

Enrollment Package Instructions/Checklist - This a Sample.

Please complete one Enrollment Package for each student admitted to the school. Please print clearly with blue or black ink being sure to include the student's name and phone number at the bottom of each page of each form. This is to ensure that we have the correct information for each student, should the pages of the documents get separated. NOTE: Students are not officially enrolled until all complete forms have been submitted.

Please mark the box for each item on the list below as you complete/include it. This checklist is for your records only.

If you have any questions or need assistance, please contact us.

Form	Page
<input type="checkbox"/> Enrollment Form 1 Please fill out all the information sections. Make sure you provide complete information including full mailing address. To ensure accurate data entry, please spell out all abbreviations, including street names, town names, and states.	1
<input type="checkbox"/> Health Form: Medical 5 Health forms are required by law for every public school student, including those in public charter schools. If your child has had a physical exam within 12 months of September 3, 2002, please submit copies of the records. If not, please fill out the requested forms.	5
<input type="checkbox"/> Copy of Student's Immunization Card 7 Please include a copy of the current immunization records for each student.	7
<input type="checkbox"/> Birth Certificate 8 Please also include a copy of each student's Birth Certificate.	8
<input type="checkbox"/> Proof of Residence 9 Please include a copy of a driver's license, local or state tax documents, voter registration, or other official document addressed to parent/legal guardian living with student.	9
<input type="checkbox"/> Free and Reduced Meals Programs Form 10 Most public schools (including charter schools) must collect and report this information. All data is strictly confidential.	10
<input type="checkbox"/> Release of Student Records 11 This form is required to transfer your child's previous school records. If your child is entering kindergarten or if your child was not previously enrolled in a school, you do not need to fill out this form.	11
<input type="checkbox"/> Agreement for Use of School Property 12 The school will loan computer hardware and software to you while your child is enrolled. You will be responsible for maintaining it returning it in good working order. Please read the agreement carefully, sign page 13 and return with your enrollment documents. We cannot ship your computer until we receive this portion of the form. Keep page 15 until you receive your computer from the school, then complete the information and return it at that time.	12
<input type="checkbox"/> Property Receipt Acknowledgement Form (Appendix 2 of the Agreement for Use of School Property) 15 Keep page 15 until you receive your computer, monitor, modem, and printer from the school. Then complete the information and return it at that time.	15
<input type="checkbox"/> Photo/Video Release 16 From time to time, we may take pictures/videos of your child participating in school activities for school publications and/or outside advertising purposes. We request that you sign the photo/video release to allow us to use these materials.	16
<input type="checkbox"/> Enrollment Acceptance 17 Please sign the final form indicating that you intend to enroll your child in the school, if accepted.	17

Enrollment Form for 2002–2003 School Year

Please complete one form for each student to be admitted to the school. Please print clearly with blue or black ink.

Student Information

Legal Name of Student: _____
(last) (first) (middle)

Preferred Name: _____

Gender: Male Female Age (as of 9/1/02): _____ Date of Birth: _____ Home Phone: (____) _____

Ethnicity: (check one) American Indian/Alaskan Native Asian Black, not Hispanic Hispanic White, not Hispanic
 Native Hawaiian or other Pacific Islander Other Multiracial

Social Security Number: (optional) _____

Grade Enrolling In: Kindergarten First Second Third Fourth Fifth

Student's Residence Address: (NOTE: No P.O. Boxes)

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Student's Mailing Address : Same as Residence Address

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Legal School District of Residence: _____

Previous School Information

Previous School District: _____

Name of Previous School: _____

Type of School: Public School Private School Registered Home School Charter School Preschool Not in School/Other

Address of Previous School:

Street: _____

City: _____ State: _____ Zip Code: _____

School Phone Number: (____) _____ School Fax Number: (____) _____

Name of Teacher: _____

Withdrawal Date: _____ Withdrawal Grade: _____

Parent/Guardian Information

Student lives with: Both parents Both parents alternately (Joint custody) Mother only Father only Legal guardian

Father's Name: _____
(last) (first)

Father's Address: (if different from student's)

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

STUDENT NAME:

STUDENT'S HOME PHONE:

Work on Federal Property? Yes No Migrant Worker? Yes No

Name of Employer: _____ Occupation: _____

Work Address:

Street: _____ Suite/Floor #: _____

City: _____ State: _____ Zip Code: _____

Work phone: (_____) Home Phone: (_____)

Cell Phone: (_____) Pager Number: (_____)

E-mail address: _____

Mother's Name: _____
(last) (first)

Mother's Address: (if different from student's)

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Work on Federal Property? Yes No Migrant Worker? Yes No

Name of Employer: _____ Occupation: _____

Work Address:

Street: _____ Suite/Floor #: _____

City: _____ State: _____ Zip Code: _____

Work phone: (_____) Home Phone: (_____)

