



APPLICATION FOR ENROLLMENT  
2018-2019 SCHOOL YEAR

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Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

Items (7) needed to confirm enrollment into the Academy:

1. \_\_\_\_\_ Official Birth Certificate or copy and Social Security Card or copy (not just the number)
2. \_\_\_\_\_ Complete immunization (shot) Records (NOTE: Varicella / Chicken Pox vaccine required)
3. \_\_\_\_\_ Report Card (complete copy of last school year or most current)
4. \_\_\_\_\_ Copy of Individualized Education Plan (IEP), if applicable
5. \_\_\_\_\_ Proof of Residency (Copy of current utility bill in the name of parent/guardian, for example)
6. \_\_\_\_\_ Copy of parent or guardian's OH Driver's License or State ID
7. \_\_\_\_\_ Custody / Proof of Guardianship Records, if applicable\*

The following items are included in this packet.

| Item                               | Page No. | Item                                    | Page No |
|------------------------------------|----------|---|---------|
| Student Information Form (3 pages) | 2        | Medical Permission Statement            | 10      |
| Request for Student Records        | 5        | Health & Fitness Consent Form           | 11      |
| Ethnicity / Race Form              | 6        | Physical Limitations Form               | 12      |
| Parent Agreement                   | 7        | Martial Arts / Sparring Permission Form | 13      |
| Transportation Verification Form   | 8        | Minor Photo Release Form                | 14      |
| Book Contract                      | 9        | Parental Referral Form                  | 15      |

All of the above referenced items should be submitted to the school as soon as possible for proper enrollment. Do not submit the enrollment packet without including all of the above items. Incomplete packets will not be processed. Please return completed application and copies of above items to:

**Columbus Preparatory & Fitness Academy**  
1258 Demorest Road  
Columbus, Ohio 43204

The School does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding non-discrimination policies:

Regional Assistant Superintendent, Two Easton Oval, Ste 525 Columbus, OH 43219, (614) 512-2151



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STUDENT INFORMATION FORM

Student's Name: (As it appears on Birth Certificate) (First) (Middle) (Last)

Home Address:

City: State: Zip:

Student's Social Security Number: Enrolling Grade:

Date of Birth: City of Birth Sex: (M / F)

\*\*\* Please enter all possible information for mother / father / guardian as it applies.\*\*\*

Parent or Legal Guardian\*: (First) (Last) Relationship:

Address:

City: State: Zip: Employer:

Email:

Primary Phone: Description (e.g., "Mother's Cell" or "Home"):

Secondary Phone: Description:

Other Phone: Description:

Other Phone: Description:

2nd Parent or Legal Guardian: (First) (Last) Relationship:

Address:

City: State: Zip: Employer:

Email:

\* An unmarried female who gives birth to a child is the sole residential parent and legal custodian of the child until a court of competent jurisdiction issues an order designating another person as the residential parent and legal custodian. A court designating the residential parent and legal custodian of a child described in this section shall treat the mother and father as standing upon an equality when making the designation (See ORC Sec. 3109.042).

For Office Use Only:
Eff. Date Enrolled: District of Residence: Accepted By:
SSID CSADM EMIS Assign.Teach.



STUDENT INFORMATION FORM: LOCAL SCHOOL & HISTORY

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

Local Public School District in which you reside: \_\_\_\_\_

Please list all other children living with the family.

Table with 4 columns: Name, Birth Date, Grade, School Attending. Includes three empty rows for data entry.

Has your student ever received counseling or psychological testing? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have an active IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your student experienced any physical, emotional, mental, or social problems within the past two school years?
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain.) \_\_\_\_\_

Has your student even been: Suspended \_\_\_\_\_ Expelled \_\_\_\_\_ No \_\_\_\_\_
If suspended or expelled, please explain. \_\_\_\_\_

Did your student attend: (Please check which category applies.)
\_\_\_\_\_ 1/2 day Kindergarten, every day.
\_\_\_\_\_ All day Kindergarten, every day.
\_\_\_\_\_ Other / Please explain: \_\_\_\_\_



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**STUDENT INFORMATION FORM: STUDENT NEEDS**

