



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 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 st choice:	Daytime phone:	()
	Alternate phone:	()
2 nd 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 st choice:	Daytime phone:	()
	Alternate phone:	()
2 nd 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: ()

Health insurance policy name and number: _____

Allergies: _____

Signature of Parent or Guardian _____ Date _____



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2018 - 2019 REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward the transcript(s) of _____, born _____,
(print student's full name) (birth date)
 who enrolled in grade _____ at Timothy L. Johnson Academy on _____.
(date)

It is requested that information about courses taken, grades earned to the date of withdrawal, standardized test results, parent-teacher conferences, health records, psychologist reports and other important data be included.

In addition, if the student had a 504 plan or was receiving special education services, please forward these records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the information to be sent.

Thank you.

Send records to:

Timothy L. Johnson Academy
 4625 Werling Dr.
 Fort Wayne, IN 46806
 Fax: 260-441-9357

Parents

Please sign and complete the information below as a request for release of your child's student records.

Name and address of school last attended:

 City State ZIP Code

(_____) _____
 Phone number

 Signature of Parent or Guardian

 Date



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2018 - 2019 SPECIAL EDUCATION RECORDS REQUEST

Please complete this form for all new students who were enrolled in special education at their previous school. This request will then be forwarded to the special education department of your child's previous school district.

Student name _____ Grade _____ Date of birth _____

Parent(s) name _____ Phone number _____

Address _____ City _____ ZIP Code _____

Previous district attended _____ Building _____

Address _____ City _____ ZIP Code _____

Disability _____

District contact person _____ Phone _____

Date of last Individual Education Plan _____ *(please attach a copy)*

Please sign below so that we may request your child's special education records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

I grant permission for Timothy L. Johnson Academy to receive the special education records of my
 child _____ from _____ school district.
(please print name) (please print name)

 Signature of Parent or Guardian

 Date

FOR SCHOOL USE ONLY

Date form forwarded to special education teacher ____/____/____

Date records requested from previous school ____/____/____

Date records received from previous school ____/____/____



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

**2018 - 2019
 MEDICATION**

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 FDPIR, 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 HOME LANGUAGE SURVEY

Student's name _____ Grade _____ Date of birth _____

Parent(s) name _____ Phone number _____

Address _____ City _____ ZIP Code _____

What was the first language your child learned? _____

What language is spoken most often by your child? _____

What languages, other than English, are spoken in the home? _____

Was your child receiving help with English in their previous school? _____

Comments

Signature of Parent or Guardian

Date



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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
 Department of Health's
 Children and Hoosiers Immunization Registry Program (CHIRP)**

I, _____, give Timothy L. Johnson Academy permission to release the following information concerning my child _____ to the Indiana State

Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

- | | |
|----------------------------|------------------|
| * Full name of the student | * Parent(s) name |
| * Date of Birth | * Phone number |
| * Address | * Immunizations |

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

Signature

Date

Printed Name of Parent or Guardian

Address

Telephone Number

Child's Name

Grade



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School

2018 - 2019 AFFIRMATION OF PRIOR DISCIPLINE RECORD

Check the appropriate box, provide all appropriate information and sign this document.

I affirm that the information provided here is true and that any false statement may result in forfeiting my child's enrollment privileges at Timothy L. Johnson Academy.

The undersigned affirms that _____
has not been suspended or expelled from any school.

The undersigned affirms that _____
has been suspended or expelled from a school.

If the student has been suspended or expelled, please provide the school name, date of **suspension and/or expulsion**, along with a detailed description of the incident(s).

 Signature of Parent or Guardian

 Date

 Signature of Timothy L. Johnson Academy Staff Member

 Date copy sent for verification

Former school district

Name and address of responding school district:

 City State ZIP Code

() _____
 Phone number

Please check one:

According to our records, we verify that the information provided above by the parent/student is correct.

According to our records, the information provided above by the parent/student is not correct. Appropriate documentation of suspensions and/or expulsions is attached.

 Signature and title of sending district administrator

 Date



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2018 - 2019 INSTRUCTIONAL PHILOSOPHY

IDEA 97 states that, to the maximum extent appropriate, children with disabilities should be educated with children who are not disabled. Special classes, separate schools or other removal of children with disabilities from the regular educational environment should occur only when the nature or severity of the disability of a child is such that education within regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. Timothy L. Johnson Academy embraces this philosophy, believing that special education students can best be educated in the regular classroom. Our teachers accept responsibility for all students in their classroom and modify, accommodate and adjust teaching techniques and classroom activities to meet the learning abilities of all children.

Please indicate on the Special Education Records Request form in this registration packet if your child has an Individual Education Plan in place. You will receive an invitation from the intervention specialist or resource teacher to attend an IEP meeting, if necessary, within the first month of your child's enrollment at our academy.

The following signature indicates that I understand the instructional philosophy of the school.

Signature of Parent or Guardian

Date

The academy is participating in an effort to identify, locate and evaluate all children who may have disabilities. For more information regarding assistance for students with disabilities or if you suspect a child may have a disability, please contact the school leader.



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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 ~