



**FOR OFFICE USE ONLY**  
Student's First Day of School: \_\_\_/\_\_\_/\_\_\_ SSID Number \_\_\_\_\_ City of Birth \_\_\_\_\_

**ENROLLMENT PACKET**

**ENROLLMENT NOTIFICATION PREFERENCES**

Email Address or Mobile Number: \_\_\_\_\_  
Communication Language Preference:  English  Spanish

**PRIMARY PARENT/GUARDIAN INFORMATION**

Relationship to Student: \_\_\_\_\_  
Guardian First Name \_\_\_\_\_ Guardian Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day/Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Enrollment Notification Preference:  Email Only  Text Only  Email and Text Message

**STUDENT INFORMATION**

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_  
Legal Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  M  F  
Student Address (if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CURRENT SCHOOL**

*Leave blank if the child has not attended school in the past. Write homeschool if homeschooled in the past.*  
Is student currently enrolled at another ACCEL School?  Yes  No  
Current School Name: \_\_\_\_\_  
Current 16-17 Grade: \_\_\_\_\_ Grade Applying to in 17-18: \_\_\_\_\_

**Siblings:**

Does the student have a brother or sister currently attending one of the 40+ ACCEL Schools?  Yes  No  
Sibling Name: \_\_\_\_\_ 17-18 Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Sibling Name: \_\_\_\_\_ 17-18 Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Sibling Name: \_\_\_\_\_ 17-18 Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

**How did you hear about our school?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Canvassing in Neighborhood    | <input type="checkbox"/> Referred by Friend                | <input type="checkbox"/> News Story                          |
| <input type="checkbox"/> Event/Table in Community      | <input type="checkbox"/> Referred by Preschool or Day Care | <input type="checkbox"/> Previous Student at an ACCEL School |
| <input type="checkbox"/> Mailer                        | <input type="checkbox"/> Online Ad                         | <input type="checkbox"/> Web Search                          |
| <input type="checkbox"/> Social Media (Facebook, etc.) | <input type="checkbox"/> Radio Ad                          |  |
| <input type="checkbox"/> Signs in the Community        | <input type="checkbox"/> TV Ad                             |  |

**STUDENT & FAMILY BACKGROUND**

**STUDENT INFORMATION**

Write student's name as it appears on the birth certificate:

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Student's SSN: \_\_\_\_\_

Student Cell Number (if applicable): \_\_\_\_\_

Grade Level for 2017-18:  Pre-K  K  1  2  3  4  5  6  7  8  9  10  11  12

Mother's Maiden Name: \_\_\_\_\_ City/Town of Child's Birth: \_\_\_\_\_

Military Question: Does the student have a parent/guardian who is an active duty member of the Armed Forces or on full-time National Guard duty?  Yes  No

Student Address (residence) Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (only if different) Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Custody Child lives with (check one only):  
 Both Biological Parents  One Biological Parent Only  Legal Guardian  
 Both Biological Parents Alternately (if Both Parents Alternately, please indicate Custodial Parent below)  
Custodial Parent's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Please check if applicable:  
 Non-custodial Parent does not reside locally  
 Non-custodial Parent is legally prohibited from contact (legal documentation must be provided for school records)

**PRIMARY PARENT/GUARDIAN CONTACT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_

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

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

Relationship to Student: \_\_\_\_\_

Highest Level of Education:

Some High School  High School Diploma/GED  Some College  College Degree (BA, BS)  Graduate Degree or Higher  
 Decline to State/Unknown

Employer: \_\_\_\_\_

**SECONDARY PARENT/GUARDIAN CONTACT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_

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

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

Relationship to Student: \_\_\_\_\_

Highest Level of Education:

- Some High School  High School Diploma/GED  Some College  College Degree (BA, BS)  Graduate Degree or Higher  
 Decline to State/Unknown

Employer: \_\_\_\_\_

Check any/all that apply:  May Pick-Up Student from School  Needs to Receive Mailings  May Access Records

**OPTIONAL THIRD PARENT/GUARDIAN CONTACT (Step parent, caretaker, etc.)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_

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

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

Relationship to Student: \_\_\_\_\_

Highest Level of Education:

- Some High School  High School Diploma/GED  Some College  College Degree (BA, BS)  Graduate Degree or Higher  
 Decline to State/Unknown

