



Youngstown Academy of Excellence

2015-2016 ENROLLMENT PACKAGE

Dear Prospective Family,

Thank you for choosing to enroll your child at Youngstown Academy of Excellence. Only the legal guardian of the child is allowed to enroll a student at our school. Completing each of the forms (attached) of our new student enrollment package is required to reserve your child's seat at our school for the 2015-2016 school year. Please be assured that all student information is protected by the *Family Educational Rights to Privacy Act* for the purpose of protecting student confidentiality. In addition to this cover letter, you will find 10 pages of forms. All forms must be completed for your child to begin school and are due on a first come/first serve basis to guarantee your child a quality education at our school in the coming and future school years. We welcome you to our school community and look forward to working with your family. Please do not hesitate to call me with any questions you may have about our school or the enrollment process—our door is always open.

The checklist below is for your use to make certain all documents are complete and in the order presented. Please fill out one set of forms for each child you wish to enroll and return to our school's main office. Please retain a copy of the completed forms for your own record.

Forms that must be submitted to complete the enrollment package:

- Admissions Profile
- Emergency Contact & Student Health Form
- Ethnicity & Race Identification Form
- Arrival & Dismissal Form
- Release of Student Records Form
- Home Language Survey
- Student Residency Questionnaire (McKinney-Vento Form)
- Media Release Form
- Volunteer Form
- Enrollment Agreement

Other essential documents that must be submitted for enrollment:

- Copy of birth certificate
- Copy of social security card
- Copy of immunization records
- Copy of proof of residency

Additional documents to be submitted ONLY if they apply to your child:

- Individual Education Plan (IEP) or Individual Learning Plan (ILP)
- Legal Custody Papers

Enrollment documents that are NOT NEEDED AT THIS TIME, but will be required prior to the first day of school:

- Acknowledgement of Code of Conduct Form
- Acknowledgement of Uniform Policy
- Application for Free and Reduced Lunch (if applicable)
- Food Allergy Form (if applicable)
- Consent to Administer Medication At School Form (if applicable)

Thank you again for choosing Youngstown Academy of Excellence and allowing us to serve your family.

Youngstown Academy of Excellence

ADMISSIONS PROFILE



FOR OFFICE USE ONLY

Process Date: ___/___/___ Student's First Day of School: ___/___/___ Student's Last Day of School: ___/___/___ Student Number _____
Enrollment Code: _____ Previous School ID#: _____ Previous School Student #: _____ Letter to Release Records sent: ___/___/___
School Records Received: ___/___/___ Sp. Ed. Records Received: ___/___/___ Code of Conduct Acknowledgement Returned: Yes
Evidence of Enrollment Received: Yes Input into PS: Yes ___/___/___ By: _____

GENERAL STUDENT INFORMATION

List student's name fully as it appears on the birth certificate:

Legal Last Name: _____ Legal First Name: _____

Legal Middle Name: _____ Nickname (optional): _____

Date of Birth: ___/___/___ (Must Provide Birth Certificate) Gender: M F Student's SSN: _____

Primary Phone Number: _____ Primary Email: _____

Grade Level for 2015-16: Pre-K K 1 2 3 4 5 6 7 8

STUDENT EDUCATION INFORMATION

Legal School District of Residence: _____ County of Residence: _____

Name of Most Recent School: _____ Previous Grade: _____

Address of Most Recent School: _____

Type of School: Public Private Homeschool Charter Online Daycare N/A

Has your child ever been retained in any grade? Yes; Which grade? _____ No

Was your child receiving Special Education Services? No Yes*

*Do you have your child's special education records (504 or IEP)? No Yes; ***If yes, please attach a copy.***

STUDENT RESIDENCE INFORMATION

Student Address (where student lives) Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address Same as above -OR- Use the mailing address below:

Street Address: _____

City: _____ State: _____ Zip: _____

Parent Custody Child lives with (**check one only**):

Both Biological Parents One Biological Parent Only Legal Guardian

Both Biological Parents Alternately (*if Both Parents Alternately, please indicate Custodial Parent below*)

Custodial Parent's Name: _____ Home Telephone: _____

Please check if applicable:

Non-custodial Parent does not reside locally

Non-custodial Parent is legally prohibited from contact (*legal documentation must be provided for school records*)

McKinney-Vento *The following question is intended to address the McKinney-Vento Act. Your response will help administrators determine residency documents necessary for enrollment of this student.*

Student lives: In a house In an apartment In a shelter In a motel, car, campsite
 In a house w/more than one family With friends or family other than parent/guardian

Home Language Is there a primary language other than English spoken in the home? No Yes, what language? _____
Does your child speak a language other than English? No Yes, what language? _____

Technology Computer in student's home? Yes No Internet access in student's home? Yes No
Printer in student's home? Yes No Tablet (iPad, Kindle, etc) device in student's home? Yes No

PARENT/GUARDIAN INFORMATION

I do or do not give my permission to include our child and family in the school directory.

PRIMARY PARENT/GUARDIAN CONTACT

First Name: _____ Last Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Preferred Email: _____

May Pick Up Student from School (check if YES) Needs to Receive Mailings (check if YES) May Access Records (check if YES)

Highest Level of Education:

Some High School High School Diploma/GED Vocational Certificate/Degree Some College 2-Year College Degree
(Associate's)

4-Year College Degree (BA, BS) Some Graduate Studies Master's Degree Doctoral Degree Professional Degree (MD,
JD)

SECONDARY PARENT/GUARDIAN CONTACT

First Name: _____ Last Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Occupation: _____

Preferred Email: _____

May Pick Up Student from School (check if YES) Needs to Receive Mailings (check if YES) May Access Records (check if YES)

Highest Level of Education:

Some High School High School Diploma/GED Vocational Certificate/Degree Some College 2-Year College Degree
(Associate's)

4-Year College Degree (BA, BS) Some Graduate Studies Master's Degree Doctoral Degree Professional Degree
(MD, JD)

OPTIONAL THIRD PARENT/GUARDIAN CONTACT

First Name: _____ Last Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

Preferred Email: _____ Home Phone: _____

May Pick Up Student from School (check if YES) Needs to Receive Mailings (check if YES) May Access Records (check if YES)

OPTIONAL FOURTH PARENT/GUARDIAN CONTACT

First Name: _____ Last Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

Preferred Email: _____ Home Phone: _____

May Pick Up Student from School (check if YES) Needs to Receive Mailings (check if YES) May Access Records (check if YES)

By signing below, I verify that the information on this Admissions Profile is accurate and up to date.

_____/_____/_____
Guardian Name *Guardian Signature* *Date*

Youngstown Academy of Excellence



EMERGENCY CONTACT & STUDENT HEALTH FORM (PART 1)

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

STUDENT Last Name: _____ First Name: _____ Middle Name: _____

Nickname: _____ Age: _____ Date of Birth: ____/____/____ Gender: M F

PRIMARY PARENT/GUARDIAN Last Name: _____ First Name: _____

Relationship: _____ Employer: _____ Work Phone: _____

Best Daytime Phone Number: _____ Best Language: English Spanish Other: _____

SECONDARY PARENT/GUARDIAN Last Name: _____ First Name: _____

Relationship: _____ Employer: _____ Work Phone: _____

Best Daytime Phone Number: _____ Best Language: English Spanish Other: _____

LOCAL EMERGENCY CONTACTS (Adults, 18 years or older, who may be contacted in the event of an emergency):

First & Last Name: _____ Relationship: _____ Phone: _____

First & Last Name: _____ Relationship: _____ Phone: _____

First & Last Name: _____ Relationship: _____ Phone: _____

I hereby give permission to the staff of Youngstown Academy of Excellence to secure emergency medical treatment for the above named child while under their supervision:

Name of child's physician or health clinic: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: _____ After-Hours Emergency Number: _____

Preferred Hospital for Emergency Treatment: _____

Health Insurance Policy Name and Number: _____

Please list any critical health issues: _____

Please list any allergies: _____ Date of Last Tetanus Shot: ____/____/____

Name(s) of Person other than Parent or Legal Guardian to Whom Child maybe released (must be 18 years or older) in emergency:

*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. I understand that Youngstown Academy of Excellence will **NOT** transport my child(ren) to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that Youngstown Academy of Excellence will telephone 911 for emergency medical assistance, for which I will be financially responsible.*

Guardian Name

Guardian Signature

____/____/____
Date

Youngstown Academy of Excellence



EMERGENCY CONTACT & STUDENT HEALTH FORM (PART 2)

STUDENT Last Name: _____ First Name: _____ Middle Name: _____

Nickname: _____ Age: _____ Date of Birth: ____/____/____ Gender: M F

MEDICAL INFORMATION

Has your child ever been diagnosed with (check if YES):

- | | | |
|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Ear Aches/Infections | <input type="checkbox"/> Neuro Disorder (includes migraines) |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing/Ear Disorder | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Birth Defect/Developmental Disorder | <input type="checkbox"/> Vision/Eye Disorder | <input type="checkbox"/> Speech Disorder |

At staff discretion, the child may take/be treated with:

- | | | | |
|----------------------------------|--|--------------------|--|
| Antibiotic Ointment ("Nesporin") | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cough Drops | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acetaminophen ("Tylenol") | <input type="checkbox"/> Yes <input type="checkbox"/> No | Eye Drops/Eye Wash | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ibuprofen ("Motrin/Advil") | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Is the child allergic to any medications, including over the counter ointments?

No Yes, please list: _____

Does the child have any allergies (food*, latex, insect bites/stings, animals, seasonal, other)?

No Yes, please list: _____

**Please request and complete the Food Allergy Form for the Lunch Program staff if student has food allergies.*

Does the child have any other medical conditions or restrictions?

No Yes, please list: _____

Does the child require daily medicine or other health maintenance while at school? No Yes*, please specify:

Inhaler Breathing treatment Blood glucose check Other, describe: _____

**If your child needs to take prescription medicine at school, you must provide the medication in the original prescription bottle with the child's name on it. If your child needs to take any over-the-counter medication, you must provide the specific, age-appropriate medication in the original sealed container. All medication must be brought to the health office by a parent or guardian and a Consent for Giving Medication at School Form must be completed and signed by the parent.*

Does the child take daily medicines at home? No Yes*, please specify:

Inhaler Breathing treatment Blood glucose check Other, describe: _____

DENTAL INFORMATION

Name of child's dentist: _____

Address: _____ City _____ State _____ Zip _____

Phone Number _____ After-Hours Emergency Number _____

To the best of my knowledge, the above named child does not have any health problems that would be harmful to him/her while participating in Physical Education or which would require a physical exam. I hereby give permission for the exchange of information regarding the child's medication and medical issues. Be it known that I, the undersigned parent or legal guardian of the student named above, do hereby and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student as in the judgment of said authority should the student be injured or stricken ill.

_____/_____/_____
Guardian Name Guardian Signature Date

Student First Name *Student Last Name* *Teacher Name* *Grade Level*

Student First Name *Student Last Name* *Teacher Name* *Grade Level*

ETHNICITY & RACE IDENTIFICATION FORM

STUDENT FIRST AND LAST NAME: _____ **GRADE LEVEL:** _____

SCHOOL ATTENDING: _____ **STATE:** _____

Please complete Part 1 AND Part 2 of this federally required form.

Part 1 of 2: Ethnicity Designation

Directions: Read the definition below and check the box that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer.) Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.

- No**, not Hispanic or Latino
- Yes**, Hispanic or Latino

Part 2 of 2: Race Designation

Directions: Read the descriptions below and check the box(es) that indicate the student's race. You must select at least ONE race, regardless of ethnicity designation. More than one response can be selected.

Indicate this student's race (can select more than one):

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Sign the area below to indicate that you either identify or refuse to re-identify. If refusal to identify or re-identify, determination will be made by the school principal.

- I verify** that the information on this form is accurate OR **I refuse** to re-identify the race and ethnicity of this student.

_____/_____/_____
Guardian Name *Guardian Signature* *Date*

FOR OFFICE USE ONLY

I am the observer who completed this form due to parent/guardian refusal to re-identify.

_____/_____/_____
Observer Name *Observer Signature* *Date*



Youngstown Academy of Excellence

ARRIVAL & DISMISSAL FORM

STUDENTS IN FAMILY (*Only one form is required per family*)

Last Name	First Name	Grade Level

TRANSPORTATION

Please select the one method you will use for each of the three time periods:

MORNING (ALL DAYS)

- Parent/Guardian Driver
- Carpool
- School Bus/Van
- Walk
- Parent/Guardian Walker
- City Bus
- Day Care Van
- Extended Day Program (Oasis, etc.)
- Other:

AFTERNOON (REGULAR DISMISSAL DAYS)

- Parent/Guardian Driver
- Carpool
- School Bus/Van
- Walk
- Parent/Guardian Walker
- City Bus
- Day Care Van
- Extended Day Program (Oasis, etc.)
- Other:

AFTERNOON (HALF DAYS)

- Parent/Guardian Driver
- Carpool
- School Bus/Van
- Walk
- Parent/Guardian Walker
- City Bus
- Day Care Van
- Extended Day Program (Oasis, etc.)
- Other:

RELEASE APPROVAL

My child(ren) may be released to:

First and Last Name	Relationship	Phone Number

STUDENT TRANSPORTATION RULES

- Parents or other persons picking up students may be required to show ID.
- Parents/Guardians must walk with their students unless the student is in Grade 3 or older or is walking with a sibling in Grade 3 or older.
- Students will only be released to those individuals listed on the form above. Parents/Guardians are responsible for updating this list as needed.
- The family is responsible for paying their own city bus fares in most cases.

Please contact me with information regarding the school bus transportation options.

My Phone Number: _____ My Email Address: _____

I have read and agree to follow the rules for the arrival and dismissal methods I have chosen for my child(ren).

_____ / _____ / _____
Guardian Name

_____ / _____ / _____
Guardian Signature

_____ / _____ / _____
Date



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RELEASE OF STUDENT RECORDS FORM

Please list student's name fully as it appears on the birth certificate:

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name: _____

Nickname (optional): _____

Date of Birth: ____/____/____

Today's Date: ____/____/____

Guardian Name: _____

Guardian Signature: _____

Guardian Address: _____

Resident School District: _____

Please check the appropriate box and provide the name of former school where indicated below:

Student Entering Grade 1 – Grade 12 in 2014-15

Whereas my child is currently enrolled in Youngstown Academy of Excellence for the 2014-2015 academic year, I give my permission to:

(Insert name of school most recently attended by student)

Address: _____ Phone: _____ Fax: _____

to release my child's academic records to the Youngstown Academy of Excellence. Please include all relevant records including special education, academic testing, official school records, medical records and academic or disciplinary interventions.

Please send the information to: Admissions Department
Youngstown Academy of Excellence
1408 Rigby Street
Youngstown, Ohio 44506

Resident School District Notification of Student Entering Kindergarten in 2014-2015

Whereas my child is currently enrolled in insert school name for the 2014-2015 academic year, I hereby notify

(Insert name of Resident School District)



Youngstown Academy of Excellence

STUDENT RESIDENCY QUESTIONNAIRE

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

STUDENT INFORMATION

First Name

Last Name

Middle Name

____/____/____
Date of Birth

Age (as of 8/5/15)

Gender

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Are you a youth currently living on your own or with a friend, neighbor, or relative? Yes No

If you answered **YES** to **any** of the above questions, please **complete the remainder of this form**.

If you answered **NO** to **all** of the above questions, you may **STOP HERE**.

Presently, where is the student living? **(Check one of the below)**

- In a shelter
- With more than one family in a house or apartment (*other* family owns or rents the house or apartment)
- With friends or family members (*other* than parent/guardian)
- In a place not designated for ordinary sleeping accommodations (i.e. car, park, or campsite)
- In another location that is not appropriate for people (e.g. an abandoned building)
- In a motel/hotel
- Out of home placement including foster care
- In an arrangement that is not fixed, regular, and adequate and is not described by the other choices

The student lives with: **(Check one of the below)**

- 2 parents an adult that is not the parent or the legal guardian
- 1 parent and another adult a relative, friend(s) or other adult(s)
- 1 parent along with no adults

I, (full name) _____ declare as follows:

I am the parent or legal guardian of the above student who is of school age and is seeking enrollment at Youngstown Academy of Excellence. Since (date) _____, our family has not had a permanent residence.

Full name of person completing the form: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Alternate Contact Person: _____ Relationship: _____ Phone: _____

FOR OFFICE USE ONLY: I certify that the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: _____ McKinney-Vento Liaison Signature: _____



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MEDIA RELEASE FORM

From time to time our school staff records student activities through the use of photography and videography. Generally the resulting material is used internally to serve as a form of documentation of school life and student activity and as a learning tool for both students and faculty/staff. On occasion photographs and/or video may be used for advertising purposes to promote enrollment at our school or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for both internal and external uses, we need your permission to use photo and/or video images of your child. Please check the appropriate box and sign below to indicate your preference of permission for the following:

I DO give permission for my child to be photographed/videoed and for the resulting photographs/videos to be used and displayed within the school as well as to be used for public display and/or published for the benefit of the school.

I DO NOT give permission for my child to be photographed/videoed, nor for the photographs/videos to be publically displayed and/or published.

Please note that there is no payment or any other form of compensation for use of your child's image if a photograph and/or video of your child is used either internally or externally as explained in the examples above.

<i>Student First Name</i>	<i>Student Last Name</i>	<i>Teacher Name</i>	<i>Grade Level</i>
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<i>Student First Name</i>	<i>Student Last Name</i>	<i>Teacher Name</i>	<i>Grade Level</i>
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<i>Student First Name</i>	<i>Student Last Name</i>	<i>Teacher Name</i>	<i>Grade Level</i>
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<i>Student First Name</i>	<i>Student Last Name</i>	<i>Teacher Name</i>	<i>Grade Level</i>
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Guardian Name

Guardian Signature

Date

Youngstown Academy of Excellence



VOLUNTEER FORM

Volunteers are an important part of making our school a wonderful experience for children. Volunteers may be involved in a number of activities suggested below and are additionally encouraged to contribute their time and talent to organizing extracurricular activities and community outreach projects. All parents/guardians are expected to volunteer two hours each month. Any family member (parent, sibling, grandparent, or family friend) may complete the hours for the family. Hours may be “banked” by serving several hours at once. A number of volunteer options are available both in the school and from home or work. Volunteer hours are logged electronically and kept on record. Contact the school administrative team for volunteer suggestions. Also, refer to the school newsletter throughout the year for ways to be of service. The following is a partial list of ways to fulfill the volunteer commitment.

Please check as many boxes that fit your family’s particular interests and availability:

During School Hours Volunteers	After School Hours (or from Work or Home) Volunteers
<input type="checkbox"/> Assist with small reading groups* <input type="checkbox"/> Assist with small math groups* <input type="checkbox"/> Share about your work or career <input type="checkbox"/> Help teachers with classroom décor -- posters, bulletin boards, hallway art displays <input type="checkbox"/> Help during reading groups, Paragon, and math <input type="checkbox"/> Organize completed work into student folders <input type="checkbox"/> Photocopy homework or project packets <input type="checkbox"/> Supervise or play with children during lunch* <input type="checkbox"/> Assist in the library/media center* <input type="checkbox"/> Clean school equipment or school grounds <input type="checkbox"/> Answer office phone at mid-day <input type="checkbox"/> Volunteer with the student council <input type="checkbox"/> Volunteer with the student choir <input type="checkbox"/> Tutor students after school* <input type="checkbox"/> Supervise the playground*	<input type="checkbox"/> Host a talk at work to promote the school <input type="checkbox"/> Assist with the school website <input type="checkbox"/> Organize a family drive to enlist in Target, Office Depot, or Wal-Mart Card Programs that donate to the school <input type="checkbox"/> Share any fundraising experiences and ideas <input type="checkbox"/> Provide general grounds maintenance <input type="checkbox"/> Buy or send in Paragon supplies <input type="checkbox"/> Organize Scholastic book orders for teachers <input type="checkbox"/> Pick up and return books from the public library <input type="checkbox"/> Shop for school supply donations – copy paper, pencils, pens, paper towels, wet wipes, bleach wipes, Ziploc bags are needed throughout the year <input type="checkbox"/> Request your office to donate art supplies <input type="checkbox"/> Photocopy homework and project packets <input type="checkbox"/> Be a school ambassador to assist with student or staff recruitment

Our family would love to share our talents! We can provide the following:

- | | |
|--|---|
| <input type="checkbox"/> Carpentry Skills | <input type="checkbox"/> Science, Engineering, Technology Needs |
| <input type="checkbox"/> Musical Talent Needs | <input type="checkbox"/> Theater Needs |
| <input type="checkbox"/> Sports Needs | <input type="checkbox"/> Foreign Language Needs |
| <input type="checkbox"/> Health & Fitness Needs | <input type="checkbox"/> Makers & Makerspaces Needs |
| <input type="checkbox"/> Serve as a Community Resource (please list in comments) | |

Please share about any special interests you have in volunteering: _____

Please share any other volunteer activity you feel will contribute to our school community: _____

I understand that volunteering is an expectation and acknowledge the following statement: *Some volunteer responsibilities may require a successful completion of a criminal background check (*noted with an asterisk). Any volunteer may be fingerprinted (if required for federal and state clearance). Volunteers receive and must follow all policies and procedures defined by the school. If activity occurs that is not in keeping with the school policies, the Head of School reserves the right to relieve the volunteer of his or her responsibilities.*

Guardian Name

Guardian Signature

____/____/____
Date



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ENROLLMENT AGREEMENT

The success of Youngstown Academy of Excellence depends on the support of each member of the school community. Working together we can promote academic achievement, good character and ensure the success of each student in school and throughout life.

Your signature below indicates your commitment to helping our school fulfill its primary mission—rigorous academic learning.

As the parent of _____, I pledge:

- To maintain high expectations for my child
- To demonstrate consistent interest in my child's progress at school
- To support and work with the school staff to promote my child's learning

As a parent, I understand that my child may be withdrawn from Youngstown Academy of Excellence if:

- My child has excessive absences (excused or unexcused) and/or tardies (arriving to school late or being picked up early on a regular basis)
- My child chooses to repeatedly violate school rules
- My child does not complete his or her homework or assignments regularly

Guardian Name

Guardian Signature

____/____/____
Date