Cell Phone: (_____) Pager Number: (_____)

E-mail address: _____

Stepparent/Legal Guardian's Name : _____
(last) (first)

Stepparent/Legal Guardian's Address: (if different from student's)

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Work on Federal Property? Yes No Migrant Worker? Yes No

Name of Employer: _____ Occupation: _____

Work Address:

Street: _____ Suite/Floor #: _____

City: _____ State: _____ Zip Code: _____

Work phone: (_____) Home Phone: (_____)

Cell Phone: (_____) Pager Number: (_____)

E-mail address: _____

Responsible Adult Working with Student

The program requires a responsible adult to work with your child on a daily basis. Please list all those who will be working with your child. The name listed first will be the *primary* contact.

1. Primary: _____ Relationship: _____

2. Name: _____ Relationship: _____

Emergency Contacts

If a parent cannot be contacted we will attempt to contact one of the following in the order listed below. Please list at least one emergency contact.

FIRST person to contact if parents cannot be reached:

Name: _____ Relationship: _____
(last) (first)

Home Phone: () _____ Cell Phone: () _____ Work phone: () _____

SECOND person to contact if parents cannot be reached:

Name: _____ Relationship: _____
(last) (first)

Home Phone: () _____ Cell Phone: () _____ Work phone: () _____

Sibling Information

Siblings Enrolled in this Program	Enrollment Status	Home Phone	Relationship to Student
	<input type="checkbox"/> New <input type="checkbox"/> Currently enrolled	()	
	<input type="checkbox"/> New <input type="checkbox"/> Currently enrolled	()	
	<input type="checkbox"/> New <input type="checkbox"/> Currently enrolled	()	
	<input type="checkbox"/> New <input type="checkbox"/> Currently enrolled	()	

Other Children Living in the Household	Relationship to Student	Birth Date

Home Language Survey

Student's Birthplace: _____
(country) (city) (state)

If not born in the U.S., date of entry to the U.S.: _____

Student's Primary Language: English Another Language—Specify: _____

ESL Services Assessment: (check one)

- 1. Only English spoken/understood
- 2. Mostly English spoken/understood
- 3. English and another language spoken/understood
- 4. Some English spoken/understood
- 5. No English spoken/understood

If you checked 2–5, fill in the following information:

What language does the student speak most at home? _____

What language(s) does the student read? _____

What language(s) does the student write? _____

Has this student been in an English as a Second Language Program? Yes No

STUDENT NAME:

STUDENT'S HOME PHONE:

Health Insurance and Health Information

Primary Physician Information:

Doctor Name: _____ (first) _____ (last) Doctor Phone: () _____

Dentist Name: _____ (first) _____ (last) Dentist Phone: () _____

Other Doctors Providing Care for Student:

Type of Doctor/Specialist	Doctor Name	Doctor Phone	Reason
		()	
		()	
		()	

Type of Health Insurance: HMO Medicaid No health insurance Other

If the student is covered by Medicaid, provide the Medicaid number: _____

Read and check:

I understand that for those school health and health-related services that the Medicaid-eligible student may be receiving—including but not limited to: vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy—the school district has the right to receive partial reimbursement from Medicaid for those services rendered.

Please list any serious allergies, conditions, or restrictions the student has:

Please list any physical or emotional disabilities the student has:

EMERGENCY RELEASE

The school will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact but if none of these people can be reached, IDVA personnel have my permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER THE SCHOOL NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

Parent/Guardian Signature: _____ Date: _____

Special Programs

Has your child been evaluated for and/or participated in any of the following special services?

Gifted & Talented Title 1/Chapter 1 Program Literacy Program (ILP)

504 Plan Special Education (IEP) English as a Second Language (ESL) Other: _____

If you checked Special Education (IEP), do you have the student's special education records? Yes No

If you checked 504 Plan, indicate if plan is for academic or health reasons: _____

Student Directory

Do we have your permission to publish the parent and student's name, address, e-mail, and phone number in the Student Directory?

Yes No

STUDENT NAME:

STUDENT'S HOME PHONE:

Health Form: Medical

Private Physician's Report of Physical Examination of a Pupil of School Age

NAME OF CHILD	<i>First</i> <i>Middle</i> <i>Last</i>	DATE	<i>Month</i>	<i>Day</i>	<i>Year</i>
NAME OF SCHOOL	AGE	SEX	<input type="checkbox"/> M <input type="checkbox"/> F	GRADE	
CHILD'S ADDRESS	<i>No. and street</i> <i>City or Post Office</i> <i>Borough or Township</i> <i>County</i> <i>State</i> <i>Zip</i>				

MEDICAL HISTORY

IMMUNIZATIONS AND TESTS

VACCINE	DOSES						BOOSTERS & DATES								
	<i>Enter Month, Day, and Year Each Immunization Was Given</i>														
Diphtheria and Tetanus *	1	/	/	2	/	/	3	/	/	4	/	/	5	/	/
Polio	1	/	/	2	/	/	3	/	/	4	/	/	5	/	/
Measles, Mumps, and Rubella	1	/	/	2	/	/									
Hepatitis B	1	/	/	2	/	/	3	/	/						
HIB	1	/	/	2	/	/	3	/	/						
Other															

* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DT, or Td

MEDICAL EXEMPTION

The physical condition of the above named child is such that immunization would endanger life or health.

