



1701 E. 13th Street Cleveland, OH 44114  
 PH: (216) 443.0500 / Fax: (216) 443.0506  
 www.promise-academy.com

# SCHOLAR'S ADMISSION PACKET

PLEASE PRINT in Black or Blue ink)

School Year : 2016-2017

## SCHOLAR'S INFORMATION

Today's Date: \_\_\_\_\_

Re-Enrollment  NEW Enrollment into Promise Academy

Scholar's Name: \_\_\_\_\_  
Last Name First Name Middle Initial Suffix (Jr., III, etc.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(COMPLETE MAILING Address, as shown on Proof of Residency (POR))

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Date on Birth Certificate)

Birthplace: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
City State/Providence

Most Recent School District Attended/Community School: \_\_\_\_\_

Is scholar currently suspended?  Yes\*  No \* If YES, from which district?: \_\_\_\_\_

Is scholar currently expelled?  Yes  No \* If YES, from which district?: \_\_\_\_\_

## FAMILY DATA

Scholar Lives With: (check all that apply)  
 Mother  Father  
 Step-Parent  Foster-Parent  
 Legal Guardian \*  
 Ward of State \*  
 Independent \*\* (Self-Supporting)

\*\* Scholar living independently MUST present Proof of Income (POI) along with Proof of Residency (POR).

Does scholar have any children?  
 Yes \*  No \* If Yes, How many? \_\_\_\_\_

Is scholar currently reporting to a probation officer?  Yes \*  No  
 \* Please Note: Responding Yes will NOT exclude scholar from enrollment t Promise Academy

\* If yes, will scholar need an enrollment letter from the school for his/her probation officer?  
 Yes  No

Probation Officer/Social Worker

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## LEGAL CUSTODY

Both Parents  
 One Parent (Mother or Father)  
 Shared parenting (Divorced or Legal Separation)  
 Independent (Self-Supporting) Scholar (18 +) \*\*  
 Foster Care \*  
 Legal Guardian \*  
 Grandparent Affidavit/Power of Attorney \*  
 CCDCFs \*

\* A Complete set of Custody and/or Guardianship papers must be submitted with application.

Is there a court order on file restricting non-custodial parent(s)?  
 Yes\*  No  N/A

Court journal entry: \_\_\_\_\_  
 Probate Court  Juvenile Court

Case Number: \_\_\_\_\_



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**SPECIAL EDUCATION**

1. Did scholar have a 504 Plan or medical plan?  Yes  No
2. Does scholar have a current Individualized Education Plan (I.E.P.)?  Yes  No  
 \* If YES, list year of last evaluation: \_\_\_\_\_ \* If YES, indicate program: \_\_\_\_\_  
 \* Do you have a copy of the IEP and MFE?  Yes  No
3. Did Scholar ever have an I.E.P.?  Yes  No \* If Yes, during what school year? \_\_\_\_\_

**PRIMARY PARENT/GUARDIAN INFORMATION**

*The following information refers to primary parent, guardian, and/or grandparent with whom the scholar resides:*

Name: \_\_\_\_\_  
Last Name First Name Middle Initial Suffix (Jr., III, etc.)

Mother  Step-Parent  Legal Guardian \*  Lives with  
 Father  Foster-Parent  Does not live with

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(COMPLETE MAILING Address, as shown on Proof of Residency (POR))

Completing this section ensures that you will be notified of important information affecting your child(ren):

Work Phone \_\_\_\_\_  Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  Text message opt out  
 E-mail \_\_\_\_\_

**INTERACTIVE VOICE RESPONSE (IVR) RELEASE**

I/we understand that Promise Academy utilizes an IVR (Interactive Voice Response) message system to contact families with alert parents/guardians of notification of non-attendance, school related emergencies, closings and testing information, etc. I/we consent to allowing Promise Academy to use the following number for IVR messages.

