




**ENROLLMENT PACKET  
(2015-2016 SY)**

Thank you for choosing Great Western Academy. Please complete this application as soon as possible to ensure a seat for your child.

Sincerely,  
Great Western Academy

	<b>Student:</b> _____
	<b>Grade:</b> _____ <b>HR:</b> _____ <b>Teacher:</b> _____
	<b>Admission Date:</b> _____ <b>Bus No.:</b> _____

**Information Required:**

It is very important that your application be completed in full. To enroll your child in the Great Western Academy we need to have the following information.

- |  |  |
|--|--|
| <input type="checkbox"/> STI1 Enrollment Application                     | <input type="checkbox"/> Social Security Card                          |
| <input type="checkbox"/> STI2 Enrollment Application – Emergency Contact | <input type="checkbox"/> Birth Certificate                             |
| <input type="checkbox"/> STI3 Permanent Record Request                   | <input type="checkbox"/> Proof of Residence                            |
| <input type="checkbox"/> STI4 School Policies                            | <input type="checkbox"/> Lunch Application (signed) Mailed over Summer |
| <input type="checkbox"/> STI5 Permission for Field Trips                 | <input type="checkbox"/> Kindergarten Profile                          |
| <input type="checkbox"/> SMR1 Student Medical History                    | <input type="checkbox"/> EMIS Kindergarten Profile                     |
| <input type="checkbox"/> SMR2 Physicians Record (signed)                 | <input type="checkbox"/> CPS1 – CPS Bus Form                           |
| <input type="checkbox"/> SMR3 Dental Record (signed)                     | <input type="checkbox"/> CPS2 – CPS Bus Reassignment                   |
| <input type="checkbox"/> SMR4 Medication Request (signed)                | <input type="checkbox"/> SWCS- South Western City Schools Bus Form     |
| <input type="checkbox"/> Completed Pre-Enrollment Form                   | <input type="checkbox"/> HSC- Hilliard City Schools Bus Form           |

**Reminder and Comments:**

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310 North Wilson Road  
Columbus, Ohio 43204  
(614) 276-1028 phone (614) 276-1049 fax  
2015 – 2016 SY

Date \_\_\_\_\_

Dear Parent(s),

The Great Western Academy is a community school established under Chapter 3314, of the Revised Code. The School is a Title Wide Public School and students enrolled in and attending the school are required to take proficiency tests and other examinations 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.

The Great Western Academy contracts services to meet state reporting through an outside service agency. Your child's information may / will be submitted to an outside service agency in order to report our school information properly to the Ohio Department of Education and other agencies as prescribed by law.

By signing below you are agreeing and understand the above stated information.

For more information about this matter contact the school administration or the Ohio Department of Education.

Parents  
Signature: \_\_\_\_\_

Parents  
Address: \_\_\_\_\_

Parents City, State, and Zip  
Code: \_\_\_\_\_

Date: \_\_\_\_\_ Grade \_\_\_\_\_

Student's  
Name: \_\_\_\_\_  
Last Name First Name Middle Name

**IMAGINE GREAT WESTERN ACADEMY  
ENROLLMENT APPLICATION  
STUDENT INFORMATION  
(ST11) 2015 – 2016 SY**

Thank you for choosing **Great Western Academy**. It is very important that this application be completed in full. If you need assistance in this process, please let us know.

**STUDENT DATA:**

Last Name: _____			First Name: _____			Middle: _____		
Birth Date: _____		Birth City: _____		Social Security No.: _____ - _____ - _____				
Gender (Circle): M   F		Proof of Age (Circle): Birth Certificate		Other (Please Name): _____				
Ethnicity (Circle): White, Non-Hispanic   Black (non-Hispanic)   Asian								
American Indian or Alaskan Native   Native Hawaiian   or Other Pacific Islands								
Student Address: _____								
City: _____		State: <u>OH</u>		Zip: _____		Home Phone: _____		
Dwelling Type (Circle): House		Apartment		Other (Please Name): _____				

