



Principle Academy Charter

Formerly known as IAAC

Student
Registration
Packet
2018-2019

Completed registration packets will include photocopies of:

- Certified birth certificate
- Current year's immunization record
- Proof of address (utility bill, mortgage/lease) as required
- Current Individualized Education Plan (IEP) or 504 Plan if applicable
- Proof of guardianship documentation (if not listed as parent on birth certificate) if applicable
- Last report card/transcript (High School Students Only)

Student Medical Registration Information

Student's Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Grade 2018: _____

Primary Language Spoken at Home: _____

Siblings at Principle Academy Charter School (*Names and Grades*):

Home Address: _____ Home Phone: () _____ - _____

Parent/Guardian Name: _____

Home Address (*if Different*): _____

Work Phone: _____ Cell Phone: () _____ - _____

Parent/Guardian Name: _____

Home Address (*if Different*): _____

Work Phone: _____ Cell Phone: () _____ - _____

Emergency Contacts (if Parent/Guardian can't be reached)

Contact #1

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Contact #2

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Contact #3

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Physician's Information

Physician's Name: _____ Physician's Phone: _____

Physician's Address: _____

Does your child currently have health insurance? Yes No

Name of Insurer: _____

Health History Does

your child have:

Yes No

- Completed Immunizations – Attach complete immunization records
- Lead screening test- Included in physical examination record -Kindergarten
- Allergies to food – Describe _____
- Allergies to medication – Describe _____
- Allergies to other – Describe _____

Does your child need treatment for these allergies? Yes No **Explain:** _____

- History of Anaphylaxis Epi Pen[®] Yes No
- Asthma/Reactive Airway Disease – List triggers _____

What is the current treatment plan? _____

Parent/Guardian Signature

Date _____

Release of Information

As parent/guardian of _____, who is enrolling at Principle Academy Charter School, I authorize the release of all school records and information.

Current school's name: _____

Current school's address: _____

I ask that

- Health records
- Transcripts
- Test records
- Individualized Education Plan or 504 Plan
- All Special Education forms, testing, reviews, etc.
- Any other relevant information should be sent directly to:

**Principle Academy Charter School, 6718 Black Horse Pike
Egg Harbor Township, NJ 08234, U.S.A.**

Parent/Guardian Signature _____ *Date* _____

Special Needs Survey

If your child **currently** receives services through an Individualized Education Plan or 504 Plan, please complete this survey and release of information so we may begin planning for the necessary services.

Student Name: _____ **Grade (Fall 2018):** _____

Current School: _____

Does your child Currently Have a(n): Individualized Education Plan
 504 Plan

Briefly describe the disability and/or services required for your child.

Parent/Guardian Name - Please Print _____

Parent/Guardian Signature _____

Date _____

Authorization for Release of Information

Student's Name: _____ Date of Birth: _____
Address: _____
Current School: _____ Grade (2018): _____
 Send to Receive from Exchange with

1. Person or agency to whom the disclosure is to be made:

Name: Principle Academy Charter School
Address: 6718 Black Horse Pike, Egg Harbor Township, NJ 08234
Phone: 609-498-6350 **Fax:**
609-450-7135

2. The information contained in student's records may be shared by fax, mail, or telephone. Specific type of information to be shared between International Academy of Atlantic City and _____ above person:

- Multidisciplinary evaluation / IEP Report
- Mental health evaluation / treatment / psychiatric history
- Documentation of ADD / ADHD
- Summary of classroom performance / behavior
- Medical diagnosis / medication

Other: _____

3. The purpose of the release and need for disclosure is:

- Educational assessment planning
- Progress / recommendations
- Service coordination
- Disability qualification

Other: _____

4. Revocation of authorization: This authorization may be revoked by written notice. This authorization remains in effect until revoked in writing or for one year from the date of signature.