Phone Number for Attendance and Message: \_\_\_\_\_

**1. How did you hear about Promise Academy?**

Radio  Facebook  Flyer  Community event  Other \_\_\_\_\_  
 Website  CMSD  School visit  Another School District: \_\_\_\_\_  
 Word of Mouth/Recommendation  Other \_\_\_\_\_

**2. Why did you choose Promise Academy?**

I want my High School Diploma  Hours of Instruction  Word of Mouth  
 Distance from home/work/childcare  Probation Requirement  
 Other: \_\_\_\_\_

*I herby certify, under penalty, that all of the information in this application that I have given is correct in all respects to the best of my knowledge.*

Parent/Legal Guardian/Independent Scholar: **(PRINT NAME)** \_\_\_\_\_

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



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## EMERGENCY CONTACTS

School Year : 2016-2017

Scholar's Name: \_\_\_\_\_  
Last Name First Name Middle Initial Suffix (Jr., III, etc.)

Please only list Adults who are 18 years of age, or older, who may be contacted in the event of an emergency, or to reach you should the need arise:

1. Emergency Contact Name:

\_\_\_\_\_

Relationship to Scholar MOTHER

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

2. Emergency Contact Name:

\_\_\_\_\_

Relationship to Scholar FATHER

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

3. Emergency Contact Name:

\_\_\_\_\_

Relationship to Scholar GUARDIAN

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

4. Emergency Contact Name:

\_\_\_\_\_

Relationship to Scholar \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

5. Emergency Contact Name:

\_\_\_\_\_

Relationship to Scholar \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

6. Emergency Contact Name:

\_\_\_\_\_

Relationship to Scholar \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### **EMERGENCY CONTACTS:**

*I understand that providing current contact information is critical to the safety and well-being of my child. My signature on this form certifies my understanding and my commitment to provide updates (in writing) of any and all changes in contact information for myself, and my emergency contact, within 24 hours of any change to the school administrative assistant/secretary and my child's classroom teachers.*

Parent/Legal Guardian/Independent Scholar: \_\_\_\_\_ Today's Date: \_\_\_\_\_



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## MEDICAL INFORMATION AUTHORIZATION

School Year : 2016-2017

Scholar's Name: \_\_\_\_\_  
Last Name First Name Middle Initial Suffix (Jr., III, etc.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(COMPLETE MAILING Address, as shown on Proof of Residency (POR))

Birthday: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female  
(Date on Birth Certificate)

**Purpose - To enable parents and guardians to authorize the provision of emergency treatment for their child who becomes ill or injured while under the school's authority when parents or guardian cannot be reached.**

### Residential Parent or Guardian

Mother's Name: \_\_\_\_\_ CELL #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ CELL #: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ CELL #: \_\_\_\_\_

*Please complete ONLY one section: Either SECTION A or SECTION B*

### SECTION A - Grant Permission

In the event emergency medical treatment is required, I give consent for my child to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. The school will not transport my child to the nearest medical facility.

In the event reasonable attempts to contact me have been unsuccessful and my designated emergency contact is not available, I understand and agree that the school staff will telephone 911 for emergency medical assistance, if applicable

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any special services your child has received in the last three (3) years:

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

Please list any allergies: \_\_\_\_\_

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

### SECTION B - Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Promise Academy authorities to take the following action:

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

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



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## ETHNICITY DATA HOME LANGUAGE SURVEY

DATE: \_\_\_\_\_

NAME OF SCHOLAR: \_\_\_\_\_  
*Last Name First Name Middle Initial*

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
*Month Day Year City State Country*

NAME OF PRIMARY PARENT/GUARDIAN: \_\_\_\_\_  
*Last Name First Name*

\*\*\*\*\*

1. What language did your son/daughter first learned to speak? \_\_\_\_\_

2. What language does your son/daughter most often speak at home? \_\_\_\_\_

3. "NATIVE" language: \_\_\_\_\_

4. U.S. Citizen?  YES  NO \* \* If NO, list nationality: \_\_\_\_\_

5. Did scholar receive English as a Second Language (ESL) services?  YES \*  NO

\* If YES, what accommodations were in place? \_\_\_\_\_

6. Is Scholar Limited English Proficiency ?  YES \*  NO

7. If scholar has been in U.S. schools for less than three years, is the scholar eligible for extended accommodations for statewide academic assessments?  YES \*  NO

