

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

Full-Time / Part-Time

Student's Name: \_\_\_\_\_

Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Receipt Number: \_\_\_\_

Grade (09-10): \_\_\_\_



# LIBERTY ACADEMY

## Registration Packet - Kindergarten

### 2009-2010

### To register your child, please provide the following:

- \_\_\_\_ Birth Certificate
- \_\_\_\_ Proof of immunization/exemption
- \_\_\_\_ Completed Registration Forms
- \_\_\_\_ Student Health Information
- \_\_\_\_ Kindergarten Vision Screening (not an eye exam)
- \_\_\_\_ IEP from district pre-school
- \_\_\_\_ Behavior report from previous school (SIS report in Utah)

**Note: INCOMPLETE REGISTRATION PACKETS WILL NOT BE ACCEPTED.**

### Kindergarten Testing Process:

1. Testing completed with teacher. (The Kindergarten teachers will be setting the appointments.)  
 \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
 Teacher's Signature                      Date
  
2. Vision Screening (if not screened during doctor visit)  
 \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
 Teacher's Signature                      Date
  
3. Meet with School Administrator (if applicable.)  
 Accepted      /      Denied      /      Contingent  
 \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
 Administrator's Signature                      Date

**If applicable:**

Meet with a committee to further review behavior/ discipline problems.

Was an agreement made?      Yes\* / No      \*If yes, please provide the documentation.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Administrator Signature                      Date

**DISCLAIMER:**

Liberty Academy reserves the right to deny enrollment based on the following:

- Current enrollment is full (This may include a denial based on a specific grade's current enrollment being filled)
- Inadequate/ Incomplete registration packet
- Behavior Problems {Utah code 53A-2-208(3)(b)}

When the enrollment process is complete (registration packet, interview, and acceptance letter) please obtain a "receipt of acceptance" from the Registrar's office.



# Liberty Academy

## Registration Packet 2009-2010

Legal Name (as identified on birth certificate)

Student ID #: \_\_\_\_\_

Last

First

Middle

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Gender: M / F

Grade 2009-2010: \_\_\_\_\_

Birth Date

Student Phone:

Student Address:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home

\_\_\_\_\_

Street Address/ Apt #

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell

\_\_\_\_\_ / \_\_\_\_\_

City

State

Zip

### Student Demographic Information:

What was the date the student first enrolled in a U.S. school? \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Years enrolled in Utah school \_\_\_\_\_

#### Home Language Survey:

This information is helpful in order to provide meaningful instruction for all students and to communicate most effectively with parents.

1. Which language did your child learn when he/she first began to talk?  
\_\_\_\_\_

2. What language does your child most frequently use at home?  
\_\_\_\_\_

3. What language do you most frequently use to speak to your child?  
\_\_\_\_\_

4. Name the language most often spoken by the adults at home:  
\_\_\_\_\_

#### Ethnicity:

\_\_\_\_ Asian

\_\_\_\_ Black, not of Hispanic origin

\_\_\_\_ Hispanic

\_\_\_\_ White, not of Hispanic origin

\_\_\_\_ Pacific Islander

\_\_\_\_ American Indian (Tribe: \_\_\_\_\_)

\_\_\_\_ Alaskan

Note: Providing this information does not mean your child will be taught in his or her native language, but it will help us find additional methods, programs, or services to help your child learn.

# Contact Information

## Parent/ Guardian Information (Student's Primary Residence)

**Mother/Guardian:** \_\_\_\_\_

\_\_\_\_\_  
Name

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer

**Father/Guardian:** \_\_\_\_\_

\_\_\_\_\_  
Name

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer

**If parents are divorced or separated, please provide proof of:**

\_\_\_\_\_ Shared Custody

\_\_\_\_\_ Restraining Order

\_\_\_\_\_ Single Parent

## Emergency Contacts:

(Do not list anyone listed under Parent/Guardian)

If my Child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

**# 1**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

**# 2**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

**# 3**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

# Request for Transfer of Records

Please list previous school attended:

\_\_\_\_\_  
Name of School

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

I hereby give permission for Liberty Academy to request my student's complete, confidential school records.

\_\_\_\_\_  
Parent/Guardian Signature

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

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**Please check each of the instructional programs your child participated in at his/her pervious school(s):**

\_\_\_\_\_ **Special Education**

- \_\_\_\_\_ Resource Specialist Program (RSP) and Individual Small Group Instructions (ISGI)
- \_\_\_\_\_ Special Day Class/ Self-Contained
- \_\_\_\_\_ Speech and Language (SLP)

\_\_\_\_\_ **Other Programs**

- \_\_\_\_\_ Gifted and Talented
- \_\_\_\_\_ English as a Second Language (ESL) or English Language Development (ELD)
- \_\_\_\_\_ 504 Plan
- \_\_\_\_\_ Other: \_\_\_\_\_

**Please complete the following if your child has been enrolled in any of the special programs listed above:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Social Security #

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone

Parent/Guardian Name:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\* If you checked Special Education Program, we will need a copy of your child's IEP from his/her previous school. These records are needed in order to determine appropriate services for your child in our school.