**ADDRESS:**

Proof of Address (Circle or Specify in "Other"): Landlord Statement   Lease   Utility Bill   Other: _____							
<b>(Must be current within last 30 days of enrollment)</b>							
Is the Student address the same as the address above? Yes   No   If no, please fill in student's mailing address below:							
Student Mailing Address: _____							
City: _____		State: <u>OH</u>		Zip: _____		Home Phone: _____	

**SCHOOL DISTRICT:**

Has your child ever attended a Columbus Public School?   Yes   No	
What is your Resident District? _____ (The school district where you live.)	
School attended last school year: _____	

**INDIVIDUAL EDUCATION PLAN:**

Does your child have an Individual Education Plan (IEP)?   Please circle.   Yes   No	
Has your child ever had an Individual Education Plan (IEP)? Please circle.   Yes   No	

**KINDERGARTEN:**

Did your child attend Kindergarten? (Please circle)   Full Day   Half Day   Not At All	
Did your child attend Preschool (Please circle)   Full Day   Half Day   Not At All	

**IMAGINE GREAT WESTERN ACADEMY  
ENROLLMENT APPLICATION**

**STUDENT INFORMATION - EMERGENCY CONTACT  
(STI2) 2015 – 2016 SY**

**CUSTODY INFORMATION: STUDENT'S NAME** \_\_\_\_\_

Who has custody of this student NOW? (Circle only one)

**Both Parents    Mother Only    Father Only    Guardian    Other**

**I Certify that I have legal custody of:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please explain if you are not a custodial guardian:

**PARENT/GUARDIAN INFORMATION (PLEASE PRINT):**

<b>PARENT/GUARDIAN INFORMATION</b>	<b>PARENT/GUARDIAN INFORMATION</b>
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____	Address: _____
City: _____ State: ___ Zip: _____	City: _____ State: ___ Zip: _____
Relationship to Student: _____	Relationship to Student: _____
Employment: _____	Employment: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____
Home Phone: _____ Unlisted? Yes No	Home Phone: _____ Unlisted? Yes No
Cell Phone: _____ Fax Number: _____	Cell Phone: _____ Fax Number: _____
Pager: _____	Pager: _____
E-Mail Address: _____	E-Mail Address: _____

**EMERGENCY CONTACT INFORMATION (PLEASE PRINT):**

<b>FIRST PERSON TO CONTACT</b>	<b>SECOND PERSON TO CONTACT</b>
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____	Address: _____
City: _____ State: ___ Zip: _____	City: _____ State: ___ Zip: _____
Relationship to Student: _____	Relationship to Student: _____
Employment: _____	Employment: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____
Home Phone: _____ Unlisted? Yes No	Home Phone: _____ Unlisted? Yes No
Cell Phone: _____ Fax Number: _____	Cell Phone: _____ Fax Number: _____
Pager: _____	Pager: _____
E-Mail Address: _____	E-Mail Address: _____

**\*\* As a Community School, parent involvement is a very important. By enrolling your child, you are agreeing to play a vital role in your child's education. You are required to drop off and pick up your child on time ( if they do not ride a school bus), attend conferences, return forms in a timely manner, and call in student absences.**

**I support the educational philosophy of Imagine Schools and hereby submit my application to enroll my child.**

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_



**ENROLLMENT APPLICATION  
REQUEST FOR PERMANENT RECORDS  
(STI3) 2015– 2016 SY**

\_\_\_\_\_ has enrolled in **Great Western Academy** and the student's first day was \_\_\_\_\_.

Please send the following information to: **310 N. Wilson Rd, Columbus, OH. 43204**

- Cumulative Records
- OAA Scores
- Copy of Student's Data Form
- Grade Card (or information about pupil placement)
- Dental Record
- Physician's Record
- Hearing/ Vision Results
- Third Grade Reading Results
- Special Education (IEP, ETR, MFE)
- Title 1 Records
- Expulsion/Suspension Documents
- Immunization Record
- Birth Certificate
- Last Report Card/ Attendance Record
- Custody Records
- Building IRN # \_\_\_\_\_

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**TO BE COMPLETED BY PARENT OR GUARDIAN:**

Name of school your child last attended:

\_\_\_\_\_

Is this school in Columbus Public Schools? Yes No If No, please name the DISTRICT: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **OH** Zip: \_\_\_\_\_

Last Grade Attended: \_\_\_\_\_

AUTHORIZATION: Date \_\_\_\_\_

Print Name: Parent/Guardian: \_\_\_\_\_ Signature \_\_\_\_\_

SIGNATURE of Parent/Guardian: \_\_\_\_\_

**(This form must be completed and signed by Parent/Guardian in order to send for records)**

**School Official**

According to the final regulations of the Family Education Rights and Privacy Act (Buckley Amendments to P.L.93.380) it is no longer necessary to obtain written consent from parents/ guardians to release school records. School officials including teachers within the educational institution, and officials in other schools in which the student expects to enroll,

may receive a student's records without consent from parents / guardians for such release.

**IMAGINE GREAT WESTERN ACADEMY  
ENROLLMENT APPLICATION**

**SCHOOL POLICY AUTHORIZATIONS  
(STI4) 2015 – 2016 SY**

**AUTHORIZATION – DRESS CODE, VISITOR'S & LATE ARRIVAL POLICY**

**My signature below indicates that I have read the DRESS CODE POLICY, the VISITOR'S POLICY and the LATE ARRIVAL POLICY. I understand the consequences that are associated with not complying with the said policies, and I agree to the terms stated within said policies.**

PRINT NAME of Parent/Guardian:

\_\_\_\_\_

SIGNATURE of Parent/Guardian:

Date:

\_\_\_\_\_

**MEDIA INTERVIEWS & PHOTO RELEASE**

**From time to time outside agencies (local radio or television stations, newspaper or community/state agencies) highlight exemplary programs in our area. This often involves video taping or taking pictures of students in the classroom setting and/or asking students for their opinions or questions about their educational experiences.**

**While reading that the public has a right and a responsibility for access to information about the activities in our schools; Great Western Academy is very selective in granting such access to the classroom. Please indicate your feeling regarding your child's involvement in media events by signing one of the following statements:**

**AUTHORIZATION – MEDIA INTERVIEWS & PHOTO RELEASE**

I, the parent/guardian of \_\_\_\_\_ **DO** give my permission for my child to participate in approved media interviews/video tapes/photographs and release the school and said agency from all claims based upon this activity.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_ **DO NOT** give my permission for my child to participate in approved media interviews/video tapes/photographs.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**IMAGINE GREAT WESTERN ACADEMY  
ENROLLMENT APPLICATION**

**PERMISSION FOR FIELD TRIPS  
(ST15) 2015 -2016 SY**

Dear Parent,

During the school year your child will have the opportunity to participate in various educational and exploratory field trips away from the school. You will receive notification of the details of each field trip prior to the day of the field trip.

Please note that your signature on this form gives consent to ALL future field trips for the school year, unless otherwise noted by you, the parent/guardian.

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**CONSENT FOR SCHOOL FIELD TRIPS**

I, \_\_\_\_\_ give my child \_\_\_\_\_ permission to participate in the field trips away from the school. I have discussed safety and appropriate behavior with my child and he/she is prepared to follow all safety and behavior rules. I understand that by signing this form, I am giving consent for ALL field trips during this school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CONSENT FOR MEDICAL TREATMENT**

I, \_\_\_\_\_ give Great Western Academy permission to seek appropriate medical attention for my child, \_\_\_\_\_ in the event of an accident or health related incident.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance Information:**

Insurance Provider: \_\_\_\_\_ Member ID Number: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Are there allergies to be aware of? Yes No If Yes, please list: \_\_\_\_\_

**Is there any other important medical information that should be known?**

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Imagine Great Western Academy  
2015- 2016 SY

**Parents/ Guardians**

**Due to mandated data collection and requirement changes regarding Race/ Ethnicity from the United States Department of Education (USDOE), the Ohio Department of Education (ODE) is changing the reporting of race/ ethnicity information. Per the USDOE school districts must collect this information by using a two part question. Selections must be made from the following:**

**Ethnicity** (please check one)

Is the student Hispanic or Latino? Yes  No  (please check one)