\* If YES, which LAU Code: \_\_\_\_\_

Accommodations: \_\_\_\_\_

8. Is scholar of HISPANIC/LATINO Heritage?  YES  NO  
*(Persons of Mexican, Puerto Rican, Cuban, Central or south American or other Spanish culture or origin regardless of race.)*

9. Race/Ethnic (choose one):

- |                                |  |  |
|--------------------------------|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native   | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Multi-racial *            |

10. Race Detail (\* If Multi-racial, please indicate racial detail):

- |                                |  |  |
|--------------------------------|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native   | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Multi-racial              |

**NOTE To Parent(s)/Guardian(s):** If race/ethnicity questions are not completed, enrolling personnel will designate race/ethnicity of student.

*PROMISE ACADEMY does not discriminate in educational programs, admission, activities or employment on the basis of race, color, creed, national origin, disability, age, religion, or sex.*



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## 2016-2017 HOUSEHOLD INCOME ELIGIBILITY

**SCHOLAR:** \_\_\_\_\_  
Last Name First Name Middle Initial

In order for Promise Academy to be eligible for certain federal funds, we need copies of this form on file in the school's Business Office, for each student registered to attend Promise Academy.

1. Circle the total number of persons who live in your household on the chart below:
2. Add up your Total Household Income (*income includes: wages, salaries, tips, strike benefits, unemployment compensation, worker's compensation, net income from self-owned business or farm, pensions, SSI, retirement income, Social Security, public assistance, welfare, alimony, child support, disability income, cash withdrawal from savings, interest, dividends, estate income, trust income, investment income, regular contributions from persons not living in the household, net royalties, annuities, net rental income, and all other income*).
3. Look at your household size (the number of people living in your household) and the amounts next to that number. Is the total amount you receive GREATER THAN or LESS THAN the amount listed on that same line?

HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
For each additional family member, add...	\$7,696	\$ 642	\$148

4. Place an "X" below next to the correct statement: *Form NOT valid until complete*

\_\_\_ My "Total Household Income" is **GREATER THAN** the amount listed, to the left, for the size of my family's household.

\_\_\_ My "Total Household Income" is **LESS THAN or EQUAL TO** the amount listed, to the left, for the size of my family's household.

5. Circle any of the following that applies to the scholar whose name appears on this form:

- Foster Child    Ward of the Court  
 AFDC recipient    Food Stamp recipient

6. Circle any of the following that applies to the family of the student whose name appears on this form:

- TANF recipient    Medicaid recipient    SSI recipient    Section 8 recipient    LIHEAP recipient

**Certification and Signature:**

*I certify that the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that school officials may verify the information on this form.*

Print Name of Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



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## 2016-2017 Signature Disclaimer

SCHOLAR: \_\_\_\_\_  
*Last Name* *First Name* *Middle Initial*

**Thank you for your interest in Promise Academy. We are looking forward to your scholar's success. We are invested in your scholar's future and by completing this form you are joining us in ensuring their future.**

### By signing below:

- ◆ I/we agree that the information submitted in the application is accurate. If any changes occur in our address or phone number, you agree to notify the main office with the changes, immediately.
- ◆ You understand that if an official transcript is not submitted at the time of enrollment, you may be placed in 9th grade classes until all official transcripts are received.
- ◆ You understand our 30 Day enrollment policy and understand that once all documents have been shredded, after 30-days, you will be required to go through the entire re-enrollment process again.
- ◆ You are the Parent/Guardian giving authorization for your scholar to attend Promise Academy. You understand if falsification is determined your student's application will be denied and legal charges assessed accordingly.
- ◆ If your child does enroll in Promise Academy, and fails to progress adequately, we may need your assistance in providing appropriate intervention. Intervention is much stronger when schools and families work in unison. We may require your participation in a team meeting or conference to address academic, behavior or attendance concerns.

