

BRIDGE ACADEMY OF OHIO **REGISTRATION CHECKLIST – NEEDED FORMS AND RECORDS**

Student's Name: _____ Grade Applying for: _____ School Year _____

Forms you must provide the school before registration is complete.

- Application for Enrollment --GOLDEN
- Request for Student Records—LIGHT PURPLE
- Special Education Services Questionnaire—LIGHT PINK
- Medication Administration Permission Form--TAN
- Home Language Survey—LIGHT GREEN
- Internet/Computer Acceptable Use Policy—LIGHT BLUE
- Photo Consent/Denial Policy--GRAY
- Student-Family Emergency Information--CARDSTOCK

Records you must provide the school before registration is complete.

- Certified Copy of Birth Certificate
- Copy of Child's Social Security Card and/or Passport/visa/immigration papers
- Copy of Last Report Card from previous school
- Immunization Record (available from child's pediatrician)
- Health Appraisal (front & back) completed by student's physician (Obtain form from school)

WHEN COMPLETED, SEND THIS PACKET TO:

Bridge Academy of Ohio
4404, Toledo, OH 43623
Tel.(419)475-6620 ~ Fax(419)475-6640
www.ohiobridgeacademy.net

A GLOBAL EDUCATIONAL EXCELLENCE SCHOOL

WITHOUT THE ABOVE INFORMATION, WE CANNOT ENROLL YOUR CHILD!

STUDENT INFORMATION

Name (Last, First, MI):	Primary Language:
Street Address:	English Ability: Excellent / Good / Poor
City, State, Zip	Grade Sought:
Date of Birth: Gender: Male Female	Place of Birth:
Social Sec. #:	Is student one of the following? (Check One)
Previous School District:	<input type="checkbox"/> A citizen or national of the United States?
Current Grade:	<input type="checkbox"/> A lawful Permanent Resident (Alien#) A?
Current School: <small>(Students entering high school must bring their transcripts with them to enroll.)</small>	<input type="checkbox"/> An Alien authorized to attend public school in the US? <input type="checkbox"/> Alien/Admission #: _____

Race (circle one):

(1) Hispanic/Latino of any race; and for individuals who are non-Hispanic/Latino Only
 (2) American Indian or Alaska Native (3) Asian (4) African American
 (5) Native Hawaiian/Other Pacific Islander (Having origins in people of Hawaii, Guam, Samoa or other Pacific Isl)
 (6) White (Having origins in people of Europe, the Middle East or North Africa)
 (7) Two or more races

I Certify that the child I am enrolling at the Academy has not been previously expelled from school, nor is expulsion pending.
 The above-named child that I am enrolling has been previously expelled from a school. I authorize access to all school records and further authorize communication with the school(s) listed below regarding this matter. I understand my child's admission to the Academy will be at the discretion of the Academy Administration and Board.

PARENT INFORMATION

Father's Name (Last, First):	
Address: (If different than child's)	
Employer/Occupation:	Email Address:
Home Phone:	Work/Cell Phone:
Mother's Name (Last, First):	
Address: (If different than child's)	
Employer/Occupation:	Email Address:
Home Phone:	Work/Cell Phone:
With whom does the child live? Mother / Father / Other	Marital Status Single / Married / Divorced
Is a custody decree in place? Yes / No / Pending	If YES, copy given to school? Yes / No

STUDENT SIBLING INFORMATION

Sibling Name:	Enrolled here? Yes / No / Waiting List	Date of Birth:	School currently enrolled in:
Sibling Name:	Enrolled here? Yes / No / Waiting List	Date of Birth:	School currently enrolled in:
Sibling Name:	Enrolled here? Yes / No / Waiting List	Date of Birth:	School currently enrolled in:
Sibling Name:	Enrolled here? Yes / No / Waiting List	Date of Birth:	School currently enrolled in:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

PARENT/GUARDIAN SIGNATURE	DATE
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FOR OFFICE USE ONLY			
Application Date: _____	Active: _____	Date Records Sent: _____	Graduated: _____
Start Date: _____	Waiting List: _____	Moved/Transfer: _____	Withdrawn: _____

REQUEST FOR STUDENT RECORDS

We have just enrolled the following student. Please forward all records, including medical records, social and psychological evaluations, and special education records that would assist us in placing and evaluating this student. Thank you.

STUDENT INFORMATION

Student's Full Name: _____

Student Birth Date: _____ Grade _____

PREVIOUS DISTRICT INFORMATION

School Name: _____

School District: _____

School Address: _____

School Phone Number: _____

School Fax Number : _____

Today's Date: _____

PARENTAL INFORMATION AND APPROVAL

Signature of Parent/Guardian: _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____

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SPECIAL EDUCATION SERVICES QUESTIONNAIRE

Student Name: _____

Grade: _____ Date: _____

1. Have you ever attended an I.E.P.C. (Individualized Educational Planning Committee) meeting where your child's eligibility for Special Education was discussed? (Circle One) **YES** | **NO**
If Yes, where and when: _____

2. Is your child currently enrolled in Special Education or has s/he received special education services in the past? (Circle One) **YES** | **NO**

3. Did your child receive any other special services, such as social work referrals to other sources, counseling, tutoring, etc.? (Circle One) **YES** | **NO**
If Yes, please explain:

4. If your child has been a part of a Special Education program, do you have a copy of your child's current I.E.P. (Individualized Education Plan)? (Circle One) **YES** | **NO**
If No, please obtain and provide the IEP to the school before a scheduled IEPC.