## Disciplinary History Form

This information is allowed under Utah Code 53A-2-208(3)(b)  
(Please attach report from previous school.)

**Student Name**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

MI

\_\_\_\_\_

Grade

**Please circle the appropriate answer**

1. Has your student ever been suspended from school?                      Yes / No
2. Has your student ever been expelled from school?                      Yes / No
3. Is there any disciplinary action pending concerning your  
student from his/her previous school of enrollment?                      Yes / No

**If you answered yes to any of the above questions, please provide details below.**

(Include school name, student's grade level at the time of the incident, approximate date of the incident, description of the incident for which discipline was taken, and the type of discipline handed down by the school.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, certify that the above information is true and complete.

\_\_\_\_\_

**Parent/ Guardian Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date**

### Utah Code 53A-2-208(3)(b)

**(b) A board may provide for the denial of applications from students who:**

- (i) have committed serious infractions of the law or school rules, including rules of the district in which enrollment is sought; or
- (ii) have been guilty of chronic misbehavior which would, if it were to continue after the student was admitted:

- (A) endanger persons or property;
- (B) cause serious disruptions in the school; or
- (C) place unreasonable burdens on school staff

# Parent Input Form

(Optional)

*Confidential – Staff use only*

Student's name: \_\_\_\_\_ Grade ('09-'10): \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian home phone/cell phone numbers: \_\_\_\_\_

Parent/Guardian e-mail address: \_\_\_\_\_

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1. Allergies:

2. Diagnosis (optional):

3. My child learns best using the following types of model or modes of learning based upon my parenting experience:

- Auditory (learns well through listening, verbal instructions, CD's)
- Kinesthetic (learns well with physical experiences)
- Visual (learns by seeing, visual supports, computer, DVD's)
- Other:
- Do not know

4. Attributes your child possesses:

5. Items which my child likes or which motivate my child:

6. Items which can upset my child:

7. Please explain successful strategies you have used to reduce, eliminate, or redirect your child when your child becomes upset:

8. What not to do when my child becomes upset:

9. Items, strategies, or programs used at home to help my child communicate, complete his/her work or to learn concepts:

10. Please list strategies, programs, or interventions that you believe have been unsuccessful for your child and why you think they were unsuccessful:

# Kindergarten Entry Medical Checklist

*This form is to be filled out by child's physician or healthcare provider and parent/guardian for kindergarten entry. Please take this form with you to your child's pre-kindergarten checkup. Return the form to Liberty before the Kindergarten start date.*

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Student has received all necessary state immunization requirements or is on a set schedule to meet the requirements during the school year. *(Please give a copy of the immunization record to the school.)*

Immunization schedule arrangements: \_\_\_\_\_

Expected date to be current on immunizations: \_\_\_\_\_

1. M.D.  
initials

\_\_\_\_\_

2. Student current vision screening: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

2. M.D.  
initials

\_\_\_\_\_

3. Please list all of student's allergies including seasonal, food, and medication:

\_\_\_\_\_

\_\_\_\_\_

3. M.D.  
initials

\_\_\_\_\_

4. Is the student lactose intolerant? **YES NO**

If yes, is alternate food needed for school lunch? **YES NO**

4. M.D.  
initials

\_\_\_\_\_

5. Is the student on any medications? If yes, please list below: **YES NO**

\_\_\_\_\_

\_\_\_\_\_

5. M.D.  
initials

\_\_\_\_\_

6. Do any of the medications need to be given during school hours? **YES NO** If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

6. M.D.  
initials

\_\_\_\_\_

*Please note that if in-school medications are needed that **additional** paperwork must be submitted. (This includes asthma inhalers.) Forms may be picked up at the front office.*

7. Student has dental concerns. **YES NO**

If yes, please list: \_\_\_\_\_

7. M.D.  
initials

\_\_\_\_\_

8. Student has spinal abnormalities. **YES NO**

If yes, please list: \_\_\_\_\_

8. M.D.  
initials

\_\_\_\_\_

9. Please list any additional known medical concerns:

\_\_\_\_\_

\_\_\_\_\_

9. M.D.  
initials

\_\_\_\_\_

If any of the concerns listed above need special medical care, please explain below:

\_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Dentist Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Optometrist Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**LIBERTY ACADEMY**  
**FERPA AGREEMENT**  
*(PERMISSION TO SHARE IMMUNIZATION INFORMATION)*

Student Name \_\_\_\_\_

Gender: \_\_\_\_\_

USIIS School Id \_\_\_\_\_ (office use only)

Student DOB \_\_\_/\_\_\_/\_\_\_\_\_

School: Liberty Academy

Grade for 2009-2010 \_\_\_\_\_

**Utah 53-11-301 requires documentation of immunization for school attendance.**

The Utah Department of Health maintains a voluntary, confidential record system to assist parent/guardian, health care providers, and schools in documenting your child's immunizations. This record system is called the Utah Statewide Immunization Information System (USIIS). Allowing your child's school to share your child's immunizations history with USIIS will aid your child's health care provider, and the school to be determined with immunizations your child has received and which may still be needed.

