



4625 Werling Dr.  
 Fort Wayne, IN 46806  
 Phone: 260-441-8727  
 Fax: 260-441-9357

## 2018 - 2019 STUDENT REGISTRATION

### STUDENT INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_ Birth date \_\_\_\_\\_\_\\_\_\\_\_  
 Address \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Home telephone \_\_\_\_\_ City of birth \_\_\_\_\_ Country of birth \_\_\_\_\_  
 Grade \_\_\_\_\_ Sex M or F (*circle one*) Social Security # \_\_\_\_\_

### PREVIOUS SCHOOL INFORMATION

Name of last school attended \_\_\_\_\_ Dates attended \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Telephone number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 School district in which parent or guardian lives \_\_\_\_\_

### FAMILY INFORMATION

	<i>Last name</i>	<i>First name</i>	<i>Employer</i>	<i>English proficient</i>	<i>Other language spoken/ read</i>	<i>Daytime phone</i>	<i>Evening phone</i>
Father				Yes or No			
Mother				Yes or No			
Step-parent				Yes or No			
Guardian				Yes or No			

#### *Student lives with*

*check one*

#### *Information on other children in home*

<i>Student lives with</i>	<i>check one</i>	<i>Name of other children in home</i>	<i>Birth date</i>	<i>Social Security #</i>	<i>Grade</i>
Parents					
Father & stepmother					
Mother & stepfather					
Mother only					
Father only					
Guardians					
Court-appointed guardians					
Foster parents					

#### Ethnicity - please check one:

- No, not **Hispanic/Latino**  
 Yes, **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)

#### What is the individual race:

- American Indian/Alaska Native** (A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition)  
 **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, Philippine Islands, Thailand and Vietnam)  
 **Black or African American** (A person having origins in any of the black racial groups of Africa)  
 **Multiracial** (A person having a biological parent who is of a different race from the other)  
 **Native Hawaiian or 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)

Signature of Parent/Guardian \_\_\_\_\_ Date Enrolled \_\_\_\_\_

#### FOR SCHOOL USE ONLY

Date enrolled \_\_\_\_\_ Date records requested \_\_\_\_\_ Date records received \_\_\_\_\_ Teacher \_\_\_\_\_

Copy of birth certificate? Y or N Copy of Immunizations Y or N Social Security Card? Y or N 2 forms of proofs of residency? Y or N



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## 2018 - 2019 EMERGENCY PROCEDURE CARD

Child's name (including last, first, middle initial)		Child's address (including house number and street, building/apartment number)		Grade
Child's date of birth	Home phone number ( )	City	State	ZIP Code

### Residency information

Student lives with (please circle one) parents, mother, father, stepmother, stepfather, other (explain):

Father's/legal guardian's name			Mother's/legal guardian's name		
Home address (if not child's address)			Home address (if not child's address)		
City	State	ZIP Code	City	State	ZIP Code
Employer name			Employer name		
Employer address			Employer address		
City	State	ZIP Code	City	State	ZIP Code
Employer phone number ( )	Hours of employment a.m. to p.m.		Employer phone number ( )	Hours of employment a.m. to p.m.	

### Contact instructions

Please indicate whom we should contact in case of an emergency (other than parent):

1 <sup>st</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )
2 <sup>nd</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )
Doctor:	Office phone:	( )
	Alternate phone:	( )

Name(s) of person to whom child may be released or whom we should contact in case of early dismissal (other than parent or legal guardian):

1 <sup>st</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )
2 <sup>nd</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )

Are there any restrictions on your child's activities at school? Yes or No If Yes, please explain.

Is there any **medical information/concern** you would like to share with the school which might help better serve your child? This information is confidential.

In case of separated or divorced parents, are there any legal restrictions on the release of child to either parent? If so, provide a copy of formal documentation to keep in your child's file.

### Emergency instructions

- I give permission to Timothy L. Johnson Academy to secure emergency medical and/or surgical treatment for the above named minor child while in its care.
- I do not give permission to Timothy L. Johnson Academy to secure emergency medical and/or surgical treatment for the above named minor child while in its care.

