

## **WELCOME TO SUMMIT ACADEMY CANTON SECONDARY!**

Please complete the attached enrollment packet for the 2021-2022 school year. Prior to returning to the school for approval the following documents must accompany this packet.

- ✓ **Birth Certificate**
- ✓ **Proof of Residency**
- ✓ **Updated Immunizations**

**(9<sup>th</sup> & 12<sup>th</sup> have required shots prior to school starting)**

Until these documents are included, please do not return to school as packet is incomplete. Each student must turn in these three documents, old copies can not be used from previous years.

**All documents must be returned prior to August 10, 2021**

If you have any questions, please contact the office by calling 330-453-8547.

Lisa Cook  
Principal



ENROLLMENT LEGAL NOTICE

## NOTICE

Pursuant to the Ohio Revised code Section 3314.041, the governing authority of each community school and any operator of such school shall distribute to parents of students of the school upon their enrollment in the school the following statement in writing:

The *Summit Academy Community School* is a community school established under Chapter 3314 of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administrator or the Ohio Department of Education.

## SUMMIT ACADEMY CANTON SECONDARY SCHOOL COMPACT

It is important that families and schools work together to help students achieve high academic standards. Through a process that included teachers, families, students and community representatives, the following are agreed-upon roles and responsibilities that we as partners will carry out to support student success in school and in life.

### STAFF PLEDGE

I agree to carry out the following responsibilities to the best of my ability:

- ◆ Teach classes through interesting and challenging lessons that promote student achievement.
- ◆ Endeavor to motivate my students to learn.
- ◆ Have high expectations, and help every child to develop a love of learning.
- ◆ Communicate regularly with families about student progress.
- ◆ Provide a warm, safe, and caring learning environment.
- ◆ Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- ◆ Actively participate in collaborative decision making and consistently work with families and my school colleagues to make schools accessible and welcoming places for families and that help each student achieve the school's high academic standards.
- ◆ Respect the school, students, staff, and families.

### STUDENT PLEDGE

I agree to carry out the following responsibilities to the best of my ability:

- ◆ Come to school ready to learn and work hard.
- ◆ Know and follow school and class rules.
- ◆ Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.
- ◆ Respect the school, classmates, staff, and families.

### FAMILY/PARENT PLEDGE

I agree to carry out the following responsibilities to the best of my ability:

- ◆ Read to my child or encourage my child to read every day.
- ◆ Ensure that my child attends school every day, gets adequate sleep, regular medical attention, and proper nutrition.
- ◆ Regularly monitor my child's progress in school.
- ◆ Participate at school in activities such as school decision making, volunteering, and/or attending parent-teacher conferences.
- ◆ Communicate the importance of education and learning to my child.
- ◆ Respect the school, staff, students, and families.

Student \_\_\_\_\_ Teacher \_\_\_\_\_ Parent/Guardian \_\_\_\_\_



241-A ENROLLMENT APPLICATION FORM

School Year: \_\_\_\_\_  Re-enrollment  New enrollment Grade Enrolling: \_\_\_\_\_

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_  
 Nickname (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Female  Male  
 Address: \_\_\_\_\_  
 Student Email: \_\_\_\_\_ Student Cell #, if applicable: \_\_\_\_\_  
 Primary Parent/Guardian Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_  
 School District in which Parent/Guardian resides: \_\_\_\_\_

**EMAIL AND TEXT COMMUNICATIONS**

Would you like to receive emails from the school?  Yes  No  
*If yes, what is your email address?* \_\_\_\_\_  
 Would you like to receive text messages from the school?  Yes  No  
*If yes, what is your cell phone number?* \_\_\_\_\_

**FAMILY INFORMATION**

Please check all that apply in the following categories.