5. Do you feel your child is a candidate for Special Services? (Circle One) **YES** | **NO**
If Yes, please explain: _____

6. Have you ever had discussions with any school personnel regarding your child being tested for academic, behavior or emotional concerns? (Circle one) **YES** | **NO**
If so, what was their position: _____

7. When is the best time to contact you by phone? _____
at what phone number can you be reached? _____

Parent Name (Print): _____

Parent Name (Signature): _____

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MEDICATION ADMINISTRATION PERMISSION FORM

Student Name: _____

Date form received by the Academy: _____

Grade: _____ Class #: _____ Birthday: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN AND/OR PHYSICIAN:

Name of Medication: _____

Reason for medication (optional): _____

Medicine Type (Circle One): Tablet / Liquid / Inhaler / Injection / Nebulizer / Other: _____

Instructions (schedule & dosage to be given at school): _____

Start Date: _____ Stop Date: _____ As Needed (per phone verification): _____

Restrictions / Side Effects: _____

Storage Requirements: _____

Physician Name: _____ Phone Number: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I request that my child, _____ receive the above medication at school according to the standard school policy.

I certify that my child, _____ is both capable and responsible, and I am requesting that he/she be allowed to self-administer the above medication at school according to the standard school policy.

Signature: _____ Telephone _____

Relationship (*MUST* be parent/guardian or Doctor): _____

Date: _____

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HOME LANGUAGE SURVEY

NAME OF STUDENT: _____ AGE: _____

In order to determine the number of students who speak a language other than English we are requesting the following information.

1. Country of Birth: _____ Grade _____
2. Is English the first language that the student learned to speak? (Circle One) YES / NO
3. If not, what is the first language that the student learned to speak? _____
4. Is English regularly (most of the time) spoken at home? (Circle One) YES / NO
5. If NO, what is the language spoken at home? _____
6. How much time do you spend speaking your native language at home? (Circle the best answer)
Less than 25% | 25% | 50% | 75% | More than 75%

IF THE RESPONSE TO THE ABOVE QUESTIONS IS "NO" PLEASE ANSWER THE FOLLOWING:

How many years has the student gone to school in the US? _____

Is the student a U.S. citizen? YES _____ NO _____

Assess the student's language proficiency in your opinion. (Check all that apply)

_____ Speaks no English	_____ Reads no English	_____ Writes no English
_____ Speaks limited English	_____ Reads limited English	_____ Writes limited English
_____ Speaks English well	_____ Reads English well	_____ Writes English well

Parent/ Guardian's Name (Print): _____

Signature: _____ Date: _____

Address: _____

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STUDENT INTERNET/COMPUTER ACCEPTABLE USE POLICY

Internet services are available to all students for the purposes of instruction, curriculum support, and communication. E-mail, network, and Internet access is to be used ONLY for these purposes.

Students are expected to conduct themselves ethically and be mindful of all applicable laws and regulations. They should be familiar with procedures for accessing email and/or the Internet and have participated in training provided by the school. Students should have specific information objectives and/or search strategies formulated before they access the Internet. School policy states that ***ALL students must have a signed Acceptable Use Policy form on file before they are allowed to use the Internet independently.***

The following are unacceptable uses of e-mail/Internet by students who access the network through school accounts using school-owned equipment and may result in the revocation of Internet privileges or, depending on the nature of the offense, detention or suspension.

Unacceptable use includes but is not limited to:

- Sending or displaying offensive messages or pictures
- Using obscene, harassing, or insulting language
- Violating copyright laws or fair-use practices
- Trespassing in others' folders, documents, or files
- Using the network for commercial or political purposes
- Using the network to access inappropriate materials
- Intentionally damaging computers, computer systems, or computer networks
- Using other's passwords
- Indiscriminate personal use – purchases, personal emailing, or "instant messaging"
- Downloading software without permission of school administration or network technician.
- Other behaviors in violation of Academy policy, state statutes, or federal laws

Communication over networks is not considered private. Network supervision and security maintenance may require monitoring of directories, messages, or Internet activity. The Academy reserves the right to access stored records in cases where there is reasonable cause to expect wrong-doing or misuse of the system.

Student Internet/Computer Acceptable Use Policy – SIGNATURE MANDATORY

Student Name: _____ Grade: _____

I have read the Student Internet Acceptable Use Policy. I agree to follow the rules contained in this policy with an understanding that consequences could entail revocation of Internet privileges, or depending on the nature of the offense, detention or suspension. I will receive a copy of this signed Policy and a copy will be kept in my file.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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PHOTO CONSENT/DENIAL POLICY

In an effort to keep the community up-to-date on events, the Academy will, on occasion, invite local media representatives into our school to photograph special programs and events. Media representatives register at the main office upon their arrival and are always escorted to the designated area from which they can take photos or video publications. We do not allow media representatives to interview students on school property unless academy personnel accompany them.