RELIGIOUS EXEMPTION

Include a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian.

SIGNIFICANT MEDICAL CONDITIONS

If Yes, Explain

- Allergies Yes No _____
- Asthma Yes No _____
- Cardiac Yes No _____
- Chemical Dependency Yes No _____
- Drugs Yes No _____
- Alcohol Yes No _____
- Diabetes Mellitus Yes No _____
- Gastrointestinal Disorder Yes No _____
- Hearing Disorder Yes No _____
- Hypertension Yes No _____
- Neuromuscular Disorder Yes No _____
- Orthopedic Condition Yes No _____
- Respiratory Illness Yes No _____
- Seizure Disorder Yes No _____
- Skin Disorder Yes No _____
- Vision Disorder Yes No _____
- Other (Specify) Yes No _____
- Surgery Yes No _____

STUDENT NAME:

STUDENT'S HOME PHONE:

REPORT OF PHYSICAL EXAMINATION

	Normal	Abnormal	If Abnormal, Explain
Height (inches)			
Weight (pounds)			
Pulse ()			
Blood Pressure /			
Hair/ Scalp			
Skin			
Eyes — Visual Acuity R __ / __ L __ / __			
Eyes — Color Vision			
Ears — Hearing dB R L			
Nose and Throat			
Teeth and Gingiva			
Lymph Glands			
Heart — Murmur, etc.			
Lung — Adventitious Findings			
Abdomen			
Genitalia			
Neuromuscular System			
Extremities			
Spine (Presence of Scoliosis)			

Date of Examination

Signature of Examiner

Print Name of Examiner

Address

STUDENT NAME:

STUDENT'S HOME PHONE:

Copy of Student's Immunization Card

Please attach a copy of the student's immunization card to this form.

STUDENT NAME:

STUDENT'S HOME PHONE:

Copy of Student's Birth Certificate

Please attach a copy of the student's birth certificate to this form.

STUDENT NAME:

STUDENT'S HOME PHONE:

Proof of Residence

Please attach a copy of a driver's license, local or state tax documents (white-out information not pertaining to the residence), voter registration, or other official document addressed to parent/legal guardian living with student.

STUDENT NAME:

STUDENT'S HOME PHONE:

Free and Reduced Meals Programs Form

All public schools must be able to report the percentage of students whose families are eligible for Federal Free and Reduced Meals programs (F.A.R.M.). These statistics are also used in many of the state and federal grant programs. Please note that the school does not participate in the F.A.R.M. program. All information is strictly confidential.

The table below lists guidelines for determining eligibility in the F.A.R.M. program.

Does your child qualify for the Free and Reduced Meals program? Yes No

If yes, please check the row that applies:

Household Size	Annual Income Less than	Check one:
1	\$15,448	<input type="checkbox"/>
2	\$20,813	<input type="checkbox"/>
3	\$26,178	<input type="checkbox"/>
4	\$31,543	<input type="checkbox"/>
5	\$36,908	<input type="checkbox"/>
6	\$42,273	<input type="checkbox"/>
7	\$47,638	<input type="checkbox"/>
8	\$53,003	<input type="checkbox"/>
For each additional member of household	+\$5,365	<input type="checkbox"/>

STUDENT NAME:

STUDENT'S HOME PHONE:

Release of Student Records

Prior School Information

To: (name of prior school) _____

Address:

Street: _____ Suite/Floor #: _____

City: _____ State: _____ Zip Code: _____

School Phone: (_____) _____

Student Information

From: (name of parent or legal guardian) _____
(first) (last)

Student's Full Name: _____
(first) (middle) (last)

Social Security Number: _____

Student's Legal Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

The school has enrolled _____ for the 2002–2003 academic year. Please
(student's name)
accept this document as formal approval for the release of all official school records (including the record of transcripts,
testing information, special education, health and immunization records).

Parent/Guardian Signature: _____ Date: _____

January 1978: Federal Law 99.31: "No parent signature required for educational records sent to another agency."