**Parent/Legal Guardian/Independent Scholar:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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## 2016-2017 Parent/Guardian Contract

SCHOLAR:

\_\_\_\_\_

*Last Name* *First Name* *Middle Initial*

**By signing below, I/we agree to abide by and support the Promise Academy rules and regulations, including the Code of Conduct and all other policies, as outlined.**

1. I am/we are fully aware of the attendance and tardy policies and accept all responsibilities and consequences stated within the policy.
2. I am/we are fully aware that scholar has to complete six (6) hours of online work; that includes three (3) hours in school and three (3) hours at home, at a library, or anywhere else where there is internet availability. If scholar does not have the ability to work from home (i.e. no internet connection), scholar can sign up to do a double session at school.
3. I/we have read and are aware of Promise Academy's dress code policy AND will help to ensure that scholar follows the dress code policy.
4. I/we will help our ensure that our scholar complies with all rules as written in the Promise Academy Student Handbook; including but not limited to:
  - (a) NO use of electronic devices during lab session time,
  - (b) To respect the rights of staff and students,
  - (c) NO profanity,
  - (d) NO fighting, and
  - (e) NO drug/alcohol usage.
5. I/we fully understand that scholar must make adequate progress as set by the subject area teacher toward the goal of receiving their high school diploma. To consequences and disadvantages of dropping out of high school and not receiving a high school diploma are many and can be life altering.
6. I/we will ensure that our scholar participates in all State Assessment tutoring and preparatory sessions and sits for ALL required assessment and State Exams.
7. I/we will help ensure that our scholar strives to be a good citizen by respecting the rights of individuals and businesses in the Promise Academy community.
8. I/we will help ensure that our scholar avoids bringing valuables to school. I/we fully understand that the school will not be liable for lost/stolen items, including cell phones and iPods. Items WILL NOT be replaced by the school.
9. I/we fully understand that Promise Academy will initially supply our scholar with limited school supplies, such as an Identification Card, Lanyard, Notebook, Pen or Pencil, and a Sack. I/we further understand that our scholar must come to school prepared to work and is responsible to pay the appropriate fees in order to replace any lost, or additional, supplies.

**I/we fully understand that attending Promise Academy is a privilege and failure to comply with this contract may result in our scholar's application being immediately denied resulting in our scholar being withdrawn from Promise Academy.**

Parent/Legal Guardian/Independent Scholar: \_\_\_\_\_

Date: \_\_\_\_\_





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## Consent Form

*(Sign only those permissions that you consent too)*

**SCHOLAR:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Last Name First Name Middle Initial

### MEDIA RELEASE

I/we understand that as part of my/our child's attendance at Promise Academy ("School"), photos, videos, and quotations may be taken for use in publications and reports about the program. I/we further understand that members of the news media invited to cover the program may take photos, videos and quotations.

I/we hereby irrevocable consent permission to the School and its Board of Directors, Management Company, employees, agents and representatives consent to use such materials for the promotion of the program and to use this student's name, photographic likeness, alone or in a group, in any publication, document, TV production, video or to release said name or likeness to any media outlets including, but not limited to, newspapers, magazines or TV stations for publicity and/or recognition purposes and/or to use this student's name and/or photographic likeness, alone or in a group, on the official website of the School and/or Management Company.

I agree that I and/or my child shall have no right, title, or interests in any photo or videotape covered by this agreement and waive any right to compensation for such use. Promise Academy shall be the sole and exclusive owner of all rights to the said recordings it has taken. I release all rights in the said recordings on behalf of myself and my ward/child. I release the School, its Board of Directors, the Management Company, employees, agents, representatives and all organizations and individuals related to the School from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness as described above.

\* **DISCLAIMER:** As a matter of policy, Promise Academy will not publish both a student's name and photograph together without an additional release.

**Parent/Legal Guardian/Independent Scholar:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### WALKING PERMISSION SLIP

I/we give permission for the scholar named above to participate in local field trips. This standard form allows Promise Academy to take our child on a walking field trip in the downtown Cleveland area without sending home a signed consent. However, Promise Academy will notify us, via letter or phone call, when a trip is scheduled and our child will be attending.

