

K-8 Enrollment Documents

Referred By: _____

Student Name: _____

Grade Level _____

For Enrollment Year _____



QUEST
PREPARATORY ACADEMY

In order to submit an application, the following documentation **MUST** be submitted for your application to be processed:

1. Enrollment Packet
2. Birth Certificate
3. Immunization Records
4. Parent ID
5. Proof of Residence (Utility Bill)
6. Most Recent Report Card
7. IEP (if applicable-most recent copy)

(For Office Use Only)

Date Packet Returned _____

Sibling Names _____ Grade Level _____

Time Packet Returned _____

Sibling Names _____ Grade Level _____

Date Entered into SIS _____

Sibling Names _____ Grade Level _____

Start Date _____

Assigned Teacher _____

Student Enrollment Form

STUDENT INFORMATION

Name (Last, First MI)			Social Security Number		
Home Address			Date of Birth	Place of Birth	
City	State	Zip Code	Last School Attended		Home schooled <input type="checkbox"/>
Home Phone ()			Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Grade Entering		
Student Lives With (Check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parents					
<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other (Please Specify) _____					
Race/Ethnic Background <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Caucasian (White)					
<input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian					

FAMILY INFORMATION

Name: Mother/Guardian			Name: Father/Guardian		
Home Address			Home Address		
City	State	Zip Code	City	State	Zip Code
Home Phone ()			Home Phone ()		
Mobile/Pager ()			Mobile/Pager ()		
Social Security Number			Social Security Number		
Employer			Employer		
Employer Address			Employer Address		
Business Phone ()			Business Phone ()		
Email Address			Email Address		
Hobbies or talents you are willing to share with our students			Hobbies or talents you are willing to share with our students		

OTHERS LIVING IN THE HOME

Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____
Name _____	Age _____	Name _____	Age _____
Present School _____	Grade _____	Present School _____	Grade _____

EMERGENCY CONTACT INFORMATION

In case of an emergency or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name _____	Relationship _____	Address _____
Home Phone () _____	Cell Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone () _____	Cell Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone () _____	Cell Phone () _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____	Address _____
Home Phone () _____	Cell Phone () _____	City _____ State _____ Zip Code _____

I hereby permit the school to release my child to the above name person(s) upon my written or telephoned request.

Parent/Guardian Signature  _____ Date _____

The following person(s) may **NOT** remove my child from the school.

Name _____	Custody Papers on File	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____			
Name _____			

HOW DID YOU HEAR ABOUT THE SCHOOL

Direct Mail Newspaper Flyer Internet Passing By
 Magazine Word of Mouth Yellow Pages Other (Please Specify) _____

Medical Information Form

Medical History (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies (food or otherwise) | |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> TB | |

Doctor's Name _____ Phone _____

Hospital Preference _____ Phone _____

Is your Child Taking Any Medication? Yes No If yes, name the medication(s) and for what condition(s).

** Medication may not be administered without prescription release form, available in the school office.*

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Medication _____ Condition _____

Is your child presently under treatment for any physical problem? If yes, please explain.

Is your child allergic to any foods or other substances? If yes, name foods or substances to be avoided.
Please explain procedure if reaction occurs.

Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

Is your child usually susceptible to infections and if so, what precautions need to be taken?

I hereby give consent for my child to receive the following over-the-counter medications (check all that apply) from the Quest Academy staff. Quest Academy staff will administer first aid only as needed:

- | | | |
|-----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Bandages | <input type="checkbox"/> Antiseptic | <input type="checkbox"/> Ice Packs |
|-----------------------------------|-------------------------------------|------------------------------------|

The above emergency and medical information is provided by:

Parent/Guardian Signature _____ Date _____

- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*)
- In a hotel or motel (*examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.*)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location
- None of the above describe my present living situation *Briefly describe your situation:* _____

Factors contributing to the student's current living situation (check all that apply):

- Natural disaster
 - Tornado, storm, flood, etc.
 - Hurricane, name: _____
 - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent/guardian due to health mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.)
- Economic hardship:
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describe the main reasons for my present living situation *Briefly explain the contributing factors:* _____

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

Parent/Guardian Signature  _____ Date _____

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature _____ Date _____

Home Language Form

In order for us to plan educational programs for our students and comply with the requirements of State Law, please complete the following questionnaire. We appreciate your cooperation in providing this information.

Student _____ Date of Birth _____

Birth Place (City, State, Country) _____ Number of Years in School in the U.S. _____

Parent/Guardian _____ Relationship to Student _____

Is your child's first language English?

YES NO If not, what language _____

Is a language other than English spoken at home?

