



Thank you for your interest in enrolling at Innovation Academy West!

Please use the checklist below to collect all the necessary forms required for enrollment. Please contact us if you have any questions regarding the list below.

To enroll, parents/guardians must submit the following to the School:

- Completed registration form
- Student's birth certificate
- Photo identification of parent/guardian enrolling the student
- Student's current immunization record
- Custody paperwork, if applicable
- Proof of Residency/Address Verification

one (1) of the following in the parent/guardian/student name, showing the complete address, and date:

- mortgage statement, lease agreement etc.
- utility bill with name and address listed
- Paystub with name and address listed
- bank statement with primary address listed
- Notifications from Social Security and/or Job and Family Services dated within thirty days.
- notarized affirmation from parent(s) of current resident address

When a student loses permanent housing and becomes a homeless child or youth, or when a child who is such a homeless child or youth changes temporary living arrangements, the district in which the student is entitled to attend school shall be determined in accordance with the Revised Code and the McKinney-Vento Homeless Assistance Act.



2024-2025

REGISTRATION/ENROLLMENT

Student Information:

Date _____ 2024-2025 Grade _____

Name of Student: _____
(First) (Middle) (Last)

Address _____ Apt.# _____ City _____ Zip Code _____

Primary Phone # _____ Alternate Phone# _____ Email: _____

Student Date of Birth: _____ Gender: Male Female

Birth Mother's Maiden Name: _____

Ethnicity: Is the student Hispanic or Latino? Yes No

Race: White Black Hispanic Asian American Indian/Alaskan Native Pacific Islander
 Multi-racial *If Multi-racial, please check all that apply:*
 White Black Hispanic Asian American Indian/Alaskan Native Pacific Islander

Native Language:

1. Is a language other than English used in the home? Yes No If yes, what language _____
2. Does the student have a first language other than English? Yes No
3. Does the student most frequently speak a language other than English? Yes No If yes, what language _____
4. If student speaks a language other than English or was born outside of the United States, please give the month and year the student FIRST entered the United States: _____

If the student was born outside of the United States, in which country was he/she born? _____

If the answer to the questions above is a language other than English indicate the native language in EMIS and proceed to assess the student's ELP utilizing the language usage survey.

If required, translation services were provided by:

Signature _____ Date _____

Name (please print) _____

Parent/Guardian Information:

Name of parents/legal guardians with whom student resides:

(First) (Middle) (Last) (home phone #) (work phone#)

(First) (Middle) (Last) (home phone #) (work phone#)

Who does the child live with? (Circle all that apply)

Mother Father Grandmother Grandfather Step-Father Step-Mother Surrogate Guardian Guardian Ad Litem

Other: _____ h _____ (Name and relationship to the student)

Who has legal custody of the student? Both Parents One Parent (Mother or Father) Other: _____

Name and address of CUSTODIAL PARENT NOT residing with student: _____

Please list any CUSTODIAL ISSUES: _____

A complete set of custody and/or guardianship papers must be on file with the school office if applicable.

For Office Use Only

Received by _____ Date _____

Entered in DASL _____ SSID# _____

Educational History:Does the student have a current or active Individual Education Plan (I.E.P.)? Yes NoDid the student ever have an I.E.P.? Yes No

If yes, please provide a copy of the student's I.E.P. and Evaluation If yes, what school year? _____

Does the student have a current or active 504 plan? Yes No

If yes, please provide a copy of the student's 504 Plan

Public School District of Residence: _____ Previous School Phone #: _____ - _____ - _____

Name of School Last Attended: _____ Withdrawal date from previous school: _____

Previous school address: _____ How long did student attend previous school district? _____

Last grade attended at previous school: _____ Has student officially withdrawn from previous school? Yes NoDid the student attend pre-school? Yes No How many years or months did student attend pre-school? Years ___ Months ___

Name of pre-school attended: _____ City: _____

Does the student have any medical/health, or other concerns that the school should be aware of? _____

Has the student been permanently excluded/removed from any Ohio school? Yes No**Child Pick-Up/Emergency Information:**

I agree my child may be physically released only to the following person(s). These person(s) may also be called in the event of an emergency. Proof of identification, in the form of picture ID is required when picking up child(ren). Changes of any release/ contact selections must be received in written form.

Name	Relationship to Student	Phone Number	Address

Family Information:

Additional Children under 18 living in the home		
Name	Age	School Attending

No Release Authorization:

The following individual(s) may **not** remove my child from school:

Name(s): _____

Appropriate legal documents (custody papers, restraint) are on file at the school: Yes No (please circle one)

Parent/Guardian Commitment:

By signing below, I/we agree that my child will abide by and support the Academy rules and regulations, including the Code of Conduct and all other policies. Although the Parent/Student Handbook will reflect the current policies of the Academy, it may be necessary to make changes from time to time to best serve the needs of the School and its students. I further confirm that the information provided on this document is true and current. I am the legal guardian or custodian of the above student.

Parent/Guardian: _____ Date: _____
(Signature) (Relationship to Student)Student: _____ Date: _____
(Signature)

This form constitutes withdrawal from: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Emergency Medical Authorization Form

Student Name _____
Last First Middle
 Date of Birth _____ Home Phone _____
 Home Address _____ City _____ Zip _____
 School Attending _____ School Year _____ Grade _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

Residential Parent or Guardian		
Mother's Name:	Daytime Phone	Cell Phone
Father's Name:	Daytime Phone	Cell Phone

Emergency Contacts			
Name	Relationship to Student	Daytime Phone	Cell Phone
1.			
2.			
3.			

It is extremely important that you provide **ANY** pertinent medical history or information about existing conditions that may affect your child at school.

Medications: _____

Allergies: _____

Medical Information (Please include any physical conditions, susceptibility to infections and their precautions. Also list any susceptibility to convulsion and procedures if one occurs) : _____

PART I OR II MUST BE COMPLETED									
PART I: TO GRANT CONSENT	PART II: REFUSAL TO CONSENT								
I hereby give consent for the following medical care providers and local hospital to be called: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Doctor</td> <td style="width: 20%;">Phone Number</td> </tr> <tr> <td>Dentist</td> <td></td> </tr> <tr> <td>Medical Specialist</td> <td></td> </tr> <tr> <td>Local Hospital/Emergency Room</td> <td></td> </tr> </table>	Doctor	Phone Number	Dentist		Medical Specialist		Local Hospital/Emergency Room		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 school authorities to take the following action: Signature or Parent/Guardian: Date:
Doctor	Phone Number								
Dentist									
Medical Specialist									
Local Hospital/Emergency Room									
In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) The administration of any treatment deemed necessary by above named doctors, or, in the event the designed practitioner is not available, by another licensed physician or dentist: 2) The transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.									
Signature or Parent/Guardian: Date:	Signature or Parent/Guardian: Date:								



Media Release and Marketing

How Did You Hear About Us:

(check all that apply)

- Brochure/Flyer Internet/Website Social Media Radio Family/Friend Previously attended
 Home Visit Other (Please describe) _____

Media Release:

Name of Student: _____
(First) (Last)

I/We understand that as part of our child's/my attendance at the Academy; 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 grant permission to the School and its Board Members, Management Company, employees, agent and representatives 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 web site of the School and/or Management Company.

I agree that I and/or my child shall have no right, title, or interest in any photo or videotape covered by this agreement and waive any right to compensation for such use. I release the Academy, its Board members, the Management Company, employees, agents, representatives and all organizations and individuals related to the Academy from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness as described above.

I/We agree to give permission at this time.

OR

I/We **DO NOT** give permission at this time.

Parent/Guardian Signature: _____ Date: _____

Child Transportation/ Pick-up Information 2024-2025 School Year

Child's Name: _____ Grade: _____

In the event I am unable to pick up my child, I hereby give permission for the above named child to be picked up from school by one of the following persons:

1. Name _____
Address _____

Telephone Number _____

Relationship _____

2. Name _____
Address _____

Telephone Number _____

Relationship _____

3. Name _____
Address _____

Telephone Number _____

Relationship _____

4. Name _____
Address _____

Telephone Number _____

Relationship _____

Parent/Guardian Signature: _____ Date: _____

Proof of identification, in the form of a picture ID is required when picking up the child(ren). To update this form please contact the school office.



Residency Information Form

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Phone/Pager _____

Age _____ Grade _____ D.O.B. _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- _____ House or apartment with parent or guardian
- _____ Motel, car, or campsite
- _____ Shelter or other temporary housing
- _____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- _____ Loss of housing
- _____ Economic situation
- _____ Temporarily waiting for house or apartment
- _____ Provide care for a family member
- _____ Living with boyfriend/girlfriend
- _____ Loss of employment
- _____ Parent/Guardian is deployed
- _____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at Beacon.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date





COMPACT FOR SUCCESS

*Education works best when all
the parts are working together
parents, school staff and students.*

The purpose of the School-Parent Compact, found in section 1118 of Public Law 103-382, is to build and foster the development of a school-parent partnership to help all children achieve the state's high standards.

Parents, teachers and children will share responsibility for improved student achievement.

It is the school's responsibility to provide a high quality curriculum and instruction in a supportive and effective environment that enables the child to meet the state's academic achievement standards.

Parents are responsible for supporting their child's learning.



As a **Parent** I pledge to...

1. Read and respond to progress reports, teacher notes, and work samples; and attend Parent / Teacher Conferences.
2. Monitor video and television *time* and *quality*.
3. See that my child gets a good night's rest, is on time, and attends school regularly.
4. Help my child to understand the importance of education.
5. Provide a quiet study time and area at home.
6. Be involved in my child's educational program.
 - Discuss information sent home with my child.
 - See that my child completes all assignments.
 - Support the schools efforts to maintain proper discipline.
 - Communicate home situations that might affect my child's learning.
 - Praise my child's progress and help to set goals for improvement.
7. Be supportive by encouraging my child's participation in before school, after school and/or summer school, if recommended.
8. Read to or with my child as much as I can.
9. Volunteer in my child's classroom when presented with the opportunity.

Signature: _____ Date: _____

Signature: _____ Date: _____



As a ***Student***, I pledge to ...

1. Attend school regularly.
2. Follow the rules of my classroom and my school.
3. Prepare for class.
4. Participate in class.
5. Complete my homework.
6. Get enough rest; eat nutritious foods; and exercise everyday
7. Work hard to do my best.
8. Limit my video and television viewing.
9. Respect my teachers, parents and other students.
10. Make thoughtful choices and work to become increasingly responsible.

Student Signature: _____ Date: _____



As an **Educator**, I pledge to...

1. Provide a quality curriculum that enables each child to meet the state’s performance standards
2. Communicate child’s progress and notify parents of changes in behavior, attendance and achievements.
3. Treat all children fairly, with compassion, and nurture self-esteem.
4. Provide structure and clear limits for learning.
5. Strive to inspire each learner by:
 - Being enthusiastic
 - Using a variety of methods and approaches
 - Understanding individual differences
6. Provide communication between parents and teachers.
7. Provide reasonable access to parents and other staff members.
8. Participate in conferences.
9. Utilize parent volunteers as available and when appropriate.

Teacher Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.		1. In what language(s) would your family prefer to communicate with the school? _____	
Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.		5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year	
Additional Information Please share additional information to help us understand your child's language experiences and educational background.			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



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(Appendix A, continued)

COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio’s language usage survey:
 - The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
 - The district or school informed the parent(s) or guardian(s) of the form’s purpose. The language usage survey only is used to understand students’ linguistic experiences and educational background.
 - The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
 - For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
 - Results of the language usage survey are kept with the student’s cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

<p>Student’s native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p>Student’s home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student’s English proficiency. <input type="checkbox"/> No. Do not assess the student’s English proficiency.</p>
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district



2021 - 2022 Report Card for Innovation Academy West

The Ohio School Report Cards include performance information provided by schools and districts including academic, financial, and opportunity to learn data. Some of this data is then combined into six components that receive star ratings to indicate the level of performance for the school and district.

Achievement

This component represents whether student performance on state tests met established thresholds and how well students performed on tests overall.



Needs significant support to meet state standards in academic achievement.

Performance Index **46.2%**

Graduation

The Graduation Component is a measure of the four-year adjusted cohort graduation rate and the five-year adjusted cohort graduation rate.



Graduation Rates

This school is not evaluated for graduation rate because there are not enough students in the graduating class.

Progress

This component looks closely at the growth all students are making based on their past performances.



Evidence that the school met student growth expectations.

Overall _____

Early Literacy

This component looks at how successful schools are at improving reading for at-risk students in grades K-3.



Needs significant support to meet state standards in early literacy (K-3).

Improving K-3 Literacy **21.7%**
Third Grade Reading Proficiency **41.2%**
Promotion to Fourth Grade **94.1%**

Gap Closing

The Gap Closing Component is a measure of the reduction in educational gaps for student subgroups.



Meets state standards in closing educational gaps.

Annual Performance Goals **40.0%**

College, Career, Workforce and Military Readiness

This component looks at how well-prepared Ohio's students are for future opportunities, whether training in a technical field or preparing for work or college.

Students who are Ready **NC**