

Innovations International Charter School of Nevada

Student Registration Packet

Thank you for your interest in attending Innovations International Charter School of Nevada, home of the Ambassadors. We feel confident that by applying to our school, you have selected to 'Educate Your Child for Life'. Your completed Student Registration Packet is the first step towards securing this quality education for your child.

The following documents must be included with the enclosed completed student forms in order to finalize the registration process. These are:

- 1 An official birth certificate
- 2 Current immunization records
- 3 Current transcripts (applicable for middle and high school students)
- 4 Proof of grade level completion (report card indicating your child has passed the previous grade level for elementary and middle school)
- 5 Individualized Education Plan (IEP - if applicable)
- 6 Section 504 Accommodation Plan (if applicable)
- 7 Copy of parent/guardian's driver's license

Once your Student Registration Packet is complete, a confirmation will be mailed to your home with a student identification number securing a seat for your child in his/her appropriate grade level for the upcoming school year. Keep this card in a safe place and bring it to school on the first day as an acceptance for entry as an Innovations International student.

If you have further questions, contact the school at:

Phone: 702-216-4337

Fax: 702-216-4353

Innovations International Charter School of Nevada

Student Registration Form

NRS 392.165 State Law Requires Enrollment of Student by Legal Name Only

Please Print Clearly and Complete the Entire Page

Date:	School Year:	Grade Placement For This School Year:	School Attended Last Year:		Last Grade Attended:	
<p>Student Must Be Enrolled by Legal Name. (As per birth certificate or other legal document.)</p> <p>HOME LANGUAGE SURVEY: <i>Parent or Guardian Must Complete:</i></p> <p>1. First language spoken by student? English _____ Other _____</p> <p>2. Language spoken by student with friends? English _____ Other _____</p> <p>3. Language used in the home? English _____ Other _____</p> <p>STUDENT'S RACE/ETHNICITY: (Check one box)</p> <p>A. _____ / African-American</p> <p>B. _____ / American Indian/Alaskan Native</p> <p>C. _____ / Asian/Pacific Islander</p> <p>D. _____ Hispanic/Latino</p> <p>E. _____ White (Not of Hispanic origin)</p> <p>MILITARY DEPARTMENT: Is either parent on active duty in the Military Service? (Student need not be residing with this parent) _____ Yes _____ No</p> <p>SCHOOL INFORMATION (School Use Only)</p> <p>Has student ever received Special Education Services? _____ Yes _____ No</p> <p>Does student have a current IEP? _____ Yes _____ No</p> <p>Does student have a current Accommodation Plan (Section 504) in school? _____ Yes _____ No</p> <p>ALL STUDENTS NEED TO HAVE THE FOLLOWING DOCUMENTATION ON FILE:</p> <p>Birth Certificate _____ Yes _____ No</p> <p>Immunizations _____ Yes _____ No</p> <p>2 Proofs of Address _____ Yes _____ No</p> <p>Custodial Papers _____ Yes _____ No</p>	Student's Last Name		First Name		Middle Initial	
	Home Address				Student ID #	
	Birth Place		Birth Date		Gender	
	Has the student ever had Special Education Services? _____ Yes _____ No _____ Unsure					
	Is there a current IEP? _____ Yes _____ No		Is there a Section 504 Plan? _____ Yes _____ No		Does the child have LEP Services? _____ Yes _____ No	
	Is there referral for services? _____ Yes _____ No					
	Parent/Guardian Information : Must Be Completed by Parent/Guardian - Please Print					
	Relationship to Child		Parent's Last Name		Parent's First Name	
	Home Phone Number	Cell Phone Number		Work Phone Number	EmergencyPhone Number	
	Relationship to Child		Parent's Last Name		Parent's First Name	
Home Phone Number	Cell Phone Number		Work Phone Number	EmergencyPhone Number		
Non-Custodial Parent/Guardian Information						
Relationship to Child		Parent's Last Name		Parent's First Name		
Home Address				Zip Code		
Sibling Information						
Siblings At School:			Grade Levels:			
Emergency Contact Name		Relationship	Home Phone Number	Cell Phone Number		
Signature of Individual Registering Child:				Date:		

Innovations International Charter School of Nevada

Student Health Information

Name: LAST	FIRST	M.I.	STUDENT #
SCHOOL YEAR	GENDER	BIRTHDATE	GRADE
PARENT/GUARDIAN NAME (S) AND PHONE NUMBER (S)		EMERGENCY CONTACT NAME AND PHONE NUMBER	
Current Health Problems (Circle or Check All That Apply) (Medical Diagnosis Needed)			
No Known Disability Asthma/Airway Disorder Blood Disorder Food Allergy (List the food) Diabetes Seizures (List the type) Genetic Syndrome Glasses/Contacts Hearing Aid (Right) _____ (Left) _____ Hearing Impairment Immunization Exemption (Only medical and religious exemption accepted) ADD/ADHD Cancer Migraines	Multiple Disabilities Neurological Disease Muscular Disease Potentially Severe Reaction (List) Environmental Hypersensitivity (List) Skin Disorder Heart Problem Visual Impairment Color Blindness Exempt from Physical Screening Psychological Disorder Other (List)	Explain Circled Health Problems:	
Health information will be provided to appropriate personnel as necessary to ensure a safe and supportive environment for our students.			
Receiving medication? ____ yes ____ no		If yes, name of medication: _____ Needed at school? ____ yes ____ no	
Able to take PE/Recess: ____ yes ____ no		Parent/Guardian Signature _____ Date: _____	
(Must provide medical documentation regarding limitations and medication)			

Dear Parents/Guardians,

Your child's health information will be updated yearly to ensure his/her safety. This form is part of the registration and must be completed and signed. It will be placed into your child's permanent record. If you have circled or indicated any health problem (s), it is important that you provide an explanation in the area provided. It is the responsibility of the parent/guardian to notify the school of any significant health concerns. The following guidelines are provided to assist you in determining eligibility information.