**Race** (please check one)

- W White**  
People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.
- B Black or African American**  
Persons having origins in any of the black racial groups in Africa.
- A Asian**  
Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- I American Indian or Alaskan Native**  
Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- P Native Hawaiian or Other Pacific Islander**  
Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**\*\*When you, the parent or guardian does not provide your child's racial group, the district shall use observer identification. We will inform you of the selected designation for your child.**

**Student**  
**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_



**Imagine Great Western Academy**  
**HOME LANGUAGE SURVEY**  
 2015-2016 SY

Date: \_\_\_\_\_ School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Month Day Year

Birthplace: \_\_\_\_\_  
City State Country

Name of Parent/Guardian: \_\_\_\_\_  
Last Name First Name

Home Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**For Parents/ Guardians: Please answer the following questions:**

1. What language did your son/daughter speak when he/she first learned to talk?: \_\_\_\_\_
2. What language does your son/daughter use most frequently at home? \_\_\_\_\_
3. What language do you use most frequently to your son/daughter? \_\_\_\_\_
4. What language do the adults at home most often speak? \_\_\_\_\_
5. How long has your son/daughter attended school in the United States? Years: \_\_\_\_\_ Months: \_\_\_\_\_
6. When did you first enroll your son/daughter in school in the United States? Year: \_\_\_\_\_ Grade: \_\_\_\_\_

**For School District Personnel:**

If the answer to any of the first four questions above is a language **other than English**, indicate the student's native/home language in EMIS and proceed to assess the student's English language proficiency.

**INITIAL ENGLISH LANGUAGE ASSESSMENT**

**Language Skill**

**Proficiency Level**

Listening	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Speaking	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Reading	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Writing	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Comprehension	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Composite	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient

Is the student LEP? Yes \_\_\_\_\_ No \_\_\_\_\_

If the student has been in U.S. schools for less than three years, is the student eligible for *extended* accommodations for statewide academic assessments? Yes \_\_\_\_\_ No \_\_\_\_\_

**Imagine Great Western Academy**  
**ENCUESTA DEL IDIOMA DEL HOGAR**  
**2015-2016 SY**

Fecha: \_\_\_\_\_ Escuela: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_  
Apellido Paterno      Primer Nombre      Segundo Nombre

Fecha de Nacimiento: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Grado: \_\_\_\_\_      Sexo: M \_\_\_\_\_ F \_\_\_\_\_  
Mes      Día      Año

Lugar de Nacimiento: \_\_\_\_\_  
Ciudad      Estado      País

Nombre del Padre o Tutor: \_\_\_\_\_  


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Apellidos      Primer Nombre

Calle y Numero: \_\_\_\_\_ Apartamento: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Teléfono de la Casa: \_\_\_\_\_ Teléfono del Trabajo: \_\_\_\_\_ Celular: \_\_\_\_\_

**Para los Padres/Tutores: Favor de contestar todas las siguientes preguntas**

1. ¿Cual idioma aprendió primero su hijo/a cuando empezó a hablar?: \_\_\_\_\_
2. ¿Cual idioma habla más a menudo su hijo/a? \_\_\_\_\_
3. ¿Cual idioma habla Ud. más a menudo con su hijo/a? \_\_\_\_\_
4. ¿Cual idioma hablan más a menudo los adultos en la casa? \_\_\_\_\_
5. ¿Por cuánto tiempo ha asistido su hijo/a a una escuela en los EE. UU? Años: \_\_\_\_\_ Meses: \_\_\_\_\_
6. ¿Cuando inscribió para primera vez su hijo/a a una escuela en los EE.UU? Año: \_\_\_\_\_ Grado: \_\_\_\_\_

**Para los empleados de la escuela únicamente:**

If the answer to any of the first four questions above is a language **other than English**, indicate the student's native/home language in EMIS and proceed to assess the student's English language proficiency.