Who has legal custody of the student?		<i>If other, please specify:</i> _____	<i>the student and documentation can be provided.</i>
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Guardian		
<input type="checkbox"/> Mother & Stepfather*	<input type="checkbox"/> Foster Care	<i>*Only choose Mother &amp; Stepfather or Father &amp; Stepmother if both the parent and stepparent have legal custody of</i>	
<input type="checkbox"/> Father & Stepmother*	<input type="checkbox"/> Ward of the State		
<input type="checkbox"/> Mother	<input type="checkbox"/> Independent		
<input type="checkbox"/> Father	<input type="checkbox"/> Other		

Type of Custody?	Do you have a court order restricting the non-custodial parent(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Full Custody	Do you have complete custody papers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Shared/Joint Custody		

Are there any legal documents that pertain to the student?  Yes  No *If yes, please supply school with document copy.*

Is the student a military dependent?  Yes  No If yes, check all that apply.  Active Duty  National Guard  Reserves

Is a relative of the applicant currently attending a Summit Academy School?  Yes  No

*If yes, please list relative's name and school location.*

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

**STUDENT ETHNICITY : Check all that apply**

Primary language spoken at home?  English  Other, please specify: \_\_\_\_\_  
 Is the student Hispanic/Latino?  Yes  No  
 Race/Ethnicity:  White  African American  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander  
(Check all that apply)

**PREVIOUS SCHOOL/EDUCATION INFORMATION**

What grade did the student attend last year?  KG  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  
 9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>  Other: \_\_\_\_\_

Does the student have a current Individualized Education Program (IEP)?  Yes  No  I don't know

*If yes, please provide a copy of the student's IEP and Evaluation Team Report (ETR).*

Does the student have a current Section 504 Accommodation Plan?  Yes  No  I don't know

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

What types of special education services were received? \_\_\_\_\_

Has the student received Title I Services in the past?  Yes  No  I don't know *If yes, for what?*  Reading  Math

Is the student currently receiving Title I Services?  Yes  No  I don't know *If yes, for what?*  Reading  Math



# Summit Academy SCHOOLS

Has the student ever been retained?  Yes  No *If yes, what grade(s)?* \_\_\_\_\_

Is the student currently suspended from school?  Yes  No Is the student currently expelled from school?  Yes  No

Public School District of Residence: \_\_\_\_\_

Name of last school attended: \_\_\_\_\_

City/State of last school attended: \_\_\_\_\_

Student's Kindergarten experience:  None  Half-Day  Full-Day

If enrolling in Kindergarten, what is student's preschool experience:  None  Half-Day  Full-Day

List any additional information that would be helpful to the school: \_\_\_\_\_

\_\_\_\_\_

Does the student need to take medication(s) at school?  Yes  No

If yes, please list the name of the medications. \_\_\_\_\_

\_\_\_\_\_

Does the student have any allergies?  Yes  No

If yes, please specify (example: food, bee stings): \_\_\_\_\_

Does the student have a history of seizures or any other medical concerns the school needs to be aware of? \_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL INFORMATION

How did you hear about the school?

Magazine  Newspaper  Flyer  Billboard  Radio  News Story/TV  Event  Web Search/Google  Social Media

Doctor/Service Provider - if so, who? \_\_\_\_\_  Word of Mouth - If so, who? \_\_\_\_\_

Please specify how you heard about us (Facebook, name of newspaper, name of event, etc.): \_\_\_\_\_

\_\_\_\_\_

By signing, I agree that the student will abide by and support Summit Academy Schools' rules and regulations. I further confirm that the information provided in this document is true and correct. I am the legal parent/guardian of the student and have the right to make decisions regarding placement.

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

Parent/Guardian Printed: \_\_\_\_\_

### FOR OFFICE USE ONLY

Official School Name: \_\_\_\_\_

IRN: \_\_\_\_\_ Official Enrollment Date: \_\_\_\_\_ We accept enrollment of this student:  Yes  No

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



294-B RELEASE OF RECORDS

*When submitted, this authorization will become part of the student's permanent record in accordance with the Family Educational Rights and Privacy Act of 1974.*

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

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

*As the parent/guardian of the above-named child, I authorize Summit Academy to receive my child's records. I have been advised that I have the right to request a hearing to review and discuss the contents of the records checked below.*

**SCHOOL ADMINISTRATOR:**

Please return this form, along with copies of the appropriate documents as applicable to this child.