Academy personnel will also take pictures of classroom activities and/or individual students from time to time for either release to the local media, use in the Academy web site, or for Academy media or brochures. Identification of students is always limited to name, school, and grade.

Permission to photograph a student either individually or in a group, and to use any photograph for any school purpose, is assumed until you specifically request your child's photo not be used. This information will be kept on file in the student's records.



PARENTS, PLEASE FILL OUT AND RETURN THIS FORM **ONLY** IF YOU DO NOT WANT YOUR CHILD'S PICTURE PRINTED IN ANY PUBLIC MEDIA. IF YOU DO NOT RETURN THIS FORM, WE WILL ASSUME THAT YOUR PERMISSION IS GRANTED FOR PUBLISHING YOUR CHILD'S PHOTO.

I, _____ (Parent/Guardian Full Name), am the legal guardian of _____ (student's name) who will be in _____ grade in 2009-2010. I do not want my child's picture to be used in school-related or outside media publications.

Home Address: _____

Home Telephone No.: _____ Mobile Phone No. _____

Work Phone No.: _____

Parent Signature: _____ Date: _____

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Bridge Academy of Ohio
Family Emergency Form 2010-2011

*All students attending Bridge Academy of Ohio **MUST** be listed below*

Last Name	First Name	D.O.B.	Grade	Does your child have any health issues/ or allergies?

ADDRESS: _____ **CITY:** _____

STATE: OH ZIP CODE: _____ **HOME PHONE NUMBER:** _____

Who does the child live with? Both parents Mother Father Other _____

Is a divorce decree in place? Yes No Pending If yes, please submit a copy for the student file.

Father's Name:	Cell phone number:
Place of Employment:	Work phone number:
Mother's Name:	Cell phone number:
Place of Employment:	Work phone number:
Guardian's Name:	Cell phone number:
Place of Employment:	Work phone number:

*You **MUST** list at least 2 people we can contact, in case of emergency:*

Name	Relationship	Phone Numbers

If none of the parties can be contacted, I instruct Bridge Academy of Ohio to contact:

Doctor's Name: _____ Phone Number: _____

If the designated parties are unavailable, I understand that appropriate emergency care deemed advisable by the school authorities will be sought. Any special directions appropriate to my child/ren have been listed above. I certify that this information is true and accurate, to the best of my ability. I will not hold Bridge Academy of Ohio or any other affiliates responsible in the case of injury or death.

DISMISSAL AGREEMENT

By signing this form I am in an agreement with Bridge Academy of Ohio's dismissal agreement.

My child/ren listed above will be walking to and from school.

My child/ren listed above will be driven to and from school.

Other than parent my child/ren can **ONLY** be picked up by the parties listed below:

Full Name	Relationship	Phone Numbers

I understand that Bridge Academy of Ohio is not responsible for my child/ren after 3:10 P.M.

Parent/Guardian Signature: _____ Date: _____

SECTION III – IMMUNIZATIONS

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES	DATE ADMINISTERED MM/DD/YYYY		VACCINES	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3	Hepatitis A (Hep A)	1	2
	2			Influenza TIV/LAIV	1
DTa / DTP / DT Td / Tdap (circle type)	1	5	2		4
	2	6	Meningococcal MCV4 / MPSV4	1	2
	3	7	Human Papillomavirus (HPV)	1	3
	4	8		2	4
Haemophilus Influenza type b (HIB)	1	3	OTHER Vaccines: Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio – IPV / OPV (circle type)	1	3		2	
	2	4	3		
Pneumococcal Conjugate (PCV7)	1	3	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.</i>		
	2	4	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
Rotavirus (Rota)	1	3	Parent/Guardian refused immunizations: <input type="checkbox"/>		
	2				
Measles, Mumps, Reubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge:					
_____			_____		
<i>Health Professional's Signature</i>			Title _____ / Date _____		

SECTION IV – RECOMMENDATIONS

No Yes (Required for Child Care and Head Start/Early Head Start)

Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain: _____

Should the child's activity be restricted because of any physical defect or illness?
If yes, check and explain degree of restriction(s): Classroom Playground Gymnasium Swimming Pool Competitive Sports Other: _____

Other Recommendations: _____

SECTION V – DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ / _____
Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / _____
Examiner's Signature Date Examiner's Name (print or type) Degree or License

_____ MI _____
Number & Street City ZIP Code Telephone: _____

Information required for:

- Early On®** Hearing and Vision Status; Diagnosis; Health Status
- Child Care Licensing** Physical Exam, Restrictions, Immunizations
- Head Start/Early Head Start** Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the schedule of well-child care required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with Departments of Human Services, Education, Community Health; Michigan American Association of Pediatrics; Early Childhood Investment Corporation; Child Care Licensing, Head Start, Michigan State Medical Society; Michigan Association of Osteopathic Physicians and Surgeons