n. Structuring and scheduling a study time and giving my child time to complete school assignments
o. Participating in my child's learning activities
p. Setting aside 15 minutes per day for my child to read self-selected materials and a period of time each day for my child to write

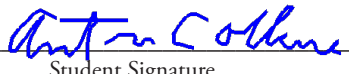
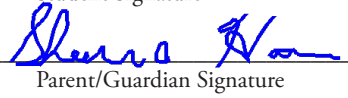
***Student Responsibility:***

I, the student, will share the responsibility to improve my academic achievement by:

q. Arriving at school each day ready to learn
r. Committing to work, learn and do my best
s. Creating a daily schedule for completing my work
t. Asking for help from school staff immediately when needed
u. Using my school time effectively to learn and complete classroom projects

Please review this Student/Parent Contract with your student. This Student/Parent Contract may be discussed with you during conferences with City PREP staff as it relates to your child's educational plan. Thank you for your support and involvement in your student's education.

Please print your name, sign and date below. This will indemnify that you and your student adhere to the Student/Parent Contract.

| Antoine Collins |  | 12/08/2014 |
|---|---|---|
| Print Student Name | Student Signature | Date |
| Sheirra Haines |  | 12/08/2014 |
| Print Parent/Guardian Name | Parent/Guardian Signature | Date |

# CITY PREPARATORY OF COLUMBUS

## REQUEST FOR STUDENT RECORDS

### (ENTERING STUDENT ONLY)

Name of School Kipp Columbus Dates Attended 08/2013 - 10/2014

Address 2750 Agler Rd. City Columbus

State OH Zip 43224 Phone ( 614 ) 263-137 Fax ( ) _____

Name of School _____ Dates Attended - _____

Address _____ City _____

State _____ Zip _____ Phone ( ) _____ Fax ( ) _____

Name of School _____ Dates Attended - _____

Address _____ City _____

State _____ Zip _____ Phone ( ) _____ Fax ( ) _____

***You are authorized to release the following records for:***

Student's Name Antoine Ramon Collins Date of Birth (mm/dd/yy) 10/04/00

## Specific data to be released:

- ☒ Copy of the birth certificate
- ☒ Health Records
- ☒ IEP, MFE
- ☒ Permanent/cumulative records
- ☒ Directory information

* Send official transcripts by mail with signature and seal

## Reason for Request:

- ❑ Enrollment at City Prep
- ❑ To aid in present and future educational decisions
- ❑ Other: If student owes fees, please send unofficial copy transcript

Antoine Collins 12/08/2014
Student Signature Date

Shenna Ware 12/08/2014
Parent/Guardian Signature Date

If you are unable to send official transcripts due to previous obligations that the student may have incurred, please forward Ohio Proficiency Test and/or Ohio Graduation Test scores and unofficial copy of student's transcripts.

***Please send requested records to the address checked below:***
***City PREP 4480 Refugee Rd. Suite 301 Columbus, OH 43232 FAX (614) 388-5803***

***Important information:***

This student has been entered into the SOES website effective _____. Please withdraw the day prior to this enrollment date.