**Parent/Legal Guardian/Independent Scholar:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## 2016-2017 Forms

**SCHOLAR:**

\_\_\_\_\_

*Last Name* *First Name* *Middle Initial*

Birthdate: \_\_\_/\_\_\_/\_\_\_  
*(Date on Birth Certificate)*

Gender:  Male  Female

Age: \_\_\_\_\_

### FERPA Consent

The Family and Educational Rights and Privacy Act (FERPA) provides parents and students over 18 years of age ("eligible scholars") certain rights regarding the scholar's educational records. In order to serve the scholar's educational needs, Promise Academy may find it necessary to disclose a scholar's name and address to a vendor to provide them with the appropriate learning solutions. These vendors agree to the confidentiality of the scholar's name and address and will not use such information for any purpose other than those required under their vendor contract with Promise Academy. I hereby agree that my scholar's name and address may be provided to these entities to ensure that Promise Academy can best meet the educational needs of my scholar.

Parent/Legal Guardian/Independent Scholar: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### Confidentiality and Communication Consent

As the parent/guardian, I agree to allow Promise Academy personnel the right to contact me or my scholar in any manner of communication that pertains to the scholar's academic well-being. This may include, but is not limited to: Director, Assistant Directors, Teachers, Family Advocate, Employability Specialists, Administrative Assistants, and EMIS/Student Data Specialists. This information will remain confidential except in cases where there is an ethical and or legal responsibility to limit the above said confidentiality.

Parent/Legal Guardian/Independent Scholar: \_\_\_\_\_

Today's Date: \_\_\_\_\_



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## **Title I Compact**

### **What is a “school-parent compact?”**

Each Title I, Part A School must jointly develop, with the parents of children served under Title I, Part A, a school-parent compact as a component of its written parental involvement policy. A school-parent compact is a written agreement between the school and the parents of children participating in Title I, Part A programs that identifies the activities that the parents, the entire school staff, and the scholars will undertake to share the responsibility for improved scholar academic achievement, in addition, the school-parent compact outlines the activities that the parents, school staff, and scholars will undertake to build and develop a partnership to help the children achieve to the State’s high academic standards.

**What information and opportunities must schools provide parents of children participating in Title I, Part A programs?** Schools served under Title I, Part A must provide to parents of participating children, in a timely manner, information about the programs, funded by Title I, Part A. That information must include:

- ◆ A description and explanation of the school’s curriculum;
- ◆ Information on the forms of academic assessment used to measure scholar progress; and
- ◆ Information on the proficiency levels scholars are expected to meet.

Upon the request of parents, schools must provide the opportunities for regular meetings for parents to formulate suggestions and to participate, as appropriate, in decisions about the education of their children. The school must respond to any suggestions as soon as practicably possible.

The School, the scholars, and the parents of the minor scholars participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA), agree that this compact outlines how the parents, the entire school staff, and the scholars will share the responsibility for improved scholar academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State’s high standards.

**This school-parent compact is in effect during the 2016-2017 school year.**

The purpose of this Compact, found in Section 118 of Public Law 103-382, is to build and foster development of the school-scholar partnership to help all scholars achieve the State of Ohio’s high standards. Parent/Guardians, scholars, and teachers will share the responsibility for improved scholar achievement.

Each scholar is responsible for his or her own academic progress in mastering the necessary skills in order to complete the academic program at Promise Academy.

The school will provide high-quality curriculum and instruction in a supportive and effective environment that enables all scholars to meet the State’s scholar performance standards.

The school will provide scholars and parents of minor children with reports on their children’s progress.

The school will provide parents with opportunities to volunteer, observe, and participate in their child’s learning.



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## Title I Compact

### FAMILY REPRESENTATIVE AGREEMENT

Communication between the home and the School staff is important. As a parent or adult who has responsibility for the above-named scholar, I will attend at least one parent/teacher conference during which this Compact will be discussed as it relates to my child's achievement. I will read each progress report and talk to my child about the progress report. I understand that I will have reasonable access to my child's teachers, and will be able to observe classroom activities.