Hospital preferred in case of emergency:	Phone: ( )
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Health insurance policy name and number:
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<b>Allergies:</b>
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Signature of Parent or Guardian	Date
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## 2018 - 2019 MEDICATION

*Permission is needed to administer prescription and non-prescription medication.  
 All students must complete this form.*

Physicians may find it necessary to prescribe medication to be given during school hours. If your child is taking any medication it must be dropped off at the school office by the parent, who must make arrangements with the school to take this medication. Such medication must be in its original container and accompanied by the physician's written instructions, containing the following information:

1. Student's name
2. Name of prescribing doctor
3. Name of medication
4. Instructions such as dosage and time to be given

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_

Name of medication \_\_\_\_\_ Diagnosis/purpose of medication \_\_\_\_\_

Form of medication  Tablet/capsule  Liquid  Inhaler  Injection  Nebulizer  Other \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Time \_\_\_\_\_

How is medication to be administered? \_\_\_\_\_

Should the school be aware of any adverse reactions or precautions? \_\_\_\_\_

Home phone \_\_\_\_\_ Emergency phone \_\_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

The undersigned parent/guardian authorizes Timothy L. Johnson Academy through its administrators and/or staff to administer medication or to supervise the taking of medication by my child.

It is understood that the undersigned parent/guardian shall immediately notify school personnel in writing in the event the prescription shall be discontinued or modified. Refills of the prescription shall be the responsibility of the parent/guardian.

Further, the undersigned shall release and indemnify Timothy L. Johnson Academy and its employees from any liability or damage which may result from the administration of said medication as prescribed by the physician.

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date



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## 2018 - 2019 FIELD TRIP PERMISSION SLIP

I give permission for my son or daughter (the "Participant") to participate in field trips during this school year. It is required that each Participant's parent or legal guardian signs this Acknowledgement and Assumption of Risk and Release. By signing this document you:

- Represent to Timothy L. Johnson Academy, Phalen Leadership Academies, schools officials, employees and members (Phalen Leadership Academies) that the Participant has no injury, illness or other medical condition that would prevent him/her from participating or that would make it dangerous, harmful, or inadvisable for him/her to do so.
- Agree to use Participant's personal medical insurance as primary medical coverage payment if accident or injury occurs.
- Consent to emergency medical treatment for Participant; in the event such care is needed.
- Assume the risk of and release and hold Phalen Leadership Academies harmless from and against any and all liability for any physical or other injury or harm suffered by the Participant during or as a consequence of participating in this event; and
- Agree that neither Phalen Leadership Academies nor any other person involved in organizing or conducting this event shall have any liability or responsibility for any such injury or harm the Participant may suffer.

I have carefully read, understand, and hereby agree to the above and acknowledge that this agreement shall be binding on me, my spouse, my children, legal representatives, heirs, successors and assigns:

Information concerning a specific field trip, such as date, time of departure, destination, cost and means of transportation, will be sent to the parent/guardian by the teacher prior to each field trip.

\_\_\_\_\_  
 Student's Name (please print)

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date



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School Use Only  
 Approved for:  
 1  2

## 2018-2019 Household Information Survey

Timothy L. Johnson Academy is participating in the Community Eligibility Option (CEO) provision under the National School Lunch Program. Under CEO, 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) may qualify for, please complete, sign and return this application to Timothy L. Johnson Academy.

**IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES ASSISTANCE FROM; FOOD ASSISTANCE PROGRAM (FAP), FAMILY INDEPENDENCE PROGRAM (FIP), OR FDIPIR, PLEASE PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS. BRIDGE CARD NUMBERS AND MEDICAID NUMBERS ARE NOT ACCEPTABLE CASE NUMBERS.**

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**These sections must be completed by the head of household or designee.**

### Section 1 - Size of family

Fill in all information concerning those living in your household

Last Name	First Name	Date of Birth	School if student	Identify if H-Homeless M-Migrant R-Runaway F-Foster

### Section 2 – Total Monthly Household Income

Please report income for all members of household excluding Foster Children.  
*If you have reported a case number above, you do not need to fill in this section.*