Employer: \_\_\_\_\_

Check any/all that apply:  May Pick-Up Student from School  Needs to Receive Mailings  May Access Records

**OPTIONAL FOURTH PARENT/GUARDIAN CONTACT (Step parent, caretaker, etc.)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_

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

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

Relationship to Student: \_\_\_\_\_

Highest Level of Education:

- Some High School  High School Diploma/GED  Some College  College Degree (BA, BS)  Graduate Degree or Higher  
 Decline to State/Unknown

Employer: \_\_\_\_\_

Check any/all that apply:  May Pick-Up Student from School  Needs to Receive Mailings  May Access Records

**ETHNICITY & RACE IDENTIFICATION**

Please complete **Part 1 AND Part 2** of this federally required form.

**Part 1 of 2: Ethnicity Designation** - Directions: Read the definition below and check the box that indicates this student’s ethnicity.

**Is this student Hispanic or Latino? (Select one answer)**

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

**Part 2 of 2: Race Designation** - Directions: Read the descriptions below and check the box(es) that indicate the student’s race. You must select at least ONE race, regardless of ethnicity designation. More than one response can be selected.

**Indicate this student’s race (can select more than one):**

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.  
Name of Enrolled or Principal Tribe: \_\_\_\_\_
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Other Race:** \_\_\_\_\_

Sign the line below to indicate that you either identify or refuse to re-identify. If refusal to identify or re-identify, determination will be made by the school principal.

- I verify that the information on this form is accurate **OR**  I refuse to re-identify the race and ethnicity of this student.

---

*Legal Guardian Name* *Legal Guardian Signature* *Date* / /

**FOR OFFICE USE ONLY**

I am the observer who completed this form due to parent/guardian refusal to re-identify.

---

*Observer Name* *Observer Signature* *Date* / /

**HOME LANGUAGE SURVEY**

*Federal rules and regulations require that school districts be aware of students who speak or understand a language other than English. Responses to the following questions will be used to determine whether your student will be assessed for English language proficiency.*

- 
1. What is the student's first language? \_\_\_\_\_
  2. What language is spoken at home? \_\_\_\_\_
  3. Does the student speak and/or understand a language other than English?  YES  NO
  4. Has your child ever been enrolled in an English as a Second Language (ESL) Program?  YES  NO  
(If "YES," where and when: \_\_\_\_\_)  

<i>School Name</i>	<i>Dates of Service</i>	<i># of Years in Program</i>
--------------------	-------------------------	------------------------------

  
(If "YES," did your child ever EXIT the ESL Program?  YES  NO Date of exit: \_\_\_\_\_)  

*Month/Year*
  5. Can the student read in a language other than English?  YES  NO
  6. Can the student write in a language other than English?  YES  NO
- 

*Note that federal law also requires that:*

- A. If you list a language other than English, your child will be tested for ESL services, unless one of the following documents can be provided:
  - a. Proof of previous English as a Second Language (ESL) testing from a former school/district
  - b. Documentation of EXIT status from a former school/district
  - c. A Fluent English Proficient (FEP) score on a valid state test
- B. If testing is required and your child qualifies for ESL services, and you do not want your child in an ESL program, it is your right to deny this service.

**By signing below, I verify that the information on this form is accurate and up-to-date.**

---

*Legal Guardian Name* \_\_\_\_\_ *Legal Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_/\_\_\_\_/\_\_\_\_

**HOUSEHOLD INCOME SURVEY 2016-17**

Our school is participating in the Community Eligibility Option provision under the National School Lunch Program. Under this option, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren)'s school may qualify for, please complete, sign and return this application to the school's front office if your income falls within or below the guidelines listed in the following chart.

<b>INCOME GUIDELINES – 185%</b>					
<b>Guidelines to be effective from July 1, 2016 through June 30, 2017</b>					
<b>Persons in Family or Household Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	\$21,978	\$1,832	\$916	\$846	\$423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each Add'l Member Add	+7,696	+642	+321	+296	+148

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: \_\_\_\_\_ 10-Digit Case Number: \_\_\_\_\_

**INSTRUCTIONS:** Complete this survey and return to your child's school office. These selections must be completed by the Head of Household or Designee.

- SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: \_\_\_\_\_
- STUDENT INFORMATION** - Complete for each student Pre-K through 12<sup>th</sup> grade. If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 3

<b>Last Name</b>	<b>First Name</b>	<b>Birth Date MM-DD-YY</b>	<b>School</b>	<b>Identify H if Homeless, M if Migrant, R if Runaway, F if Foster</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

3. **TOTAL MONTHLY HOUSEHOLD INCOME** – Report Income for all members of household excluding foster children. If you have reported a case number above, you do not need to complete this section; proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income (Add lines 1-6)</b>	\$	

4. **SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX-\_\_\_\_ OR Check:  I do not have a Social Security Number

Street Address	City	Zip Code
Home Phone	Work Phone	Email Address

**FOR OFFICE USE ONLY**

Qualifies       Does Not Qualify

**STUDENT RESIDENCY QUESTIONNAIRE (McKinney-Vento)**

*This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.*

- 1. Is your current address a temporary living arrangement? (such as shelter, etc.)  YES  NO
- 2. Is this temporary living arrangement due to loss of housing or economic hardship?  YES  NO
- 3. Are you a youth currently living on your own or with a friend, neighbor, or relative?  YES  NO

*If you answered YES to any of the above questions, please complete the remainder of this form.*

*If you answered NO to all the above questions, you may Skip to STUDENT EDUCATION HISTORY*

---

Presently, where is the student living? (Check one of the below)

- In a shelter
- With more than one family in a house or apartment (*other* family owns or rents the house or apartment)
- With friends or family members (*other* than parent/guardian)
- In a place not designated for ordinary sleeping accommodations (i.e. car, park, or campsite)
- In another location that is not appropriate for people (e.g. an abandoned building)
- In a motel/hotel
- Out of home placement including foster care
- In an arrangement that is not fixed, regular, and adequate and is not described by the other choices

The student lives with: (Check one of the below)

- 2 parents  an adult that is not the parent or the legal guardian
- 1 parent and another adult  relative, friend(s) or other adult(s)
- 1 parent  along with no adults

I, \_\_\_\_\_ declare as follows:  
(print full name)

I am the parent or legal guardian of the above student who is of school age and our family has not had a permanent residence since \_\_\_\_\_  
(date)

Signature of Parent/Legal Guardian: \_\_\_\_\_

**FOR OFFICE USE ONLY:** I certify that the above-named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: \_\_\_\_\_ McKinney-Vento Liaison Signature: \_\_\_\_\_



**STUDENT EDUCATION HISTORY**

Legal School District of Residence: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Address of Current School: \_\_\_\_\_

Type of School:  Public  Private  Homeschool  Charter  Online  Daycare  N/A

Has your child ever been retained in any grade?  Yes; Which grade? \_\_\_\_\_  No

Has your child ever been suspended or expelled from school?  No  Yes If Yes, please explain details here: \_\_\_\_\_

Was your child receiving Gifted and Talented Services?  No  Yes

Was your child receiving Special Education Services?  No  Yes

Does your child have an Individualized Education Plan (IEP)?  No  Yes – please attach copy

Does your child have a 504 Behavior Intervention Plan?  No  Yes – please attach copy

Applicants for 4<sup>th</sup> Grade Only: Did your child pass the 3<sup>rd</sup> Grade Reading Guarantee?  No  Yes  Has Not Taken It Yet

**PERINATAL HISTORY** (for preschool, Kindergarten, and Grade 1 only)

1) Did the mother have any complications during the pregnancy or birth?  YES  NO

If yes, please explain: \_\_\_\_\_

2) Was this infant born:  Full-Term  Late  Early

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

4) Did the infant have any problems while in the nursery?  YES  NO

If yes, please explain: \_\_\_\_\_

5) How old was the mother when the child was born? \_\_\_\_\_

6) Were there any feeding problems in infancy?  YES  NO

If yes, please explain: \_\_\_\_\_

**DEVELOPMENTAL HISTORY** (for preschool, Kindergarten, and Grade 1 only)

1) Please give the approximate age at which this child:

Walked alone \_\_\_\_\_ Spoke in sentences \_\_\_\_\_ Was toilet trained \_\_\_\_\_ Dressed Self \_\_\_\_\_

2) How does this child's development compare to other children such as his/her brothers/sisters or playmates?