I, agree to Title I service for my child and that I will be responsible for supporting learning of my child in the following ways:

- ◆ Reading Progress Reports
- ◆ Discussing Progress Reports with my child
- ◆ Participating in parent/teacher conferences
- ◆ Monitoring my child's school attendance
- ◆ Assisting my child in learning to resolve conflicts in positive ways
- ◆ Supporting the school in efforts to maintain proper discipline
- ◆ Respecting all Promise Academy staff and scholars, and the cultural differences of others
- ◆ Assuring that my child is prepared to learn by being well-rested, fed and dressed according to the Promise Academy dress code each day and that he/she has the necessary supplies and learning tools to class each day

Parent/Legal Guardian/Independent Scholar: \_\_\_\_\_

Today's Date: \_\_\_\_\_



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## STRUCTURED HISTORY

Today's Date: \_\_\_\_\_

**DIRECTIONS:** Please answer all of the following questions to the best of your ability.

**SCHOLAR:**

\_\_\_\_\_

*Last Name* *First Name* *Middle Initial*

**Parent/Guardian:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Birthday:** \_\_\_/\_\_\_/\_\_\_ **Gender:**  Male  Female **Age:** \_\_\_\_\_  
*(Date on Birth Certificate)*

### EDUCATIONAL HISTORY

Does student have a history of academic difficulties in school?  YES  NO

If yes, difficulty is in:  Reading  Math  Both

If yes, problems began:  Elementary  Middle School  High School

Is student frequently absent/truant from school?  YES  NO

If yes, please explain why student is frequently absent/truant: \_\_\_\_\_

Have you filed unruly charges due to school truancy  YES  NO

Does student display behavior problems in school?  YES  NO

Check all that apply:

- Argues with peers
- Physically fights with peers
- Frequently suspended
- Disrespectful to adults
- Aggressive with adults
- Hyper
- Teased by peers
- Short attention span (can't focus)
- Refuses to complete class work

Has your child ever attended Cleveland Metropolitan School District?  YES  NO

### SPECIAL EDUCATION INFORMATION:

*It is extremely important we have accurate information regarding special education status. Please do not mark "no" if student has received services in the past (had an IEP). We do verify this information from previous school. If you wish to deny future special education services, this needs to be done at a formal IEP meeting, which we can provide upon request.*

Has student ever been tested for special education?  YES  NO

Does the student currently have an IEP for special education?  YES  NO

\*\*If yes, the IEP is for:  Academics  Behavior  Both

Attach the current/most recent signed copy of the IEP and the ETR (Evaluation Team Report).

Last School Special Education Services were provided: \_\_\_\_\_

\*\*If no, did the student previously have an IEP but has since exited special education?  YES  NO

Comments (if necessary): \_\_\_\_\_



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## MEDICAL HISTORY

### SCHOLAR:

\_\_\_\_\_

*Last Name* *First Name* *Middle Initial*

1. Please list any past or present serious illnesses or injuries: \_\_\_\_\_

2. Has this child ever had psychological counseling or therapy?  YES  NO

If yes, type of counseling and when: \_\_\_\_\_

Provided by: \_\_\_\_\_

3. Has this child ever had a neurological, psychological or psychiatric exam?  YES  NO

If yes, reason for exam: \_\_\_\_\_

Diagnosis (if applicable): \_\_\_\_\_

Who provided the exam: \_\_\_\_\_

4. Is this child currently on medication?  YES  NO

If yes, type and reason: \_\_\_\_\_

5. Has this child ever been on long-term medication (more than 6 months)?  YES  NO

If yes, type and reason: \_\_\_\_\_

6. Check if this child and/or family **is currently** receiving services from any of the following agencies:

- Beech Brook  Guidestone (Berea Children's Home)  Cleveland Christian Home  
 Bellefaire  Applewood  Murtis Taylor  OTHER: \_\_\_\_\_

7. Check if this child and/or family **previously** received services from any of the following agencies:

- Beech Brook  Guidestone (Berea Children's Home)  Cleveland Christian Home  
 Bellefaire  Applewood  Murtis Taylor  OTHER: \_\_\_\_\_