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

**Student Language Needs:**

Is a language **other than** English used in the home? \_\_\_\_\_ If so, what language? \_\_\_\_\_

Did the student have a first language **other than** English? \_\_\_\_\_ If so, what language? \_\_\_\_\_

Does the student most frequently speak a language **other than** English? \_\_\_\_\_

**Student Special Needs:**

Please describe any special needs that your student may require including medical conditions, physical limitations, or other special needs of which you would like the school to be aware:

a. Academic (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b. Medical (allergies, asthma, hay fever, food allergies, diabetes, other if any): \_\_\_\_\_

\_\_\_\_\_

c. Medications to be given to the student during the school day: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe (you must also sign a medication permission form): \_\_\_\_\_

\_\_\_\_\_

d. Physical limitations (if any): \_\_\_\_\_

\_\_\_\_\_

**Other Abilities:**

Briefly describe your student's extracurricular interests and abilities (roller skating, computer skills, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



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**REQUEST FOR RELEASE OF SCHOOL RECORDS**

\_\_\_\_\_ 1st REQUEST

\_\_\_\_\_ 2nd REQUEST

\_\_\_\_\_ 3rd REQUEST

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, parents, legal guardian, or the student involved who is over 18 years of age will expedite the transfer of records to another school for enrollment in that school. Please include Daycare, Preschools, or HeadStart for new Kindergarten students.

FROM: (Name of school transferring from) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY / STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby give my permission for the release of school records of:

Name of Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

To be released to:

**Columbus Preparatory & Fitness Academy  
1258 Demorest Road  
Columbus, Ohio 43204**

The records to be release should include:

\_\_\_\_\_ Academic                      \_\_\_\_\_ Testing (OAA / Diagnostic / PARCC)                      \_\_\_\_\_ Discipline

\_\_\_\_\_ Attendance                      \_\_\_\_\_ RIMP                      \_\_\_\_\_ Other

\_\_\_\_\_ All Special Education Records (including IEPs, BIPs, MFEs, and ETRs)

By signing this request for transfer, I relieve the school that the above-named student was attending of the responsibility of notifying me that the records are being transferred. This request authorized transfer of all school records.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

***This child's first day of attendance was / will be \_\_\_\_\_ Date Faxed \_\_\_\_\_ Verified by \_\_\_\_\_***



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**ETHNICITY / RACE DATA COLLECTION FORM**  
(Required by Federal regulations)

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

The United States Department of Education has issued guidelines requiring the collection of data on race and ethnicity for public school students. The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories.

If the following questions are not answered by the parent or guardian, the District Enrollment Officer will be required use observation identification to determine the student’s designation. The determination will be reported to the parent or guardian.

**Part I – Is this student of Hispanic/Latino heritage?** (Choose only one)

\_\_\_\_\_ No, not Hispanic / Latino

\_\_\_\_\_ Yes, Hispanic / Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer Part II by checking one or more options to indicate what you consider your student’s race to be.

**Part II – Race** (Choose one or more, regardless of Ethnicity)

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Parent/Guardian chose not to complete Ethnicity/Race information and determination was made by the Academy.

Enrollment Officer \_\_\_\_\_ Date \_\_\_\_\_



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**PARENT AGREEMENT**

The parent or guardian of a child attending the Academy must:

1. Bring Kindergarten students for screening prior to enrollment.
2. Transport student to and from school on time daily, unless parent has opted to use district-provided transportation. Parents or designee must also be available to transport children who must be removed from school due to illness or other circumstances.
3. Adhere to the school schedule as well as the occasional cancellation of classes.
4. Adhere to the school schedule for arrival and dismissal times. Absenteeism, tardiness, and late dismissals (not pre-arranged) will not be tolerated.
5. Ensure that daily homework assignments are completed.
6. Participate in a minimum of twenty (20) parent/family volunteer hours per academic year, which may include Parent Teacher Organization (PTO) attendance, driving to/from field trips, classroom / office assistance, and / or fundraising.
7. Ensure that your child meets all immunization requirements for the State of Ohio and meets all school requirements if the child has special health needs.
8. Keep child at home if he / she has a communicable disease or temperature above 99.8 degrees.
9. Attend meetings of the Parent Teacher Organization (PTO) once a month.
10. Attend all parent / teacher conferences.
11. Meet the uniform requirements of the school and ensure that your child is in complete uniform each day of class.
12. Understand that the Academy is a community school established under Chapter 3314 of the Revised Code. The Academy is a public school and students enrolled in and attending the Academy are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. (For more information about this matter contact the Academy administration or the Ohio Department of Education.)