About the same  Slower  Faster

3) Do you have any other comments or concerns about this child's health, development, behavior, family, or home life that you would like the school to be aware of?  YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH HISTORY**

Has your child ever been diagnosed with or treated for any of the following? Please check all that are applicable:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> ADD/ADHD                 | <input type="checkbox"/> Bowel/Bladder Issues    | <input type="checkbox"/> Headaches/Migraines     | <input type="checkbox"/> Neuromuscular Disorder            |
| <input type="checkbox"/> Allergies/Hay Fever      | <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Hearing/Ear Disorder    | <input type="checkbox"/> Seizure Disorder                  |
| <input type="checkbox"/> Asthma/Wheezing          | <input type="checkbox"/> Cystic Fibrosis         | <input type="checkbox"/> Heart Condition         | <input type="checkbox"/> Sickle Cell Anemia                |
| <input type="checkbox"/> Autism                   | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Hemophilia              | <input type="checkbox"/> Skin Conditions                   |
| <input type="checkbox"/> Behavior Concerns        | <input type="checkbox"/> Depression              | <input type="checkbox"/> Juvenile Arthritis      | <input type="checkbox"/> Speech Issues                     |
| <input type="checkbox"/> Birth Defects            | <input type="checkbox"/> Developmental Concerns  | <input type="checkbox"/> Kidney Disease          | <input type="checkbox"/> Traumatic Brain Injury            |
| <input type="checkbox"/> Bone/Muscle/Joint Issues | <input type="checkbox"/> Earaches/Ear Infections | <input type="checkbox"/> Lead Poisoning          | <input type="checkbox"/> Vision (Glasses, Contacts, Other) |
| <input type="checkbox"/> Bleeding Disorder        | <input type="checkbox"/> Emotional Disorder      | <input type="checkbox"/> Meningitis/Encephalitis |  |

Other not mentioned above: \_\_\_\_\_

Additional Information about above-mentioned health conditions: \_\_\_\_\_

**MEDICAL ALERTS**

- 1) Does your child have any allergies?  YES  NO
- |   |  |
|---|--|
| <input type="checkbox"/> Food: _____    | <input type="checkbox"/> Seasonal/Environmental: _____ |
| <input type="checkbox"/> Insects: _____ | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Drug: _____    |  |
| <input type="checkbox"/> EPI PEN Needed |  |

2) Does your child take any routine medications (including those taken at home)?  YES  NO

If yes, please list the medications your child takes on a routine basis.

Name of Medication**	Taken For	Activity Restrictions

Thank you for completing your child's application. Please note that completing your child's application does not mean the child is fully enrolled. Some of our schools have admission policies that require taking a grade placement assessment prior to moving along to the registration packet. Your application will be processed and a representative of the school will be in contact with you about next steps.



By signing below, I verify that the information on this application is accurate and up-to-date.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Legal Guardian Name Legal Guardian Signature Date

**CHECKLIST OF REQUIRED ENROLLMENT DOCUMENTS TO INCLUDE WITH APPLICATION**



**RELEASE OF STUDENT RECORDS FORM**

*Please list student's name fully as it appears on the birth certificate:*

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Legal Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian Name: \_\_\_\_\_

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

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

Resident School District: \_\_\_\_\_

*Please check the appropriate box and provide the name of former school where indicated below:*

**Student Entering Grade K – Grade 12 in 2017-18**

Whereas my child is currently enrolled in **Lorain Preparatory Academy** for the 2017-2018 academic year, I give my permission to:

\_\_\_\_\_  
*(Insert name of school most recently attended by student)*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

to release my child's academic records to **LPA**. Please include all relevant records listed below:

- Birth certificate
- Health Records & Immunization Records
- Vision/Hearing Screenings
- Report Card
- Standardized Test Scores
- Psychological Test Scores and Reports
- Observation Reports
- IEP/ETR/MFE (if applicable)

*In Accordance with the Family Educational Rights and Privacy Act date June 17, 1976, parental permission is no longer required when records are requested by authorized school personnel.*

**Signature of Requesting School Designee:**

\_\_\_\_\_

Please send the information to:

**Admissions Department**  
**c/o Lorain Preparatory Academy**  
**4119 Leavitt Road**  
**Lorain, OH 44053**

**Fax: 440-282-3179**  
**Email: [jmatos@lorainprep.org](mailto:jmatos@lorainprep.org)**

**Lorain Preparatory Academy**  
**MEDIA RELEASE FORM**

From time to time our school staff records student activities through the use of photography and videography. Generally the resulting material is used internally to serve as a form of documentation of school life and student activity and as a learning tool for both students and faculty/staff. On occasion photographs and/or video may be used for advertising purposes to promote enrollment at our school or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for both internal and external uses, we need your permission to use photo and/or video images of your child. Please check the appropriate box and sign below to indicate your preference of permission for the following:

- I DO** give permission for my child to be photographed/videoed and for the resulting photographs/videos to be used and displayed within the school as well as to be used for public display and/or published for the benefit of the school.
- I DO NOT** give permission for my child to be photographed/videoed, nor for the photographs/videos to be publically displayed and/or published.

*Please note that there is no payment or any other form of compensation for use of your child's image if a photograph and/or video of your child is used either internally or externally as explained in the examples above.*

---

<i>Student First Name</i>	<i>Student Last Name</i>	<i>Teacher Name</i>	<i>Grade Level</i>
---------------------------	--------------------------	---------------------	--------------------

  

---

<i>Guardian Name</i>	<i>Guardian Signature</i>	<i>____/____/____</i> <i>Date</i>
----------------------	---------------------------	--------------------------------------



# LORAIN

---

## PREPARATORY ACADEMY

### ENROLLMENT AGREEMENT

The success of **Lorain Preparatory Academy** depends on the support of each member of the school community. Working together we can promote academic achievement, good character and ensure the success of each student in school and throughout life.

Your signature below indicates your commitment to helping our school fulfill its primary mission—rigorous academic learning.

As the parent of \_\_\_\_\_, I pledge:

- To maintain high expectations for my child
- To demonstrate consistent interest in my child's progress at school
- To support and work with the school staff to promote my child's learning

As a parent, I understand that my child may be withdrawn from **LPA** if:

- My child has excessive absences (excused or unexcused) and/or tardies (arriving to school late or being picked up early on a regular basis)
- My child chooses to repeatedly violate school rules
- My child does not complete his or her homework or assignments regularly
- 

\_\_\_\_\_  
*Guardian Name*

\_\_\_\_\_  
*Guardian Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*



Transportation Department  
Charleston Administration Center  
2350 Pole Avenue, Room 14  
Lorain, OH 44052  
Tele: (440) 233-2273  
Fax: (440) 282-7251

## TRANSPORTATION/REGISTRATION FORM

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

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

School \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex:  Male  Female

Ethnicity:  White  Black  Hispanic  Asian/Pacific Islander  Multiracial  American Native

Student Lives With:  Both Parents  Mother  Stepmother  Grandparent(s)  
(Check all that apply)  Foster Parent(s)  Father  Stepfather  Other: \_\_\_\_\_

Previous Lorain School Attended: \_\_\_\_\_  
School Name

## PARENT INFORMATION

Mother's Name: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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



**STATEMENT OF CUSTODY**

For use **ONLY** when no custody order exists

I, \_\_\_\_\_ hereby state that I am the natural parent of

\_\_\_\_\_

Furthermore, I state that I have full custody rights of said child(ren). I have no written proof of custody for the following reasons:

- I was never married to the father/mother of my child(ren) but my name appears on the birth certificate as a parent. No custody order exists.
- I am still married to the father/mother of my child(ren). We are separated but not divorced. No custody order exists.
- The father/mother of my child(ren) is deceased. My name appears on the birth certificate. No custody order exists.
- Other (please specify:

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

I certify that the above information is true and accurate. I understand that if this information is to be found false, my child(ren) could be withdrawn from school and I could face possible legal charges filed in a court of appropriate jurisdiction. Further, as parent/guardian, I understand that I will be required to pay tuition for the number of days my child(ren) attended Lorain City School District. Failure to pay the required tuition will result in the institution of collection proceedings.

I also waive my right to confidentiality of this information and allow the Lorain City Schools District to use any legal means necessary to verify my custodial status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_