

Capitol High Academy

2009-2010 Student Enrollment Packet

Greetings Prospective Parents and Guardians:

Thank you for your interest in enrolling your child at Capitol High Academy for the 2009-2010 school year. We fully acknowledge that you have many options for your child's education and we are honored that you have chosen our school. Only parents or legal guardians can enroll students. If you are a legal guardian we will need a copy of the legal documents affirming your guardianship. All students who attend EBRP schools must pre-register before the fall semester. **Please return your completed Enrollment Packet to the school office.**

The following documents are required before your child's Enrollment Packet will be accepted:

- Complete the 2009-2010 Student Application Form
- Complete 2009 Capitol High Academy Enrollment Forms 1, 2, 3, 4, 5
- Copy of child's Social Security Card
Where to Find It:
Social Security Office/5455 Bankers Ave/BR, LA 70808/800-772-1213
- Copy of child's Birth Certificate
Where to Find It:
Birth Certificate/EBRP Health Unit/353 N. 12th St/BR, LA/225-342-1930
- Copy of Child's Immunization Records
- Current Disciplinary Records or letter stating there is no disciplinary record
- Copy of IEP and/or 504 plan (for special education students only)
- Proof of legal guardianship (notarized documents will not be accepted)
- Transcript from previous school (if transferring from another district)
- Copy of most recent grade report
- LEAP scores
- Proof of residence (see below for proof options)

Proof of Residence Requirements – must have in order to establish current residency.

ONE OF THESE	AND	ONE OF THESE
<hr/>		<hr/>
<input type="checkbox"/> Lease/Rental Agreement		<input type="checkbox"/> Cable Bill
<input type="checkbox"/> Mortgage Statement		<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Real Estate Contract		<input type="checkbox"/> Phone Bill

OUR MISSION
<p>Capitol High Academy for Boys mission is to prepare young men to enter an institution of higher learning or successful employment in the workforce.</p> <p>Capitol High Academy for Girls mission is to create a rigorous, safe and supportive learning environment where each student can develop her potential and prepare for her role as a productive citizen, a leader, and a life-long learner.</p> <p style="text-align: right;">The Power is in the Pride</p>

Family Information

Form 1

Student Information (please print)

Legal Last Name

Legal First Name

Mailing Address

City

State

Zip

Date of Birth

Social Security Number

Gender: Male Female Grade child will start fall 2009 _____

Bus Transportation required? (home is more than a mile from school) YES NO

What type of lunch does your child receive? Free Reduced Not Applicable

Ethnic Background:

African American American Indian Asian/Pacific Islander Caucasian Hispanic

Primary Parent/Guardian Information

Parent/Guardian #1/Last Name

First Name

Residence Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Employer Name

Employer City

Parent/Guardian #2/Last Name

First Name

Residence Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Employer Name

Employer City

Names of other children enrolling at the Academy:

Student Service Intake Information	Form 2
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Capitol High Academy is fully committed to providing quality education to all of our students, including those with special needs. We need your help, so please complete this page with care.

SECTION 1		
Check Yes or No as applicable:	Yes	No
Has your child ever been screened for special education?		
If yes, what school/facility that did testing:		
Does she/he currently qualify? If yes, please complete section 2 of this form.		
Does your child take medication for any medical reason (ADHD, Diabetes, etc.)?		
If yes, what medication?		
Does your child wear glasses?		
Does your child use a hearing aid?		
SECTION 2 – FILL OUT ONLY IF YOUR CHILD HAS A CURRENT IEP OR 504 PLAN		
What type of plan does your child have? IEP _____ 504 Plan _____ If your child has either of these, you must submit a copy to Capitol High Academy ASAP		
Diagnosis (check all that apply):		
<input type="checkbox"/>	Learning Disability in <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Written Expression	
<input type="checkbox"/>	Mental Retardation	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/>	Emotional Disturbance/Behavior Disorder	<input type="checkbox"/> Speech/Language Impairment
<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/> Orthopedic (Physical) Impairment
<input type="checkbox"/>	Other :	
<input type="checkbox"/>		<input type="checkbox"/> Other Health Impaired
<input type="checkbox"/>		<input type="checkbox"/> Visual Impairment
<input type="checkbox"/>		<input type="checkbox"/> Young Child with a Developmental Delay

Because we are legally obligated to provide your child with all services on his/her IEP or 504 Plan, it is extremely important that you let us know if your child has an IEP or 504 Plan. Your signature indicates that all information on this form is correct. Please sign below to indicate that you understand this and have provided full and accurate information.