STUDENT NAME:

STUDENT'S HOME PHONE:

Appendix 1 – Property Schedule

SOFTWARE

As part of this Agreement with IDVA and the Responsible Parties, IDVA shall provide the following software applications (the “Software”):

- Microsoft Office
- McAfee VirusScan Security Suite
- Cyber Patrol Version 5
- Dial-Up Internet Access

IDVA grants Responsible Party the limited right to use the Software solely for the education of Student while enrolled at IDVA and for no other purpose. The Responsible Party agrees to comply with the terms and conditions of the Software manufacturer and/or vendor.

The Responsible Party is solely responsible for the use of the Software. In accordance with paragraph 8 of this Agreement, Responsible Party shall defend, indemnify and hold harmless IDVA and its affiliates from and against all damages arising out of any third party claims relating to usage of the Software, including but not limited to usage of the Software in connection with using, surfing, or accessing the Internet. Responsible Party shall be liable for any damages resulting from the use of the Software. Responsible Party is solely responsible for ensuring that the Software settings, default configurations, and administrative privileges are maintained at the original specified settings that the Property had upon delivery. Responsible Party is liable for any resulting damage to Property, any files, and/or other software applications if these default settings are changed or modified. Responsible Party is solely responsible for keeping User-IDs and passwords confidential to prevent unauthorized usage. IDVA recommends that Responsible Party changes its password on a monthly basis to prevent compromising Responsible Party’s password. Responsible Party is solely responsible for upgrading to new software versions when publicly available, obtaining and installing anti-virus file updates and overall maintenance of the Software. IDVA shall not be held liable for Responsible Party’s failure to maintain default settings of the Software, keep User-IDs and passwords confidential, change passwords monthly, update the Software virus protection, or maintain the Software.

COMPUTER

Responsible Party shall be issued a computer and peripheral equipment, which will be leased by IDVA or an affiliated company/entity and be owned by the original equipment manufacturer (OEM), IDVA, or an affiliated company/entity. Responsible Party must sign and return the attached Standard Waiver form in order to lease a computer for home education computer use.

Computer and peripheral equipment shall include the following:

- Desktop Computer
- Monitor
- Modem
- Printer
- Printer cable

Appendix 2 – Property Receipt Acknowledgement Form

Responsible Party acknowledges the receipt of the Property.

Responsible Party acknowledges and agrees that the Property was delivered in the following operating condition:

satisfactory unsatisfactory

Responsible Party shall provide the following information:

Responsible Party Full Name: _____
(last) (first) (middle)

Responsible Party Address:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Responsible Party Telephone #: _____

IDVA Student ID #: _____

Address where Property is located: Same as above

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Property Serial Numbers:

Desktop Computer: _____

Monitor: _____

Modem: _____

Printer: _____

Responsible Party Signature: _____ **Date:** _____

Printed Name: _____

Responsible Party must read, sign, and return this document to IDVA at the address provided below immediately upon receipt of the Property.

Idaho Virtual Academy

c/o K12 Partner Schools

Attention: Peter Stewart, VP of Charter Schools

8000 Westpark Drive

Suite 500

McLean, VA 22102-3198

STUDENT NAME:

STUDENT'S HOME PHONE:



Photo/Video Release

Dear Parent/Responsible Adult:

Throughout the year there are occasions when the Idaho Virtual Academy (IDVA) and/or K12 Inc. will want to take pictures/videos of your child participating in activities. We may use these pictures/videos in IDVA/K12 Inc. publications, local newspapers, school website and/or homerooms, advertising, or on display at the Idaho Virtual Academy or K12. We are requesting that you sign a photo/video release for your child.

Thank you in advance for your support and understanding.

Student's Name: _____
(last) (first)

- I give my consent for IDVA/K12 Inc. to use pictures/video of my child.
- I do NOT give my consent for IDVA/K12 Inc. to use pictures/video of my child.

Parent/Guardian's Signature: _____ **Date:** _____



Idaho Virtual Academy
 c/o K12 Partner Schools
 8000 Westpark Drive, Suite 500
 McLean, VA 22102
 ph. 866-512-2273
 fx. 703-748-1273
 www.idahova.org

Enrollment Acceptance

Statement of Educational Equality

The Idaho Virtual Academy (IDVA) is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the American with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact:

Idaho Virtual Academy
 c/o K12 Partner Schools
 Attention: Peter Stewart, VP of Charter Schools
 8000 Westpark Drive
 Suite 500
 McLean, VA 22102-3198
 1-866-512-2273 (toll free)

Moving

K12 Partner Schools will be shipping several boxes of materials and a computer to the student's residence. Please help us eliminate delays by letting us know your residency status:

Are you planning to move by 9/3/2002? No Yes Maybe

Please accept this signed and completed document to enroll _____ in the Idaho Virtual Academy for the 2002–2003 academic year. I understand that completion of this enrollment form does not guarantee admission into the program. IDVA will send notification of receipt of enrollment forms.

Parent/Guardian's Signature: _____ Date: _____

STUDENT NAME:

STUDENT'S HOME PHONE: