

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
Home Phone ()	Last School Attended	Home schooled <input type="checkbox"/>
Student Lives With (Check all that apply)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Grade Entering	
<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"/> Hispanic	<input type="checkbox"/> Black	<input type="checkbox"/> Caucasian (White)
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian	

FAMILY INFORMATION

Name: Mother/Guardian	Name: Father/Guardian
Home Address	Home Address
City	City
State	State
Zip Code	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 Yes 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 _____

Student Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help the school determine the services the student may be eligible to receive.

Name of Student: _____
Last First Middle

- Male
 Female

Birth Date: ____ / ____ / ____ Grade: ____
Month / Day / Year

Check the box that best describes with whom the student resides.

- Parent(s)
 Legal Guardians(s)
 Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)
 Other _____

Name of person with whom student resides: _____

Address: _____

City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____

Length of Time at Previous Address: _____

Name of the school where student is enrolled or in which student is attempting to enroll: _____

Last District Attended: _____ Last School Attended: _____

Please check only one box that best describes where the student is presently living:

- In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable:)
 My home has no electricity
 My home has no running water
- In the home of a friend or relative because I lost my housing (examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.)
- In a shelter because I do not have permanent housing (examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)

- 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 Female 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 _____