**INITIAL ENGLISH LANGUAGE ASSESSMENT**

**Language Skill**

**Proficiency Level**

Listening	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Speaking	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Reading	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Writing	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Comprehension	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Composite	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient

Is the student LEP? Yes \_\_\_\_\_ No \_\_\_\_\_

If the student has been in U.S. schools for less than three years, is the student eligible for *extended* accommodations for statewide academic assessments? Yes \_\_\_\_\_ No \_\_\_\_\_



March 2015

Dear Parents/Guardian:

Enclosed with the enrollment packet are the medical forms for the upcoming school year. Please review the required vaccination document on the reverse side, to make sure you have all required immunizations on file with us.

Students in grades K, 1, 3, 5 and 7 are required to submit a current physical for our files. The Ohio Department of Health reviews these files yearly. The enclosed physical form must be in our office no later than the first day of school 2015-2016. Students who do not keep current vaccination records on file can be required to remain at home until all documents are supplied to the school.

If your student will require medication to be administered during the school day, a current medical records form must be on file before any medication can be stored and distributed.

It is also requested that all students have a current dental records form on file.

We are here to assist you in any way we can, so please call us at 614-276-1028 and ask to speak with Ms. Godsey, ext. 242 or Mrs. Varona, ext. 262, if you have any questions.

Sincerely,

*Dian Godsey*

Ms. Dian Godsey  
Operations Manager  
Imagine Great Western Academy

**IMAGINE GREAT WESTERN ACADEMY  
ENROLLMENT APPLICATION**

**STUDENT MEDICAL RECORDS  
(SMR1) 2015 – 2016 SY**

**STUDENT DATA:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender (circle):    M    F    Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_

**PRENATAL AND INFANT HISTORY:**

1. Did the mother have any unusual problems/illness during the pregnancy or birth such as breech, forceps or cesarean delivery?    Yes    No

If Yes, please explain: \_\_\_\_\_

2. Was the infant born full-term?    Yes    No

If No, please explain: \_\_\_\_\_

3. What was the infant's birth weight? \_\_\_\_\_

4. Did the infant have any sickness or problems while in the hospital, such as yellow jaundice, blue spells or convulsions?    Yes    No

If Yes, please explain: \_\_\_\_\_

5. Please give the approximate age when the child:

\_\_\_\_\_ walked                      \_\_\_\_\_ said single words

\_\_\_\_\_ said sentences                      \_\_\_\_\_ toilet trained

6. **How does the child's development compare to other children, such as brothers, sisters, or playmates?**

Same                                      Slower                                      Faster

**HEALTH HISTORY:**

**CIRCLE ANY CONDITIONS THAT HAVE BEEN EXPERIENCED BY YOUR CHILD:**

- |                             |                    |                            |                                 |
|-----------------------------|--------------------|----------------------------|---------------------------------|
| Chicken Pox (What Year? __) | Diabetes           | Eye Problems (Poor Vision) | Frequent Ear Infections         |
| Tubes in Child's Ears       | Frequent Headaches | Frequent Nosebleeds        | Frequent Sore Throat Infections |
| High Fevers                 | Poor Hearing       | Seizures or Epilepsy       | Sickle Cell Disease             |
| Toothaches/Dental Infection |                    |                            |                                 |

**IMAGINE GREAT WESTERN ACADEMY  
ENROLLMENT APPLICATION**

**STUDENT MEDICAL RECORDS  
(SMR1 - CONTINUED) 2015 – 2016 SY**

Is your child sick a lot?      Yes      No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any family members have chronic illnesses, such as diabetes, high blood pressure, heart disease, etc.  
If so, please list:

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

**MAJOR ILLNESSES, INJURIES OR SURGERIES:**

Has your child had any major illnesses, injuries or surgeries?      Yes      No

If Yes, please list:

1. \_\_\_\_\_      2. \_\_\_\_\_  
3. \_\_\_\_\_      4. \_\_\_\_\_

**MEDICATIONS:**

Does your child take any medications frequently or daily?      Yes      No

If Yes, what medications are taken daily? \_\_\_\_\_

If Yes, what medications are taken frequently, but not daily? \_\_\_\_\_

This child is usually (circle one):      very active      normally active      rather inactive

**ALLERGIES:**

Has your child been diagnosed with asthma or allergies by a doctor?      Yes      No

