

Charter School

APPLICATION FOR ENROLLMENT 2007 – 2008

STUDENT INFORMATION

Student's Legal Name _____

Last

First

Middle

Student's Preferred Name (if different) _____

Street Address _____ City _____ Zip _____

Birthdate _____ Age as of Sept. 1, 2007 _____ Male/Female _____

Student's Place of birth _____ Ethnicity _____

Student's Cell number _____

Last School Attended _____

School Address, City, Zip _____

School Phone (____) _____

Grade entering (Sept. 2007) _____ * School transcripts will be required prior to the start of school.

Student Lives with (circle one): parent/s; guardian/family; guardian (foster); other (explain) _____

CUSTODY: Are there any legal orders restricting who may contact the student at school, be contacted by the school, or receive information about the student? Yes No

If yes, please explain (legal documentation will be requested) _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Student Lives with? Y N

Mailing Address _____ City/Zip _____

Phone (Day) _____ (Eve) _____

Phone (Cell) _____

Email address _____

Father's Name _____ Student Lives with? Y N

Father's Address (if different) _____

Father's Phone (Day) _____ (Eve) _____

Phone (Cell) _____

Email address _____

Guardian's Name _____

Relationship _____

Mailing Address _____ City/Zip _____

Phone (Day) _____ (Eve) _____

Phone (Cell) _____

Email address _____

EMERGENCY CONTACTS

In case of emergency, if the parent/guardian listed cannot be reached, please provide two other contact names and phone numbers.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL INFORMATION

Are there any medical problems that your child experiences that the school staff should be aware of? _____

Please circle any that apply: Asthma Allergies Physical disability Serious Illness

If yes, please explain: _____

SPECIAL PROGRAMMING

Please check any of the special programs your child has been qualified to participate in:

English Language Learner _____ Language first spoken _____

Gifted and Talented _____

Special Education _____ * A copy of the IEP will be required upon starting school.

Check services received: RSP _____ Speech & Lang. _____ Special Day Class _____

Other (explain) _____

Other special program _____

SIBLINGS (Please list other children in the family)

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

NOTICE OF USE OF INFORMATION **PARENTS – PLEASE READ CAREFULLY**

The purpose of this notice is to inform you about the collection and use of student information by the Conservatory of Vocal/Instrumental Arts.

Information collected will be used for authorized programs and activities that are a normal part of school life. These uses, which are listed below, are a vital part of a healthy and functioning school and participation of all students is very important. We realize, however, that there may be occasions where you, as parents or guardians, have concerns relating to the safety of your child with any of these uses of information. If this is the case, please contact the school administration to discuss the concerns.

Types of activities where information may be collected or used include:

- 1) the use of student names in lists for planning, for emergency procedures, , and in coordinating school activities.
- 2) the taking of individual, class, team, or club photos for school purposes and the use of student photos for student body cards or other identification purposes;
- 3) the use of students' names on artwork or other creative work or material of students' displayed at science fairs, other project displays at school or school board sites and school related/sponsored activities;
- 4) the use of student names in honor rolls, citizenship rolls, graduation ceremonies, scholarship or other awards with the school or school board;
- 5) the use of student names and academic information necessary for determining eligibility or suitability for awards or scholarships in the event the board applies on a student's behalf;
- 6) the use of student names, related contact information and telephone numbers for absenteeism verification;
- 7) the use of a student's name, performance video, photo, and comments in the school newsletter, yearbook/DVD, calendar, graduation book/DVD or other school publications. (Where the school newsletter or publication will be posted to the school website or NLSD website, or provided to the media related to school activities, separate and specific consent will be required).
- 8) the taking of photos and/or videos of classroom activities, and their use by the media or other organizations where students are not interviewed or identified by name or face (*Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be*

required). Please note that photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school. Such photos or videos do not require consent;

9) the taking of photos/videos of classroom or other school activities by the school board where the material will be used within the school (where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required and you will be contacted prior to the disclosure taking place); and

10) mandatory disclosure of both student and parent information to assist Health Authorities with communicable disease intervention. Lists will be provided to the local Health authorities upon their request.

11) the circulation of information on a “need-to-know” basis to teachers and staff regarding students who have severe or life-threatening medical conditions.

I hereby give permission for the school to use information/photos for my child for all purposes specified above.

Child's Name _____ Date _____

Parent/Guardian Signature _____

For further information concerning the completion of this form, please contact Dr. Valerie Abad, COVA Executive Director.

I wish to object to the use of information about or photographs of my child under the following circumstances (please list):

Signature

Date

COVA will not discriminate on the basis of race, color, sex, national and ethnic origin, age, religion, or disability in the administration of its educational policies, admission policies, and athletic and other school-administered programs.