Exceptions are as follows: _____

Name: _____ Relationship: _____

(Parent/Legal guardian/Student over 18 years of age)

Signature: _____ Date: _____

Student's Name: _____ Grade: _____

Student Photographs

Principle Academy Charter School has my permission to use photographs of the above named student for marketing purposes. Such photographs may appear in newspapers, magazines, school website, brochures, slide shows, or other publicity materials without any compensation or prior approval.

Parent/Guardian Signature _____ Date _____

School Lunch Program

Please "X" the box that fits the student's lunch program needs.

- My child will not participate in the PAC Lunch Program and will bring a lunch from home.
- My child will participate in the PAC Lunch Program at full cost.
- My child will participate in the PAC Lunch Program and is currently eligible for free/reduced lunch.
(Financial documentation may be required)

Parent/Guardian Signature _____ Date _____

Arrival/Departure from School

Please "X" the box that fits the student's arrival/departure from school needs.

- My child will be dropped-off and picked-up by a parent/guardian or approved adult.
- My child will require bus transportation (if applicable).

Parent/Guardian Signature _____ Date _____

Student/Parent Handbook Acknowledgement

I understand that it is my responsibility to read and understand the Student/Parent Handbook, which will be provided to me during the first week of school and will be available on Principle Academy Charter School website for my review. The handbook will contain all the rules and regulations of PAC, including but not limited to, the Anti-Bullying Policy, the Internet Use Policy and the Student Attendance Policy and Procedures. It will be my responsibility to sign the Acknowledgement page of the Student/Parent Handbook and return it to school with my child(ren) before the due date issued by PAC.

Parent/Guardian Signature _____ Date _____

Student's Name: _____ **Grade (2018):** _____

Person(s) AUTHORIZED to pick up student from Principle Academy Charter School (other than parent or guardian)

***Photo ID will be required for all person(s) picking student up from IAAC who is not the parent/guardian*

Person 1:

Name: _____

Phone #: _____

Relationship to student: _____ *E-mail Address:* _____

Address:

Person 2:

Name: _____

Phone #: _____

Relationship to student: _____ *E-mail Address:* _____

Address:

Person 3:

Name: _____

Phone #: _____

Relationship to student: _____ *E-mail Address:* _____

Address:

Person 4:

Name: _____

Phone #: _____

Relationship to student: _____ *E-mail Address:* _____

Address:

Person 5:

Name: _____

Address: _____ *Phone #:* _____

Relationship to student: _____ *E-mail Address:* _____

Parent/Guardian Signature _____ *Date* _____

Student's Name: _____ **Grade:** _____

Dear Parents and/or Guardians,

The U.S. Department of Education has issued guidelines regarding the collection of data on ethnicity and race for public school students. The federal government requires all states to collect this information and has developed reporting categories designed to provide a more accurate picture of the nation's ethnic and racial diversity.

We are asking the parents and guardians of all students to complete the brief form below to update information about their children's ethnicity and race. The federal government requires that both ethnicity and race be identified and provides only the categories listed. If you do not answer both questions, school personnel are required to make selections for you.

Student's Name: _____ **Grade:** _____

Is your child's native tongue a language other than English? Yes No

If yes, what is the language? _____

Is the primary language used in your child's home a language other than English? Yes No

If yes, what is the language? _____

Please Answer Both Questions:

1. Is your child of Hispanic/Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Yes No

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following checking one or more boxes to indicate what you consider your student's race to be.

2. What is your child's race? (Please mark all that apply.)

- American Indian or Alaska Native** – a person having origins in any of the original peoples of North and South America (including Central America), who maintains a tribal affiliation or community attachment
- Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, and Vietnam
- Black or African American** – a person having origins in any of the Black racial groups of Africa
- Native Hawaiian or other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White/Caucasian** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I choose not to provide the above data for my child. I understand that International Academy of Atlantic City and the state of

New Jersey are required to provide this information to the federal government. I understand that International Academy of Atlantic City will be required to select race and ethnicity categories on my behalf. _____ (Please initial.)

Parent/Guardian Signature: _____ Date: _____