If Yes, please explain: \_\_\_\_\_

Is your child on any medicine (prescription or over-the-counter) for allergies?      Yes      No

If Yes, please explain: \_\_\_\_\_

Please list and describe allergies or reactions to:

Medicines/drugs: \_\_\_\_\_

Foods/Plants/Others: \_\_\_\_\_

Bee/Wasp Stings: \_\_\_\_\_

**(If your student has any food restrictions due to health issues, a medical document must be on file in the main office)**



**ENROLLMENT APPLICATION  
STUDENT MEDICAL RECORDS  
PHYSICIAN RECORD  
(SMR2) 2015-2016 SY**

Grade \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**SCREENINGS (can be completed by nurse or physician):**

Height: \_\_\_\_\_ ( %)      Weight: \_\_\_\_\_ ( %)      Blood Pressure: \_\_\_\_\_ ( %)

VISION	HEARING	SPEECH & LANGUAGE
Distance Acuity R____ L____	Audiometric Thresholds:	Speech Assessment:
Muscle Balance: Pass Fail Not Done	Right Ear: Pass Fail Not Done	Done Not Done
Farsightedness: Pass Fail Not Done	Left Ear: Pass Fail Not Done	Child has possible problem with:
Color: Pass Fail Not Done	Other Tests (specify): _____	Articulation Yes No
Child wears glasses? Yes No	Child wears hearing aid? Yes No	Rhythm Yes No
Tested with glasses? Yes No	Tested with hearing aid? Yes No	Voice Yes No
Referral made? Yes No	Referral made? Yes No	Language Yes No
		Speech evaluation recommended? Yes No

**IMMUNIZATIONS (can be completed by nurse or physician):**

DPT	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____	4 <sup>th</sup> _____	5 <sup>th</sup> _____	6 <sup>th</sup> _____
Polio	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____	4 <sup>th</sup> _____		
Hep B	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____			
Mumps	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	Tuberculin Test	Date: _____		
German Measles (Rubella)	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	Results: Negative	Positive		
Measles (Rubeola)	1 <sup>st</sup> _____	2 <sup>nd</sup> _____				
Varicella	1 <sup>st</sup> _____	2 <sup>nd</sup> _____		DTAP Booster		

**EXAMINATIONS (can be completed by nurse or physician):**

Head \_\_\_\_\_ Mouth \_\_\_\_\_ Genitalia \_\_\_\_\_ Lungs \_\_\_\_\_  
 Neck \_\_\_\_\_ Teeth \_\_\_\_\_ General Condition \_\_\_\_\_ Hernia \_\_\_\_\_  
 Nose \_\_\_\_\_ Abdomen \_\_\_\_\_ Orthopedic \_\_\_\_\_ Urinalysis \_\_\_\_\_  
 Throat \_\_\_\_\_ Heart \_\_\_\_\_ Nervous System \_\_\_\_\_

**PHYSICIAN REMARKS & RECOMMENDATIONS:**

Physician Remarks & Recommendations:	This child is authorized to participate fully in:  - classroom & academic activities      Yes No - physical education classes              Yes No - competitive athletics                      Yes No - contact & collision sports                Yes No
Physician Signature: _____	
Date: _____	
(Specify Limitations in REMARKS)	



**ENROLLMENT APPLICATION  
STUDENT MEDICAL RECORDS  
DENTAL RECORDS**

**(SMR3) 2015 – 2016 SY      Grade \_\_\_\_\_**

Physical wellness is an important value of the Great Western Academy. Thank you for providing these services and for signing the form in the space below.