**CHECK and INITIAL** all that apply

- \_\_\_\_\_ Release all
- \_\_\_\_\_ Psychological reports/assessments
- \_\_\_\_\_ Permanent cumulative records
- \_\_\_\_\_ Counseling report
- \_\_\_\_\_ Health/immunization records
- \_\_\_\_\_ School disciplinary records
- \_\_\_\_\_ Special education ETR/504/IEP

- \_\_\_\_\_ Legal court documentation
- \_\_\_\_\_ IAT meeting information
- \_\_\_\_\_ K-3 ODE diagnostic scores
- \_\_\_\_\_ RIMP
- \_\_\_\_\_ KRA-L/OAA/PARCC Scores
- \_\_\_\_\_ Report cards and/or transcripts
- \_\_\_\_\_ Other testing or evaluation

Start date at Summit Academy Schools: \_\_\_\_\_

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

Parent/Guardian Printed: \_\_\_\_\_

Date records were requested: \_\_\_\_\_ Initials: \_\_\_\_\_

Date records were received: \_\_\_\_\_ Initials: \_\_\_\_\_

**RECORDS SHOULD BE RELEASED TO:**

**Summit Academy Secondary School – CANTON**

2400 Cleveland Avenue N.W.  
Canton, OH 44709-3613

Phone: 330-453-8547  
Fax: 330-453-8924

**IRN: 000300**



**PHYSICAL AND DIAGNOSIS FORM**

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

School Year: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_  Female  Male

Parent/Guardian Name: \_\_\_\_\_

**GENERAL FINDINGS**

**General Physical Examination**

- |   |                               |                                |                                      |
|---|-------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Height         | <input type="checkbox"/> Skin | <input type="checkbox"/> Nose  | <input type="checkbox"/> Abdomen     |
| <input type="checkbox"/> Weight         | <input type="checkbox"/> Head | <input type="checkbox"/> Teeth | <input type="checkbox"/> Extremities |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Eyes | <input type="checkbox"/> Chest | <input type="checkbox"/> Nose        |
| <input type="checkbox"/> Lymphatics     | <input type="checkbox"/> Ears | <input type="checkbox"/> Back  | <input type="checkbox"/> Teeth       |

**Vision**  Within Normal Range  Other: \_\_\_\_\_

**Speech and Hearing**  Within Normal Range  Other: \_\_\_\_\_

**SPECIFIC FINDINGS**

**General Neurological Examination**  Gait  Station  Muscle Power  Muscle Tone  Reflexes  Cranial Nerve

**Motor Abnormalities** Gross Motor Coordination: \_\_\_\_\_

Fine Motor Coordination: \_\_\_\_\_

**Sensory Abnormalities:** \_\_\_\_\_

**BEHAVIORAL FINDINGS**

- |                                 |                                     |                                       |
|---------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> ADHD   | <input type="checkbox"/> Depression | <input type="checkbox"/> Bipolar      |
| <input type="checkbox"/> OCD    | <input type="checkbox"/> ODD        | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Anxiety    | _____                                 |

**MEDICATION PRESCRIBED**

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

*This form is to clarify that the listed child has had a complete physical examination.*

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

Physician Name Printed: \_\_\_\_\_



**EMERGENCY MEDICAL AUTHORIZATION FORM**

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_

Primary Parent/Guardian Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

**PARENT OR GUARDIAN**

Mother: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Father: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Relative/Childcare: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Relationship:  Parent  Guardian  Court Placed  Other If other, please specify: \_\_\_\_\_

Address: \_\_\_\_\_

**PART 1 – TO GRANT CONSENT**

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

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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 the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
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. Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted:

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

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

Parent/Guardian Name Printed: \_\_\_\_\_

**PART 2 – REFUSAL TO CONSENT**

I do NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

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

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

Parent/Guardian Name Printed: \_\_\_\_\_





**SCHOOL CHOICE**

In the state of Ohio, School Choice must be offered to all students, meaning that all students will be able to choose to go to a school outside their district of residence. **Please initial and check your preference below.**

**District of Residence**

Student may also opt to stay enrolled in their home district of residence.

