



CITY ACADEMY

Small Classes ★ Great Teachers ★ BIG Learning

Accredited by the Northwest Association of Accredited Schools
Member of the Coalition of Essential Schools

Registration Forms 2010-11

Welcome to City Academy! We are excited that you will be attending school with us.

Please note the following:

- All sections must be filled-out. Please do not leave any blanks. Return completed forms to the school (FAX: 801-521-4181, email: lindsay@cityacademyslc.org)
- All school fees will be due in August before school starts, or you must make arrangements to pay them or qualify to have them waived.
- New Students:** Your student's *immunization records*, and a copy of your student's *birth certificate* **MUST** be included with these forms. (Students will not be admitted into school without proper immunizations.) Please also include a copy of your student's most current transcript of academic credits, as well as any *IEP* or *504* information you may have if not previously submitted. We will be requesting your student's cumulative file from their previous school.

Administrative Use Only

NEW STUDENT

<input type="checkbox"/> All forms completed
OR Still Need:
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Immunization
<input type="checkbox"/> IEP, 504
<input type="checkbox"/> Transcript / Report Card
Notes:

OR RETURNING STUDENT

<input type="checkbox"/> All forms completed
<input type="checkbox"/> Notes:

Grade

Student Last Name

First Name

Date

STUDENT INFORMATION 2010-11

Name as shown on birth certificate:

First: _____ Middle: _____ Last: _____

Name Student Goes By: _____ Sex: F M

Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

2010-11 Grade Level: 8th 9th 10th 11th 12th Student email address: _____
(optional)

School district of residence: Salt Lake Granite Jordan Canyons Murray Davis Other _____

If not City Academy, what school would your student attend? (also called your neighborhood district school)

School Last Attended? _____ City and State _____

Does your student receive any specialized services such as resource, speech, self-contained, or any other special education services (IEP)? If yes, please list.

HOME LANGUAGE SURVEY

Student Name _____ Grade _____ Date _____

Utah schools are required to obtain the following information in order to comply with federal and state educational guidelines. Please complete the information requested below. If needed, a school official may provide you with assistance in the language that you understand.

If student was not born in the United States, please give the date he/she enrolled in a US School _____

1. What was the first language that the student learned to speak? _____
2. Which language is used most by the student? _____
3. What is the language used most often at home? _____
4. What language do you prefer for school to home communication? _____

ETHNICITY AND RACE

Ethnicity: Are you Hispanic/Latino? Yes No

Race: Please also select one or more of the following races for yourself:

- Black or African American Asian American Indian or Alaskan Native
 White Native Hawaiian or other Pacific Islander

PARENT/GUARDIAN INFORMATION

1. NAME: _____ RELATION TO STUDENT: _____
ADDRESS: (IF DIFFERENT FROM ABOVE) _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
PLACE OF WORK: _____ OCCUPATION: _____
E-MAIL: _____
(we send weekly email newsletters to parents and guardians via email... Stay Informed!!)

2. NAME: _____ RELATION TO STUDENT: _____
ADDRESS: (IF DIFFERENT FROM ABOVE) _____
HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
PLACE OF WORK: _____ OCCUPATION: _____
E-MAIL: _____

Student lives with: Father Mother Both Other: _____

MEDICAL/EMERGENCY INFORMATION

STUDENT NAME: _____

IS THE STUDENT COVERED BY ANY HEALTH INSURANCE PLAN? YES NO

NAME OF HEALTH INSURANCE: _____ POLICY #: _____

DOES THE STUDENT HAVE A PRIMARY CARE PHYSICIAN? YES NO

NAME OF PHYSICIAN: _____ PHONE NO: _____

ADDITIONAL PEOPLE TO CONTACT IN CASE OF ILLNESS OR EMERGENCY:

1. NAME: _____ PHONE: _____ RELATIONSHIP: _____

2. NAME: _____ PHONE: _____ RELATIONSHIP: _____

ARE YOU AWARE OF ANY ALLERGIES THE STUDENT MAY HAVE? YES NO

PLEASE LIST: _____

PLEASE DESCRIBE ANY HEALTH OR MEDICAL (INCLUDING EMOTIONAL/MENTAL) CONCERNS THE STUDENT HAS, OR ANY 504 PLAN INFORMATION OF WHICH CITY ACADEMY SHOULD BE AWARE: _____

Medical Consent Agreement

In the event of medical emergency, when parent or guardian cannot be reached or in life threatening situations, I authorize City Academy to obtain emergency medical care (i.e., physician, dentist, paramedic, or other authorized emergency medical agents) and to obtain and provide emergency transportation. I understand that I or my insurance, if applicable, will be billed for such emergency medical treatment. If possible, please transport my student to the following hospital: _____

Initial: _____

Student Release

Please list all people who have your permission to pick your student up from school or school activities OR who can give verbal permission for your student to leave campus for ANY reason. Only those people listed and parent/guardians will be authorized to pick students up or have students released from campus. Absolutely NO exceptions will be made. *Any changes to this must be done in writing at the school.*

1. _____
Name Phone Relation to student

2. _____
Name Phone Relation to student

3. _____
Name Phone Relation to student

4. _____
Name Phone Relation to student

5. _____
Name Phone Relation to student

List Siblings: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please tell us your reasons for enrolling at City Academy: _____

How did you originally hear about City Academy?