**STUDENT DATA:**

**DOB:**

Last Name: _____	First Name: _____	MI: _____
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**DENTIST:**

Dentist Name: _____	Phone: _____	Fax: _____
Dentist Address: _____	City: _____	State: <u>OH</u> Zip: _____
*Signature: _____	Date: _____	

<p><b>The following SERVICES were performed:</b></p> <table style="width:100%; border: none;"> <tr> <td style="padding: 2px;">Examination</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Diagnosis</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Radiographs</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Oral Prophylaxis</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Prescription for Fluoride Supplements</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Topical Application of Fluoride</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> </table>	Examination	Yes	No	Diagnosis	Yes	No	Radiographs	Yes	No	Oral Prophylaxis	Yes	No	Prescription for Fluoride Supplements	Yes	No	Topical Application of Fluoride	Yes	No	<p><b>The following ORAL HYGIENE instruction was provided:</b></p> <table style="width:100%; border: none;"> <tr> <td style="padding: 2px;">How to brush effectively</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">How to floss</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">Dental health nutrition counseling</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> <tr> <td style="padding: 2px;">How to use fluoride mouth rinse</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">No</td> </tr> </table>	How to brush effectively	Yes	No	How to floss	Yes	No	Dental health nutrition counseling	Yes	No	How to use fluoride mouth rinse	Yes	No
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**COMMENTS:**

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*\*The dentist's signature is required.*



**ENROLLMENT APPLICATION  
STUDENT MEDICAL RECORDS  
MEDICATION REQUEST  
(SMR4) 2015 – 2016 SY**

Grade \_\_\_\_\_

**The following student is under my care and should receive the medication indicated below. It is not possible to arrange for medication to be taken at home under the supervision of a parent, and therefore, must be taken during school hours.**

**ONE MEDICATION PER CARD**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_  
Student Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: OH Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Name of prescribed medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Number of times/intervals medication is to be administered: \_\_\_\_\_  
Dates administration to begin and end: \_\_\_\_\_  
Adverse or severe reaction that should be reported to physician: \_\_\_\_\_  
Special instructions for administration of medication: \_\_\_\_\_  
The medication can be safely administered by non-medical personnel: Yes No  
\_\_\_\_\_  
Physician's Name Phone Number  
\_\_\_\_\_  
Physician's Signature Date

Parent Signature \_\_\_\_\_

.....  
*For Office Use Only:*

\_\_\_\_\_  
*Home Room Teacher 2015-2016*



**IMAGINE GREAT WESTERN ACADEMY  
ENROLLMENT APPLICATION  
2015 – 2016 SY**

**MISSION:**

Great Western Academy utilizes research-proven curriculum to provide a high quality, classic academic education and instill a love of learning in all of its socially and economically diverse student population. Through a carefully planned and integrated curriculum based on a body of classic knowledge of proven and lasting significance, the school will develop in each student the abilities to think critically, succeed academically and function as a democratic citizen prepared to advance community, culture and commerce.

**HOW DO WE DO IT?**

We teach according to the Direct Instruction Curriculum. Direct Instruction is a research proven, child centered elementary curriculum designed to accelerate learning by maximizing efficiency in the design and delivery of instruction. The DI program breaks learning down into small pieces and then shows students how to bring these pieces together to fit into a larger concept. Lessons are practiced over and over through choral responses. Teachers advance through the material taking their cues from the children's progress and their mastery of the lesson. Students, therefore, never "fall through the cracks." We arm our students with DI strategies that serve them well when advanced thinking is called for in more accelerated subjects such as earth science, chemistry and problem-solving.

**NON-DISCRIMINATION CLAUSE**

The **School Governing Authority** agrees to provide notices to students, parents, employees and the general public indicating that all of the **School's** educational programs are available to its students without regard to race, creed, color, national origin, sex and disability. Further, the **School** shall provide a non-discrimination notice in all newsletters, annual reports, admissions materials, handbooks, application forms and promotional materials other than radio advertisements.

<p>Great Western Academy 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 achievement 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 a school administrator of the Ohio Department of Education.</p>
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**IMAGINE GREAT WESTERN ACADEMY  
ENROLLMENT APPLICATION**

**SCHOOL POLICIES  
(ST14) 2015-2016 SY**

**DRESS CODE POLICY:**

We believe that our Dress Code Policy supports a positive learning environment and we expect our students to:

- Appear clean, neat and well groomed each day.
- Arrive and leave school in dress code attire.
- Have shirts tucked in and completely buttoned at all times.