\_\_\_\_\_  I wish to **keep** the student enrolled in his/her home district.

**Local Public School District**

The local traditional public school district serves students in grades K-12. Instruction is based on the Ohio academic content standards. Special education services are provided to those students who qualify for services.

\_\_\_\_\_  I wish to **enroll** the student in the **local public school district** in which the residential facility is located.

**Summit Academy Schools**

Parent/Guardian: Please complete all information below if you would like your child enrolled in Summit Academy Community School during residential placement:

Summit Academy Schools is a community school. The Summit Academy academic program is designed to fulfill the academic, social, emotional, and physical needs of children with special needs. Summit Academy is committed to providing an extraordinarily safe and nurturing learning environment where all children can reach their full potential. The educational programming is aligned with the Ohio academic content standards, where academics are adapted to the individual student's needs. The program also consists of Therapeutic Martial Arts, social skills training, and school/classroom behavior programming.

\_\_\_\_\_  I wish to **enroll** the student in **Summit Academy Schools**.

As the authority legally permitted to enroll the student listed below, the undersigned attests that School Choice has been offered and that s/he has chosen to enroll the student in the school selected above.

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

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

Parent/Guardian Name Printed: \_\_\_\_\_



**SSIS INFORMATION FORM**

School Year: \_\_\_\_\_

Date Changes: \_\_\_\_\_ School IRN/Name: \_\_\_\_\_ Summit Academy Enroll Date: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Gender:  Female  Male Student Grade Level: \_\_\_\_\_

Is the student Hispanic/Latino?  Yes  No

Race/Ethnicity:  White Non-Hispanic  American Indian or Alaskan Native  
Check all that apply  Black/African American  Native Hawaiian or Pacific Islander  
 Asian  Multi-Racial

Native Language: \_\_\_\_\_ Student Birth City: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Admission Code: \_\_\_\_\_

Home Language: \_\_\_\_\_ Student Lunch Status: \_\_\_\_\_

Suffix (Jr., Sr., II, III, etc.): \_\_\_\_\_ Homeroom: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Parent/Guardian Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Admission Reason: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Previous School IRN: \_\_\_\_\_

Public School District of Residence: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Are other relatives/individual living in the home?  Yes  No If yes, then who: \_\_\_\_\_

Last Day Attended: \_\_\_\_\_

Student Homeless Status: \_\_\_\_\_

**NAME CHANGE** (Copies of documentation attached)

New Student Name: \_\_\_\_\_

Documentation Type: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

**CUSTODY CHANGE** (Copies of documentation attached) Custody Issues:  Yes  No  Updated: \_\_\_\_\_

**ADDRESS CHANGE** (Copies of documentation attached) Address Change Effective Date: \_\_\_\_\_

*MUST* have one current (within 90 days of change) Proof of Residency.

**OTHER CHANGES MADE:** \_\_\_\_\_  
(Explanation or copies of documentation attached)

**FOR OFFICE USE ONLY**

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Date entered in DASL: \_\_\_\_\_ Entered by: \_\_\_\_\_



**EMERGENCY CONTACT FORM**

School Year: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Walker       Pick-up       Bus: If bus, what is the bus number: \_\_\_\_\_

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_

Student Phone # (if applicable): \_\_\_\_\_

**FIRST CONTACT**

Primary Parent/Guardian Name: \_\_\_\_\_

Primary Parent/Guardian Address: \_\_\_\_\_

Primary Parent/Guardian Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Authorized to Pick Up:  Yes  No

Relationship:  Parent  Guardian  Court Placed  Other      If other, please specify: \_\_\_\_\_

**SECOND CONTACT**

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

Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Authorized to Pick Up:  Yes  No

Relationship:  Parent  Guardian  Court Placed  Other      If other, please specify: \_\_\_\_\_

**THIRD CONTACT**

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

Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Authorized to Pick Up:  Yes  No

Relationship:  Parent  Guardian  Court Placed  Other      If other, please specify: \_\_\_\_\_

[ENTITY NAME]  
 [ADDRESS]  
 [CITY], [STATE] [ZIP CODE]  
 [PHONE]

### HOUSEHOLD INFORMATION SURVEY

[SUMMIT ACADEMY - ] will participate in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child's school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart.

#### INCOME GUIDELINES – 185% Guidelines to be effective from July 1, 2020 through June 30, 2021

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$23,107	\$1,926	\$963	\$889	\$445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each additional member add	+8,177	+682	+341	+315	+158

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 7 or 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: \_\_\_\_\_ 7 or 10-digit Case Number: \_\_\_\_\_

**INSTRUCTIONS:** Complete this survey and return to your child's school or mail to the following address: [ENTITY NAME], [ADDRESS], [CITY], [STATE], [ZIP CODE].

The following selections must be completed by the Head of Household or Designee:

- 1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: \_\_\_\_\_
- 2. STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M = Migrant R = Runaway F = Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

- 3. TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
<b>Total Monthly Household Income (Add lines 1-6)</b>	\$	

- 4. SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date \_\_\_\_\_

Last Four (4) Digits of Social Security Number: XXX-XX- \_\_\_\_\_  I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

By providing your email address, you may be contact via email by the district.

**For Internal Office Use Only:**

Please circle one option.

QUALIFIES

DOES NOT QUALIFY



---

**FIELD TRIP PERMISSION SLIP FORM**

I, the parent/guardian of \_\_\_\_\_, hereby give permission  
for my child to participate in \_\_\_\_\_, on \_\_\_\_\_, I  
understand that frequent field trips are a part of the curriculum.

In consideration of the advantages of these field trips, I agree to release, indemnify, and hold harmless, Summit  
Academy School(s), its agents, and employees from liability for bodily injury or property damage that might occur in  
the course of a field trip. If my child has a medical condition that requires health services and/or medication(s) while  
on a field trip, I have communicated those needs to the school personnel.

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

Official School Name: \_\_\_\_\_

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

Parent/Guardian Name Printed: \_\_\_\_\_



**MATERIAL FEES**

A material fee is assessed to each student at the beginning of each school year or upon enrollment.

Summit Academy strives to keep this fee to a minimum. These fees help support additional educational experiences for your child. This fee may vary each year and the amount will be announced at the time of open enrollment.

The entire amount must be paid, or payment arrangements made, no later than October 1st of the current school year. Special financial circumstances must be brought to the attention of the School Director and be provided in writing.

Fees may be refunded on a prorated basis based on enrollment if applicable.



**MATERIAL FEES BREAKDOWN**

**FULL PAY LUNCH**

Total amount due for **one** or **two** students in the **SAME HOUSEHOLD** = **\$176/each**

Total amount due for **three** or **more** students in the **SAME HOUSEHOLD** = **\$352**

**FREE & REDUCED LUNCH STATUS**

Total amount due for **one** student = **\$88**

***Multiple Students - One Household***

Total amount due for **two** students in the **SAME HOUSEHOLD** = **\$132**

Total amount due for **three** or **more** students in the **SAME HOUSEHOLD** = **\$154**

*Note: ALL FEES (Full Pay, and Free & Reduced Status) are to be collected and split evenly amount Summit Academy Schools attending.*

Example: There are four students in one family. Two go to the Secondary School, one goes to the Middle School, and one goes to the Elementary School.

Total amount due is \$352. The Secondary School collects \$176, the Middle School & Elementary School both collect \$88 each.