**Many students' information may already be in the USIIS system. It may have been recorded by the health care professional that administered the immunizations. This form only allows us to input additional immunizations in the system so that we have a method of tracking your child's immunizations.**

\_\_\_\_\_ I **give** my permission for the school to share my child's/ legal dependant's immunization information with USIIS.

\_\_\_\_\_ I **do not give** my permission for the school to share my child's/ legal dependant's immunization information with USIIS.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

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

## ACKNOWLEDGEMENT OF SPECIAL NOTICES

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Liberty Academy, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Liberty Academy may disclose appropriately designated "directory information" without written consent, unless you have advised Liberty Academy to the contrary in accordance with Liberty Academy procedures. The primary purpose of directory information is to allow Liberty 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
- Sports activity sheets (i.e. weight and height of wrestling 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.

Liberty 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

If you do not want Liberty Academy to disclose directory information from your child's education records without your prior written consent, you must notify Liberty Academy in writing by 9/1/2009.

I have read, understand, and agree to comply with the policy described above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

## **ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES**

In compliance with Section 504 of the Rehabilitation Act (“504”) and the Americans with Disabilities Act (ADA), Liberty Academy will provide reasonable accommodations to qualified individual with disabilities. Students, parents or employees needing accommodations should contact their school ADA/504 Coordinator. In compliance with the Equal Educational Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is Liberty Academy policy to provide alternative language services to limited English Proficient (LEP students so that students with language barriers have a meaningful opportunity to participate in Liberty Academy educational programs. Fast Forward Charter High School provides English as a Second Language (ESL) instruction and other effective services to students who are identified as LEP by means of a thorough evaluation process. Parents or guardians who want to request alternative language services for their child should contact Liberty Academy.

## **EQUAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITY**

It is the policy of Liberty Academy to provide equal educational and employment opportunity for all individuals. Therefore, Liberty Academy prohibits all discrimination on the basis of race, color, religion, sex, age, national origin, disability, or veteran’s status. This policy extends to all aspects of Liberty Academy educational programs, as well as to the use of all Liberty Academy facilities, and participation in all school-sponsored activities.

## **CIVIL RIGHTS GRIEVANCE PROCEDURE**

Complaints of discrimination should be filed with the Administration. Complaints of discrimination should be reported as soon as possible, but no later than 90 days after the incident(s) in order to be effectively investigated and resolved.

Copies of the Title IX, Section 504 of the Rehabilitation Act, the American with Disabilities Act, and all other applicable State and Federal civil rights laws may be viewed at Liberty Academy.

I have read, understand, and agree to comply with the policies described above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

# Liberty Academy

## Acceptable Use Policy for Internet and Network Access

The goal of using the Internet is to provide support for the public education system. The Internet is a world-class tool for educators, students, and parents. It can provide many exciting educational resources and learning opportunities.

Unfortunately, there are materials on the Internet that are controversial in nature that do nothing to promote the educational process. It is important that all who access the Internet, demonstrate judgment on the information that they access. The following is prohibited:

1. Any use of the Internet for illegal or inappropriate purposes to access materials that are objectionable in a public school environment. Inappropriate use is defined as use in violation of the intended use of the Internet, to provide information to support the educational process. (e.g. Instant messenger, chat rooms, streaming video, audio, Internet radio, file sharing, MP3 downloading, and burning copies of copyrighted C.D's are prohibited).
2. Any use for commercial purposes, financial gain or political lobbying.
3. Access to the Internet without parental permission.
4. It is understood that Liberty Academy, Utah State Office of Education, and the Utah Education Network have no control of the information on the Internet. Some sites on the Internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive to some people. While the student will receive supervision and guidance while using the Internet, it is the student's responsibility to choose not to access materials that do not fit the goal of Internet use at Liberty Academy.

Students that break this Acceptable Use Policy may face one or all of the following consequences:

1. Loss of network / Internet access
2. Removal from class (timeout or conference)
3. Parent conference
4. Suspension from school for the remainder of the term
5. Expulsion from school for repeated violation
6. Civil and criminal charges filed against the student

I have read the Student Contract and the Internet Acceptable Use Policy and agree to all terms therein.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

I give permission for the student who has signed the above statement to have access to the Internet at Liberty Academy.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date