Type of Income	Income	Circle if No Income
Gross monthly Earnings: Wages, Salary, Commissions	\$	None
Monthly Welfare payments, Child Support, Alimony	\$	None
Monthly Payments from Pensions, Retirement, Social Security	\$	None
Monthly Dividend or Interest on Savings	\$	None
Monthly Worker’s Compensation, Unemployment, Strike Benefits	\$	None
Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	None

### Section 2 – Signature

If income section is completed, the adult signing the form must also list the last four (4) digits of his/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 that the sponsor will be eligible for certain federal and /or state funds based on the information I give. I understand that sponsor officials may verify the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Last four(4)digits of adult social security number: xxx-xx- \_\_\_\_\_ I do not have a social security number

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_



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## 2018 - 2019 STUDENT RESIDENCY

By completing this questionnaire, you help the school comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the school identify services that the student may be eligible to receive.

Student's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

Parent(s) name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

1. Where is the student living now? *(check one box)*

- In a shelter
- In a car
- In a motel or hotel
- In a trailer park or campsite
- With more than one family in a house or apartment
- With friends or family members other than parent or guardian
- None of the above

*If you checked the box marked "None of the above" you do not have to complete the remainder of this form. Please sign below and return a copy of this form to the school office.*

2. Does the living arrangement marked in Question 1 result from a loss of housing or economic hardship?

- Yes  No  Unsure

3. The student lives with:

- 1 parent
- 2 parents
- 1 parent and another adult
- A relative, friend(s) or other adult(s)
- Alone with no adults
- An adult who is not the parent or legal guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**FOR SCHOOL USE ONLY**

- Student not covered by McKinney-Vento Act
- Student covered by McKinney-Vento Act
- Follow-up required

Contact person at the student's school who may know of the family situation:

Name \_\_\_\_\_

Phone number \_\_\_\_\_



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## 2018 - 2019 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

**Please check the boxes of the items you would like to allow your child to participate in and sign below.**

### News information release

There may be times during the school year when the academy, Phalen Leadership Academies, news media or others wish to photograph or videotape your child at Timothy L. Johnson Academy for use in print, video, Internet or other communications methods.

*I give my permission to Timothy L. Johnson Academy to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums for the academy or its management company, Phalen Leadership Academies, and/or in local media coverage of academy events.*

### Communication release

There may be times during the school year when the academy, Phalen Leadership Academies or others wish to identify your student by name and grade in newsletters, publications or yearbooks.

*I give my permission to Timothy L. Johnson Academy and its management company, Phalen Leadership Academies, to identify my child by name and grade in newsletters, publications or yearbooks.*

### Artwork release

There may be times during the school year when the academy, Phalen Leadership Academies, news media or others wish to use artwork created by your child at the academy for use in print, video, Internet or other communications methods.

*I give my permission to Timothy L. Johnson Academy to use artwork created by my child for promotional purposes in a variety of mediums for the academy or its management company, Phalen Leadership Academies, and/or in local media coverage of academy events.*

\_\_\_\_\_  
 Student's Name *(please print)*

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date



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2018-2019

Dear Parent/Guardian:

Indiana law requires each year that parents/guardians be informed “about meningococcal disease and its vaccine” (IC 20-30-5-18).

Meningococcal disease is a dangerous disease that can strike children and youth. The disease can progress rapidly and within hours of the first symptoms, may result in death or permanent disability including loss of hearing, brain damage, and limb amputations.

Symptoms of meningococcal disease often resemble the flu and can include a fever, headache, nausea, and stiff neck, making the disease difficult to diagnose. The bacteria that cause meningococcal diseases are transmitted through air droplets and by direct contact with an infected person. Fortunately there is an immunization available and the U.S. Centers for Disease Control and Prevention recommends routine meningococcal immunizations at 11 to 12 years old. For teenagers, immunization is recommended at high school entry and incoming college freshman.

Please talk with your child’s health care provider about meningococcal disease and vaccination.

Sincerely,  
Timothy L. Johnson Academy

**~ Parents Keep ~**