Parent/Guardian's Signature	Date
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*Student Last Name**Student First Name***Language Information**

Is a language other than English used at home? YES NO (If NO, skip this section, go to Residency)

What was the first language your child learned to speak? English Spanish Other _____

What language(s) does your child speak most often at home? English Spanish Other _____

What language is spoken most often in your home? English Spanish Other _____

Residency

How long has your child been in the United States of America in the public school system?

 Born in USA Four(4) or more years Zero(0) to three(3) years

Are you currently residing in a hotel, motel, car, or at a campsite because your home has been damaged or because of economic reasons? YES NO

Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? YES NO Explanation: _____

Are you currently residing in a shelter? YES NO

Are you currently living in a temporary housing due to economic hardship? YES NO

Work History

Have you moved within the past three (3) years to seek or obtain work? YES NO

Does the work fall into any of the following categories?

Check all that apply:

 Planting or harvesting crops Feeding poultry, gathering eggs, working in a hatchery Processing meat, poultry, fruit or vegetables, dairy products Commercial fishing or working on a fish farm

*Parent/Guardian Signature**Date*

Health Information

Form 4

Student Information

Legal Last Name

Legal First Name

Date of Birth

Social Security Number

Gender: Male Female

Grade child will start fall 2009 _____

A copy of a physical exam in the past year must be on record at the health office.

Is the health record attached? YES NO

Health Insurance Carrier

Policy Number

Does your child have any allergies to foods, medications or environments? Yes No

If yes, please list allergy, note level of intensity and any medication used.

Allergy	Mild	Moderate	Severe	Delayed	Life Threatening	Under Physicians Care/ Medication Used

You must bring medication to the school nurse including written doctor's orders (i.e. Benadryl, Epi-pen, and Tylenol). Forms at the health office must be renewed each year for medication.

List all medications your child is currently taking:

What surgeries or serious injuries has your child had?

Are there any other illnesses or conditions we should be aware of?

A copy of you child's Immunization Records is required. Immunizations must be up to date. Records must be shown for the following:

- Diphtheria
- Varicella
- Tetanus,
- Whooping cough
- Polio
- Hepatitis B
- Two does of MMR – (measles/mumps/rubella)

Please check any of the following that your child has suffered from in the past or present:

- | | |
|---|--|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Measles (regular) | <input type="checkbox"/> Trouble with Kidneys |
| <input type="checkbox"/> Measles (3 day) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Bleeding Tendencies |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Cleft Palate | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Diabetes (sugar) | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Neck Injury |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Bone/Joint Injury or Disease |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Emotional (Psychological) Disturbance |
| <input type="checkbox"/> Orthopedic Defect (handicap) | <input type="checkbox"/> Other _____ |

Please offer explanation for each checked item:

Parent/Guardian's Signature

Date

Request for Records**Form 5**

*Student Last Name**Student First Name*

*Date of Birth**Grade**Student School ID# (if available)*

Student's Former School

*School Address**City**State**Zip*

*School Phone Number**School Fax Number*

*Parent/Guardian's Signature**Date*

Your signature grants the sending school permission to forward your child's school records to Capitol High Academy.

Attn: School Records Clerk
From: Capitol High Academy

The above named student has enrolled at Capitol High Academy for the 2009-2010 school year. Please include the contents of the student's cumulative records: Health Records, Report Cards, Behavior Record, Special Education Reports, Primary Language and Standardized Test Scores.

Please forward all Educational Records To:

Student Enrollment Coordinator/Academy Library
Capitol High Academy
1000 N. 23rd Street
Baton Rouge, LA 70802

Parental permission is no longer required when records are requested by authorized personnel (Family Educational rights and Privacy Acts, Final Rule on Educational Records, Federal Register, and June 17, 1976. Vol. 41 No 118, page 24673).

Thank you in advance for your prompt attention to this matter.

*Authorized Capitol High Signature**Date*