YES NO If yes, what language _____

Does your child speak a language other than English with his peers (friends)?

YES NO If yes, what language _____

If you have indicated a language other than English in the above responses, please complete the following.

What language does the mother speak to the child? _____

What language does the father speak to the child? _____

What language do the parents speak to the child? _____

What language does the child speak to the mother? _____

What language does the child speak to the father? _____

Has student participated in a school based bilingual program?

Yes No

I hereby certify that the above information is true and correct.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____ Date _____

Special Education Form

In order to provide continuity in the educational environment, it is important that Quest Academy be informed of any special educational services received by your child in the past.

Student _____ Date of Birth _____

School _____ Grade _____

Was your child ever enrolled in any Special Education Programs?

Yes No If yes, please check all that apply.

Speech Learning Disability (LD) If yes, in what areas? _____

Occupational Therapy Physical Therapy Other (Please Specify) _____

Has your child been tested or evaluated for Special Educational Services?

Yes No

***The Evaluations and/or supporting documents (Dr. reports, eligibility reports, MDT reports, psychological evaluations, screening reports, etc.) to the IEP must be attached to the enrollment packet.**

Does your child currently have an Individualized Education Plan (IEP)?

Yes No

*** The current I.E.P. must be attached to the enrollment packet.**

Does your child currently have a 504 Accommodation Plan?

Yes No

*** The current 504 Accommodation Plan must be attached to the enrollment packet.**

I hereby certify that the above information is true and correct.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____ Date _____

Parent Survey

Please answer the following questions with as much information as possible.

Student _____ Date of Birth _____

Last School Attended _____ Grade _____

Under the "Every Student Succeeds Act", Nevada must collect data relative to our parents that have military affiliation. If any parent or guardian of the student enrolling is affiliated with a military branch, please fill out the sections below:

Parent Name: _____

Branch (please circle any that apply): Air Force, Air Force Reserve, Air National Guard, Army, Army Reserve, Army National Guard, Coast Guard, Coast Guard Reserve, Marine Corps, Marine Corps Reserve, Navy, Navy Reserve

Status (please circle any that apply): Active Duty(Deployed), Active Duty(Not Deployed), Discharged, Inactive, Injured, Killed In Action, Retired

Has your child ever repeated a grade or been retained by another district?

Yes No

Has your child ever been suspended by another district? If yes, please explain.

Yes No

Has your child ever been expelled from school?

Yes No

From what school _____ Date(s) of Expulsion _____

Comments _____

How does your child relate to authority? Does your child resist authority?

How does your child get along with other children?

I hereby certify that the above information is true and correct. I understand that misinformation may result in dis-enrollment. Quest Academy does not accept students who have been permanently expelled from other schools.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____ Date _____

Request for Student Records

Student	Social Security Number
Home Address	Date of Birth
City State Zip Code	Home Phone
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Parent/Guardian

Requested From (in order from most recent school attended)

Last School Attended	Last School Attended
Address	Address
City State Zip Code	City State Zip Code
Last School Attended	Last School Attended
Address	Address
City State Zip Code	City State Zip Code

Information requested consists of:

- Withdrawal Form from previous school
- Official transcript
- Immunization Record
- Birth Certificate
- Withdrawal Grades and Date of Withdrawal
- Testing Data and Results
- Legal Guardianship or Custody Papers
- Current IEP and Psych Evaluation
- EII Testing and Results

The Federal Law 99.31 allows for educational records to be sent to other educational agencies without the parent's signature.

Send Records To: Quest Academy
 4025 N. Rancho Dr.
 Las Vegas, NV 89130
 Ph: (702) 631-4751
 Fax: (702) 548-2225

<input type="checkbox"/> First Request	<input type="checkbox"/> Second Request	<input type="checkbox"/> Third Request

Student Media Release

Throughout the school year, photos are taken of students during school events and functions for the yearbook, school website, Facebook page, etc. Quest loves to highlight student achievement, talent, and accomplishments; however, we want to secure parental permission before publishing information about any child. This form will allow your child's name and/or photograph to be used in any of the school's media.

Student Name _____

Grade _____

Teacher _____

YES, I give permission for my child's name and/or photograph to be used in any of the Quest Academy media.

NO, I do not want my child's name and/or photograph to be used in any of the Quest Academy media.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature  _____

Date _____

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Source of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascd.usda.gov/complaint_filing_cust.htm, and at any USDA office or write a letter addressed to USDA, and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442; or
 email: program.intake@usda.gov.
 This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often? Weekly Biweekly 2x Month Monthly

Household Size

Categorical Eligibility

Eligibility: Free Reduced Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date