I have read the above and understand the contents of the information as explained during the interview and orientation meeting with the Academy officials.

I agree to these terms.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**VERIFICATION FORM**  
**TRANSPORTATION / PICK-UP**

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

I am permitting the following persons to transport my child to / from school. I understand that if a person that is not on the following list shows up to transport my child, the school will not release the student without first contacting the parent/guardian.

|    | NAME  | RELATIONSHIP | PHONE NUMBER |
|----|-------|--------------|--------------|
| 1. | _____ | _____        | _____        |
| 2. | _____ | _____        | _____        |
| 3. | _____ | _____        | _____        |
| 4. | _____ | _____        | _____        |
| 5. | _____ | _____        | _____        |
| 6. | _____ | _____        | _____        |
| 7. | _____ | _____        | _____        |

The following persons are **NOT** permitted to transport my child (if applicable):

|    | NAME  |
|----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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**BOOK CONTRACT**

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

I (parent/guardian's name) \_\_\_\_\_ hereby accept full and complete responsibility for all textbooks issued to my son / daughter (student's name) \_\_\_\_\_

\_\_\_\_\_ by the Academy. I understand that in the event a book is lost, stolen or damaged, I will be held responsible for the full cost of its replacement. I understand that my son / daughter will be unable to obtain his / her final grade card, return to the Academy the following school year or transfer school records to another facility unless ALL books are returned or the entire replacement cost of each missing book is paid in full.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EMERGENCY MEDICAL AUTHORIZATION**

Student's Name: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

**Purpose:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**Parent/Guardian Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Persons to contact in the event the school cannot reach you:**

|    | NAME  | RELATIONSHIP | PHONE NUMBER |
|----|-------|--------------|--------------|
| 1. | _____ | _____        | _____        |
| 2. | _____ | _____        | _____        |
| 3. | _____ | _____        | _____        |
| 4. | _____ | _____        | _____        |

**PART I OR II MUST BE COMPLETED—PLEASE COMPLETE ONLY PART I OR PART II**

| <p><b>PART I: TO <u>GRANT</u> CONSENT</b> I hereby give consent for the following medical care providers and local hospital to be called:</p> <table border="0"> <thead> <tr> <th></th> <th align="center">NAME</th> <th align="center">PHONE NUMBER</th> </tr> </thead> <tbody> <tr> <td>1. Doctor:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. Dentist:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. Hospital:</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.</p> <p>Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:</p> <p>_____</p> <p>Parent/Guardian Signature: _____ Date: _____</p> |       | NAME         | PHONE NUMBER | 1. Doctor: | _____ | _____ | 2. Dentist: | _____ | _____ | 3. Hospital: | _____ | _____ |
|--|-------|--------------|--------------|------------|-------|-------|-------------|-------|-------|--------------|-------|-------|
|  | NAME  | PHONE NUMBER |              |            |       |       |             |       |       |              |       |       |
| 1. Doctor:   | _____ | _____        |              |            |       |       |             |       |       |              |       |       |
| 2. Dentist:  | _____ | _____        |              |            |       |       |             |       |       |              |       |       |
| 3. Hospital:   | _____ | _____        |              |            |       |       |             |       |       |              |       |       |

|   |
|---|
| <p><b>PART II - <u>REFUSAL</u> TO CONSENT</b> I do <b><u>NOT</u></b> give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action(s):</p> <p>_____</p> <p>_____</p> <p>Parent/Guardian Signature: _____ Date: _____</p> |
|---|



**HEALTH & FITNESS PARENTAL CONSENT FORM**

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

I hereby certify that I am the parent / legal guardian of the student named above, and that to the best of my knowledge, he / she is physically fit to participate in all sporting events scheduled through the Academy.

It is understood that by signing this contract, I agree to abide by the rules and regulations of the school's fitness program. It is also understood that signing this contract releases from liability, the school and / or fitness instructors from any injuries sustained during his / her participation in all sporting events or practices.

Insurance: It is the responsibility of each parent / legal guardian to adequately cover their child participating in any sporting event through the Academy program with proper insurance.

**WARNING**

I am aware that playing or practicing to play / participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play / participate in sports include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I understand that the dangers of playing or practicing to play / participate in sports may result not only in serious injury, but in serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally enjoy his / her life.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* ORIGINAL MUST GO TO THE SCHOOL OFFICE. COPIES WILL NOT BE ACCEPTED.**



**PHYSICAL LIMITATIONS FORM FOR  
HEALTH & FITNESS PROGRAM**

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

Please list below any illness, injury, or medical condition that would limit your child's participation in the fitness program in any way. Please note "None" if your child does not have limitations.

\*\*\* If your child has asthma but will be participating in the Fitness program, he / she MUST bring his / her inhaler to fitness class each day. You MUST fill out medication permission forms for inhalers to be permitted in fitness classes.

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By signing below, I acknowledge that I have read and understand the letter regarding criteria for fitness classes, and that all items listed above are correct to the best of my knowledge.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**MARTIAL ARTS / SPARRING**  
**PERMISSION FORM**

ATTENTION PARENTS / GUARDIANS:

Our desire is for each student to progress rapidly in his or her martial arts classes. Our hopes are that our students will continue to progress and develop enough skills to compete in martial arts tournaments achieving steady promotions in belt degrees (white, yellow, green, purple, brown, red, black). We would like each student to achieve his or her "black belt" before leaving the Academy after his or her 8<sup>th</sup> grade school year. In order for this continuation in skills the students must begin to "spar" to develop the talent to compete. In order to accomplish this we need your signed permission.

Please note that we have purchased the proper equipment for padded sparring competition. This is protective gear, which will aid in your child's safety. This will be contact, padded sparring lessons. We require that each student purchase a mouth guard at K-mart, Wal-Mart, or any other discount store. These usually range from \$1-3 dollars.

\*\*\*\*New students will NOT be permitted to spar until their skills have increased to the level and ability of sparring.

My student \_\_\_\_\_ **HAS PERMISSION** \_\_\_\_\_ **DOES NOT HAVE PERMISSION** to begin sparring lessons in martial arts class. I understand that this will be a contact competition.

My student \_\_\_\_\_ **WILL** \_\_\_\_\_ **WILL NOT** be wearing a mouth guard.

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DIRECTORY & MINOR PHOTO RELEASE FORM**

With my signature below, I give the Academy permission to publish in print, electronic or video format the likeness or image of my child. I release all claims against the school or its representatives with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

With my signature I also am informing the Academy that I do not wish to release my or my child's directory information when a request for directory information is made with the Academy by another party not related to the Academy.

Student's Name: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**General Guidelines**

A release must be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, the school or its representative will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. Signed release forms are not needed when subjects are in public places, such as fairgrounds or parks. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records. If you have questions, please inquire at your child's school office.



**PARENT REFERRAL FORM**

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

How did you hear about the Academy (check all that apply):

1. \_\_\_\_\_ A flyer came to my home
2. \_\_\_\_\_ I saw the Academy on the Internet (online).
2. \_\_\_\_\_ I read an advertisement in the \_\_\_\_\_ (name of paper or periodical)
3. \_\_\_\_\_ I saw a billboard for the Academy
4. \_\_\_\_\_ I heard an advertisement on radio station \_\_\_\_\_
5. \_\_\_\_\_ I saw an advertisement on TV station \_\_\_\_\_
6. \_\_\_\_\_ I was referred by a parent, \_\_\_\_\_ (name of parent)
7. \_\_\_\_\_ I was referred by an employee, \_\_\_\_\_ (name of employee)
8. \_\_\_\_\_ Other \_\_\_\_\_ (please note)

The Academy appreciates your feedback.