Asthma

1. Moderate to severe attack within the last 2 years.
2. Receiving medication for asthma.
3. PE excuse for asthma.

ADD/ADHD

1. Requires medical diagnosis.
- Potentially Severe Reaction**
1. Life threatening

Visual Impairment

1. Vision not fully corrected with glasses.
2. Medical diagnosis associated with vision loss.

Medication at School:

Only medication approved and prescribed by a physician can be administered at school. If your child needs to have his/her medication during school hours, you must complete the appropriate medication form located in the school's office. No Over the Counter medication will be accepted or administered to your child. Examples of these are: Tylenol, cough medicine, Sinus medication, cough drops, etc. If you have further questions, please call the school's office at 216-4337.

Innovations International Charter School of Nevada

Home Schooling Declaration

Innovations International Charter School of Nevada is not a home schooling program. It is a State funded public charter school. Please read and check the statement below that best describes your child's current status.

_____ I have exempted my child for home schooling for the 2010-2011 school year but wish to withdraw my exemption and have my child attend Innovations International Charter School of Nevada. (If you check this statement, please contact CCSD Home Schooling Office to inform them that your child is enrolling in a public school and you would like to be withdrawn from your exemption).

_____ I have not exempted my child for home schooling for the 2010-2011 school year but have chosen to have him/her enrolled in Innovations International Charter School of Nevada.

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Student Name: _____ Grade: _____

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Innovations International Charter School of Nevada

Parent/Guardian/Student Contract

Innovations International Charter School of Nevada (IICSN) is an inclusive, dual language immersion program offering all students the chance to form a unique learning community. IICSN recognizes that knowledge is a powerful tool generated by developing an awareness that our students have unique needs and abilities. To capitalize on our students' strengths and on the strengths of individuals within our community, IICSN will focus on making learning more relevant to real life, assisting students in developing responsibility for self and community, and enhancing collaboration with community members, parents, business people, and institutions of higher education.

For your child to be enrolled at IICSN, you must read and fully understand each of the following requirements. By signing this document, you acknowledge that you understand and will comply with the guidelines set forth by the school.

1. Parents/Guardians must take an active role in their child's academic progress by monitoring completion and submission of assignments and by checking the child's grades weekly.
2. Parents/Guardians/Students will attend mandatory school orientation sessions. These will be held periodically over the course of the school year. Parents/Guardians/Students will be notified of these dates.
3. Students will attend school on their regularly scheduled days. They are expected to be punctual and prepared to begin instruction when the school day begins.
4. Students will complete all assignments given by their instructors prior to their next assigned instructional day.
5. Students will complete an 8 hour school day and a 180 academic school year as proposed by CCSD's regular schedule. Research shows that more time on task increases the child's ability to learn.
6. Lack of consistency in attending IICSN will result in excessive absences and/or lack of academic participation. This will lead to denial of credits and consideration for withdrawal from the school. Required Parent Conferences will be held to discuss these attendance issues with families.
7. Students are held responsible for contacting the teachers to seek further assistance when needed.
8. Students should be provided a quiet, distraction-free learning environment at home to foster learning and homework completion.
9. A parent/guardian will call the office if his/her child is to be absent from school for any reason. This phone call must be made at the beginning of the day in order to alert the teachers to the child's status for the day.

Parent/Guardian Provisions

I will provide a computer with Internet access in my home for my child (ren) if it is within my financial ability. I understand the computer system must have the minimum components listed on the page following this contract. In the event of home computer problems, I understand that I must provide alternate computer access for my child. (ie: Public Library access)

I will provide my child (ren) with an Internet account so he/she may access the curriculum and correspond with the teachers through an email account. I understand that IICSN utilizes the computer and other elements of technology to provide supplemental instruction for my child (ren).

I understand that IICSN is a public charter school sponsored by Clark County School District (CCSD). Through established Nevada Revised Statutes, my child cannot be enrolled in a CCSD school while enrolled at IICSN. I understand that he/she may only attend IICSN if not currently enrolled in another public school. I understand that if I choose to discontinue enrollment at IICSN, my child must be formally withdrawn from the program and I am required to complete and sign an official withdrawal form with the school's office.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Student Provisions

I understand that I am responsible for attending school regularly and for following all the rules and regulations set by IICSN for my protection and my academic success. I understand that I am responsible for taking good care of all learning materials provided me during the school year.

I understand that I am responsible for following directions and for seeking extra help if I don't understand what to do in my assignments. I will ensure that I contact my teacher through email in order to clear up any questions I may have.

I understand that I am responsible for my own actions on and off campus and that any decisions I make directly affect my academic success. I will keep an open mind and do whatever it takes to be a responsible member of IICSN's learning community.

(Student Signature)

(Date)