**The use of technology and computer resources at the School is a revocable privilege. Failure to abide by this policy may render you ineligible to use the School's computer facilities and may bring additional disciplinary action.**

All users are expected to use the technology available at the School in a manner appropriate to the School's academic and moral goals. Technology includes, but is not limited to, cellular telephones, beepers, pagers, radios, CD/MP3/DVD players, video recorders, video games, personal data devices, computers, other hardware, electronic devices, software, Internet, e-mail and all other similar networks and devices. Users are expected to be responsible and use Technology to which they have access appropriately. Obscene, pornographic, threatening, or other inappropriate use of Technology, including, but not limited to, e-mail, instant messaging, web pages, and the use of hardware and/or software which disrupts or interferes with the safety and welfare of the School community, is prohibited, even if such uses take place after or off School property (i.e., home, business, private property, etc.).

**Failure to adhere to this policy and the guidelines below will result in disciplinary action as outlined in the Student Code of Conduct.**

Unacceptable uses of Technology/Internet include but are not limited to:

1. Violating the conditions of federal and Ohio law dealing with students and employees' rights to privacy. Trespassing in others' folders, work, or files; copying other people's work or attempting to intrude onto other people's files; using other users' e-mail addresses and passwords.
2. Using profanity, obscenity or other language which may be offensive to another user; sending messages with derogatory or inflammatory remarks about an individual's race, sex, age, disability, religion, national origin or physical attributes via the Internet or Technology; bullying, insulting, intimidating, or attacking others; transmitting any material in violation of federal or state law.
3. Accessing profanity, obscenity, abusive, pornographic, and/or impolite language or materials, accessing materials in violation of the Student Code of Conduct. Do not view, send or access materials that you would not want your instructors and parents to see. Should a student encounter any inappropriate materials by accident, he/she should report it to their instructors immediately.
4. Violating copyright laws by illegally downloading or installing music, any commercial software, shareware, or freeware. You are required to strictly comply with all licensing agreements relating to any software. All copyright laws must be respected.
5. Plagiarizing works through the Internet or other Technology. Plagiarism is taking ideas of others and presenting them as if they were original to the user.
6. Damaging Technology devices, computers, computer systems or computer networks (for example, by the creation, introduction or spreading of computer viruses, physically abusing hardware, altering source codes or software settings, etc.).
7. Using the Technology or the Internet for commercial purposes or activities, which is defined as offering or providing goods or services or purchasing goods or services for personal use, and includes, but is not limited to, the following:
  - a. any activity that requires an exchange of money and/or credit card numbers;
  - b. any activity that requires entry into an area of service for which the School will be charged a fee;
  - c. any purchase or sale of any kind; and
  - d. any use for product advertisement or political lobbying.



- 8. Neither the Internet nor any other Technology may be used for any purpose which is illegal or against the School's policies or contrary to the School's mission or best interests.

All users are expected to be responsible, courteous and thoughtful when using Technology and the Internet. Common sense should prevail. The use of the School computer network system should be in support of education and research, consistent with the educational mission or objectives of the School and in accordance with federal law, Ohio law and the Student Code of Conduct.

Students and Staff have no expectation of privacy with respect to the use of Technology, the Internet, intranet or e-mail. The School monitors the online activities of students. Maintenance and monitoring of the School network system may lead to the discovery that a user has or is violating School policy or the law. Violations of School policy, the Student Code of Conduct or the law may result in severe penalties, up to and including expulsion.

The School makes no warranties of any kind, either express or implied, that the functions or the services provided by or through the School technology system will be error-free or without defect. The School will not be responsible for any damage users may suffer, including but not limited to, loss of data, interruptions of service, or computer viruses. The School is not responsible for the accuracy or quality of the information obtained through or stored on the School system. The School will not be responsible for financial obligations arising through the authorized use of the system.

In accordance with the Children's Internet Protection Act ("CIPA"), the School has placed a filter on its Internet access as one step to help protect its users from intentionally or unintentionally viewing inappropriate material. The School blocks the categories that are determined to be potentially inappropriate. However, families must be aware that some material accessible via the Internet contains illegal, defamatory, inaccurate, or potentially offensive language and/or images. While the goal of the School is to use Internet resources to achieve educational goals, there is always a risk of students accessing other materials. Parents should be aware of these risks.

The School will educate students about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms. The School will also educate students on cyberbullying awareness and response.

My signature attests that I have read the above Internet Acceptable Use Policy and I agree to abide by it.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

OR;

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date

2001, Pub.L.No. 106-554 §§ 1701 et seq.; 2008, Pub.L.No. 110-385, Title II, 122 Stat. 4096.

See also Policy 271 Code of Conduct,; Policy 234, Electronic Communications; Policy 149 Use of Cell Phones; Policies 397.1-397.3.



**Student Information**

FORM 1 OF 4

Student name			Date of birth
Student address			
School	Grade/Class	Teacher	School year
List any known drug allergies/reactions		Height	Weight

**Prescriber Authorization**

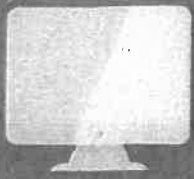
Name of medication	Circumstance for use		
Dosage	Route	Time/Interval	
Date to begin medication	Date to end medication		
Circumstances for use			
Special instructions			
Treatment in the event of an adverse reaction			
Epinephrine Autoinjector	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, as the prescriber I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.		
Asthma Inhaler	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, if conditions are satisfied per ORC 3317.716, the student may possess and use the inhaler at school or at any activity event or program sponsored by or in which the student's school is a participant.		
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief			
Possible Severe Adverse Reaction(s) per ORC 3317.716 and 3313.718			
a) To the student for whom it is prescribed (that should be reported to the prescriber)			
b) To a student for whom it is not prescribed who receives a dose			
Other medication instructions			
Does medication require refrigeration? <input type="checkbox"/> Yes <input type="checkbox"/> No      Is the medication a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prescriber signature	Date	Phone	Fax
Prescriber name (print)			
Reminder note for prescriber: ORC 3313.718 requires backup epinephrine autoinjector and best practice recommends backup asthma inhaler.			

**Parent/Guardian Authorization**

<input checked="" type="checkbox"/> I authorize an employee of the school board to administer the above medication. <input checked="" type="checkbox"/> I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. <input checked="" type="checkbox"/> I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication order.			
<input checked="" type="checkbox"/> Medication form must be received by the principal, his/her designee, and/or the school nurse. <input checked="" type="checkbox"/> I understand that the medication must be in the <b>original</b> container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.			
Parent/Guardian signature	Date	#1 contact phone	#2 contact phone

**Parent/Guardian Self-Carry Authorization**

<input type="checkbox"/> For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.			
<input type="checkbox"/> For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.			
Parent/Guardian signature	Date	#1 contact phone	#2 contact phone



# PaySchools Central

## Setting Up Your Account

### Summit Academy Schools

We have implemented PaySchools Central, an online payment platform, to help make managing fee payments easier for our students' parents. The portal is easy to set up and use, both online and via the mobile app. To get started, follow the instructions below.

If you need help along the way, please contact: **Administrative Assistant**

1. Visit our portal using your Internet browser.  
**[www.payschoolscentral.com](http://www.payschoolscentral.com)**
2. Select the "Register" option from the menu. The portal will guide you through the steps you need to follow to establish your account and set up your students.
3. You will be prompted to enter your contact data and a payment method to activate your account.
4. Once all information is entered, you will receive an email from PaySchools Central with a link to confirm the registration and create your password. Once your password is saved, you can log in and begin using PaySchools Central as often as you'd like.
5. The first time you log in, you will need to indicate which student(s) to attach to your account using the Add/View student tab. Students are already loaded in the PaySchools Central system. PaySchools Central utilizes the same student ID number used for your lunch purchases. If you are unsure of your student's ID number, please contact the school/district registrar.
6. The ACH fee per transaction when using an electronic check is: **No Fees**  
The internet convenience fee per transaction when using credit or debit card is: **No Fees**

Need help? Contact us to learn more.  
Contact your school Administrative Assistant