**The Great Western Academy dress code attire consists of:**

- Tan, khaki or navy pants, skirts, dresses or shorts.
- White, yellow, light blue or navy blue polo shirts may be worn, or button down collar shirt in white, yellow, light blue or navy. **NO EXCEPTIONS**
- Tennis shoes (no light up or wheelie shoes), black or brown school shoes. Skid proof shoes would be greatly appreciated if possible

**DRESS CODE INFRACTION ENFORCEMENT:**

Students violating the dress code policy will receive a Dress Code Infraction Form. This form must be returned to school the next day, signed by a parent. After the first violation, students may be sent home for a change of clothing. The parent or guardian may be required to pick up the child to allow the student to comply with the dress code policy.

**VISITOR POLICY:**

Visitors are welcome at all times. For the safety of our students and staff, visitors must first report to the office and receive a visitor's badge.

**STUDENT PICK-UP:**

You must sign students out when picking them up prior to dismissal. You must check in at the office upon arrival and be at least 18 years old. Must provide picture ID. We will send for the student to be dismissed.

**STUDENT LATE ARRIVAL:**

Students arriving to school tardy must be accompanied by an adult and signed in at the office to receive a tardy slip. Late students will not necessarily receive breakfast. If arriving after 9:30 a.m., a student will not receive a lunch unless the parent has called and informed the school to order one.



## Pre-Enrollment Application

2015 - 2016 SY

**\*For New Students (ONLY) Interested in Attending IGWA\***

**Please do not complete if you are a returning Student**

Student's Name: \_\_\_\_\_  
Last First Middle

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Middle

Father's Name: \_\_\_\_\_  
Last First Middle

Legal Guardian: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Student's Birth Place: \_\_\_\_\_  
City State

Student's Birthday: \_\_\_\_\_

Student's Race: \_\_\_\_\_ Student's Gender: \_\_\_\_\_

Fall 2015 Grade Level: \_\_\_\_\_ Resident District: \_\_\_\_\_

School Attended in 2014-2015: \_\_\_\_\_

Did your child attend Kindergarten? Full Day ½ Day Not at all N/A

Does this student have any siblings attending GWA? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Date Received: \_\_\_\_\_



**Forma de Inscripción del Estudiante**  
**Si el niño ya está inscrito no es necesario para llenar este formulario.**  
**2015-2016 SY**

Nombre del Alumno: \_\_\_\_\_  
Apellido                                  Nombre                                  Inicial

Nombre de la Madre: \_\_\_\_\_  
Apellido                                  Nombre                                  Inicial

Nombre del Padre: \_\_\_\_\_  
Apellido                                  Nombre                                  Inicial

Guardián: \_\_\_\_\_  
Apellido                                  Nombre                                  Inicial

Domicilio: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Teléfono de la casa: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_

Teléfono de Celular: \_\_\_\_\_ Correo Electrónico (Email): \_\_\_\_\_

Lugar de nacimiento: \_\_\_\_\_  
Ciudad    Estado

Fecha de Nacimiento: \_\_\_\_\_

Etnia: \_\_\_\_\_ Sexo: \_\_\_\_\_

Grado en que va entrar el año escolar 2015-2016: \_\_\_\_\_ Distrito Escolar: \_\_\_\_\_

Última escuela que asistió el 2014-2015: \_\_\_\_\_

El hermano o hermana del solicitante asiste actualmente a esta escuela?: \_\_\_\_\_

¿Cómo supo de la Imagine Great Western Academy?: \_\_\_\_\_

Fecha: \_\_\_\_\_

# ***Imagine Great Western Academy***

## ***Anti-Bullying & Truancy Policies and Procedures***

### ***Signature Page***

**2015-2016**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent's/Guardian's Name:** \_\_\_\_\_

**(Please Print)**

**We have received a copy of the Imagine Schools at Great Western Academy Anti-Bullying policy and Truancy procedures for the 2015-2016 school year. We have read and understood the policies and procedures set forth by Imagine Schools and consent, support, and agree to follow the policies and procedures as outlined in the previous pages.**

**Agreed to by:**

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**Student's Signature**

**Date**

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**Parent's Signature**

**Date**

**This agreement will be placed in the students' file.**