8. If this child's life been recently affected by any stressful situations (such as: chronic illness, death of a family member or loved one), please explain:

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

## ADDITIONAL INFORMATION

1. Is the Cuyahoga County Department of Children and Family Services (CCDCFS) currently working with the family?  YES  NO

If yes, caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Is this child currently court involved?  YES  NO

3. Does this child currently have a probation officer?  YES  NO

If yes, name of probation officer: \_\_\_\_\_ Phone: \_\_\_\_\_



1701 E. 13th Street Cleveland, OH 44114  
PH: (216) 443.0500 / Fax: (216) 443.0506  
www.promise-academy.com

## AUTHORIZATION FOR CONSULTATION

**SCHOLAR:**

\_\_\_\_\_ *Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *Middle Initial*

Birth day: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_  
*(Date on Birth Certificate)*

Referred by: Parent/Student at Enrollment/Orientation Date \_\_\_\_\_

I/we give permission for a Promise Academy school psychologist, guidance counselor, and/or social worker to provide the following services to my child. I understand that this support is not related to Special Education and that a disability is not suspected at this time.

	<u>YES</u>	<u>NO</u>
Classroom Observation and recommendation	X	_____
Teacher and school staff consultation	X	_____
Interview/s with student	X	_____
Individual Support	X	_____
Planning and monitoring classroom interventions	X	_____
Communication and coordination with outside agencies	X	_____
Academic/Speech Screening	X	_____
Social/Emotional Screening	X	_____
Conflict Mediation with other students and/or staff	X	_____
De-escalation when student is upset	X	_____

I understand that this consent is valid from enrollment date to date of permanent transfer.

Parent/Legal Guardian/Independent Scholar: (PRINT NAME) \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(COMPLETE MAILING Address, as shown on Proof of Residency (POR))*

Work Phone \_\_\_\_\_  Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

+++++

### REFUSAL OF OFFER OF SERVICES

**\*\*I DO NOT give permission for the above services for my child.**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(COMPLETE MAILING Address, as shown on Proof of Residency (POR))*

Work Phone \_\_\_\_\_  Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

**\*\*PLEASE NOTE: Services are standard with this program. Denying services indicates you are denying this program.**



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## RECORDS REQUEST

**FAX TO: SCHOOL RECORDS CLERK AT** \_\_\_\_\_  
Former School's Name

Former School's Address: \_\_\_\_\_  
Address City ST Zip

Former School's Phone #: \_\_\_\_\_

Former School's FAX#: \_\_\_\_\_

This notice is to officially inform you that the following student has been enrolled in Promise Academy for the 2016-2017 school year, effective \_\_\_\_\_  
(Today's date)

You are authorized to release the following records for:

Scholar's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Date Requested: \_\_\_\_\_

**Specific Data to be Released:** (Please indicate with X )

- |   |   |
|---|---|
| <input type="checkbox"/> Withdrawal documentation     | <input type="checkbox"/> Official Transcripts w/ Seal         |
| <input type="checkbox"/> Immunization/Shot Records    | <input type="checkbox"/> OGT Scores <b>(Scaled &amp; Raw)</b> |
| <input type="checkbox"/> Attendance Record            | <input type="checkbox"/> End of Course State Test Scores      |
| <input type="checkbox"/> 504 documentation/Special Ed | <input type="checkbox"/> Other: <b>IEP / ETR / MFE</b>        |

**Reason for Request:** (Please indicate with X )

- NOTIFICATION of Enrollment  
 To aid in present and future educational decisions  
 Other: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Emancipated Scholar's Signature

\_\_\_\_\_  
Date

Please return requested records to:

**Promise Academy - FAX: (216) 443-0506**

\_\_\_\_\_  
Authorized Promise Academy Staff Signature

\_\_\_\_\_  
Date Form Faxed

\_\_\_\_\_  
Date Items Received

**OHIO REVISED CODE OHIO STATUS 3319.32.1**

*Text of Statute:* Nothing shall prevent the transfer of a student's record (this includes transcripts and IEP's) to an educational insti-



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