ITEMS of UNDERSTANDING

Utah Compulsory Education

Because of City Academy's commitment to quality education, we are concerned when a student misses school for any reason. Absence from school interferes with a student's opportunity to learn and be fully involved in the school community. According to the Utah Compulsory Attendance Law (53A-11-101) every school-age child must be in school. Parents are responsible for their children's regular school attendance. According to the law, it is a misdemeanor for parents to fail to ensure that their student attend school regularly.

Occasionally a student must be absent from school for reasons which are acceptable to the school as well as the courts, such as illness, medical appointments and family emergencies. Please send a parent or doctor note to school explaining the reasons every time your student is absent. We require a statement from a doctor regarding extended absences for illness. Wherever possible, please arrange medical and other appointments after school hours. If this is not possible, please check in with the office and sign your student out.

I agree to read and support the Utah Compulsory Education and City Academy truancy policy (see Parent Student Policy Handbook) and to pay any related truancy charges that I may be charged.

Initial: _____

Educational Records

I understand that upon request, City Academy discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

Initial: _____

Transportation – To/From School

I understand that neither City Academy nor the Utah State Board of Education is responsible for student transportation for charter school students. City Academy has partnered with Utah Transit Authority (UTA) to include a bus pass in the cost of registration. City Academy is not responsible for replacing lost or stolen passes, though a replacement MAY be purchased from the front office while supplies last.

Initial: _____

Liability Waiver

In consideration of City Academy accepting my student's enrollment, I hereby for myself, my student, my heirs, my executors, and administrators waive and release any and all rights and claims for damages I or my child might have against City Academy and its representatives or successors, and assign for any and all injuries suffered by my child at any activity sponsored by these groups. In addition, I understand that I will take full responsibility for making myself familiar with the activity calendars made available by City Academy's programs, and by doing so fully consent to the participation of my child in all school programs and activities. I also agree to take full responsibility to notify the program coordinators in advance, if I choose not to allow my child to participate, in order that alternate arrangements can be made.

Initial: _____

Participation in Research

I understand that City Academy is committed to research on exemplary practices in secondary education. I further understand that City Academy students may participate in research projects. These projects will involve school-type activities and will not pose any threat or harm to students physically, emotionally, or academically, nor will they interfere with the educational process. In addition, studies conducted at the school may be published in professional journals and conferences. Participants will never be identified by name in these publications. I understand the school will notify me about particular research projects as they arise. I understand that my student may participate in educational research studies at City Academy.

Initial: _____

Off Campus During Class

I understand that my student might leave campus with a teacher, other staff member or approved volunteer to participate in field work activities that:

- a) take place within the duration of a single class period;
- b) take place as part of the activities of my student's scheduled class for that period;
- c) do not involve activities with any significantly increased risk or demands from those carried out in the classroom.

I understand that I will be required to give my consent to my student's participation in field work which exceeds the limitations in (a)-(c) above by completing and submitting the form "Informed Consent for Field Trips".

Initial: _____

Acknowledgement of Special Notices

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

The primary purpose of directory information is to allow City 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; and
- Sports activity sheets, such as for wrestling, showing weight and height of 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.⁽¹⁾

If you do not want City Academy to disclose directory information from your child's education records without your prior written consent, you must notify City Academy in writing within 10 days of enrollment. City 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

Footnotes:

1. These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the National Defense Authorization Act for Fiscal Year 2002 (P.L. 107-107), the legislation that provides funding for the Nation's armed forces.

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/mndirectoryinfo.html>

PRIVACY

Video-Photographic	I give permission for my student to be interviewed, photographed, or videotaped for educational and/or publicity purposes for school literature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	I give permission for my student to be interviewed, photographed, or videotaped by independent media (press) for the purposes of reporting the school's activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Internet Web (No contact information such as phone numbers or emails will ever be published for students)	I authorize City Academy to publish my student's photograph on the school website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	I authorize City Academy to publish my student's first name only on the school website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	I authorize City Academy to publish my student's schoolwork on the school website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Military (Section 9528 of the Elementary and Secondary Education Act of 1965, amended by the No Child Left Behind Act of 2001 (and any other applicable state, federal, or local law or any school policy))	I give my permission for City Academy to release my student's name, address, and telephone number to Military recruiters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Colleges	I give my permission for City Academy to release my student's name, address, and telephone number to college/university recruiters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prospective Employers (excluding the U.S. Military)	I give my permission for City Academy to release my student's name, address, and telephone number to prospective employers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CITY ACADEMY PUBLICATIONS

Yearbook (shows full name, photo, grade level, committee, advisor, sports, other group affiliations)	I authorize City Academy to include my student in the School Yearbook	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Directory (name, address, home phone, advisor, grade level)	I authorize City Academy to include my student and family contact information in the School Directory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Publications	I authorize City Academy to include my student in any other school publications, including but not limited to: honor roll and recognition lists, playbills, programs, and sports activity sheets.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parent Signature for Privacy Section: _____