

ICDA CHARTER HIGH SCHOOL 2009-2010 ENROLLMENT FORM

STUDENT'S LAST NAME	FIRST NAME	Middle Initial	Grade	Gender
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Physical Address	City	State	Zip	Home Phone
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Mailing Address	City	State	Zip
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Birthday	Social Security Number (Optional)	City/State of Birth	Previous Washoe County School Name	Year(s) Attended
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Ethnic Code (circle only one)
 A-American Indian/Alaskan Native 2 Asian/Pacific Islander 3 Hispanic 4 Black/African American 5 White

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Most Recent School Attended	Date of Withdrawal	School Address	City/State	Zip
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FATHER'S First Name/Last Name	Natural/Step/Guardian/Foster	Is this parent to receive reports? YES NO
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Physical Address (Please indicate if an Apt., etc.)	City	State	Zip	Home Phone Number
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Father's Employer	Department	Work Phone Number	Hours of Employment
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MOTHER'S First Name/Last Name	Natural/Step/Guardian/Foster	Is this parent to receive reports? YES NO
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Physical Address (Please indicate if an Apt., etc.)	City	State	Zip	Home Phone Number
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Mother's Employer	Department	Work Phone Number	Hours of Employment
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Natural Father's Full Name, if NOT listed above.	Address/City/State/Zip	Have parental rights been revoked? YES NO If YES, you <u>must</u> supply documentation.
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Natural Mother's Full Name, if NOT listed above.	Address/City/State/Zip	Have parental rights been revoked? YES NO If YES, you <u>must</u> supply documentation.
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Parent/Guardian E-Mail Address	Local Emergency Contact	Emergency Phone	Alternative Phone
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MEDICAL RELEASE: When I/We cannot be located after reasonable efforts under the circumstances, the principal (or a representative) is authorized under NRS.129.040, but not required, to seek medical care for the above named student, in case of serious illness, accident, or other emergency requiring immediate hospitalization, medical attention, or surgery. I/We also agree to be responsible for all medical costs incurred on the student's behalf.

RECORDS RELEASE: I authorize ICDA to request and receive my students' records from their previous school attended.

Parent or Guardian Signature

Date:

ENTERING OUR TWELTHTH YEAR AS NEVADA'S FIRST CHARTER HIGH SCHOOL

WE TEACH THE POWER OF KNOWLEDGE AND OFFER THE POWER OF HOPE

(continue on other side)

- ENROLLMENT NEEDS**
- SHOT RECORDS
 - UNOFFICIAL TRANSCRIPT
 - SOCIAL SECURITY NUMBER
 - \$25 FEE

- FOR OFFICE USE**
- DAYS
 - MID-DAY
 - ON LINE
 - PERFORMING ARTS

Does your student currently have an Individual Education Plan (IEP) or a 504 plan in place?

- NO**
- YES**

Has your student ever been tested for special education services?

- NO**
- YES**

If yes, when? _____ and where? _____

Answering yes to any of the above questions does not exclude a student from attending ICDA.

Nevada Revised Statutes (NRS 386.582.3), states, “If the governing body of a charter school is unable to provide appropriate special education program related services for a particular disability of a pupil who is enrolled in the charter school, the governing body may request that the board of trustees of the school district of the county in which the student resides transfer that pupil to an appropriate school.”

Due to the intense block structure of ICDA, a student will need to stay at their zoned school until there is a verification of enrollment from ICDA by letter. The transfer of the student must coincide with the beginning of a block.

DISCIPLINE

In the event my student fails to follow I Can Do Anything Charter High School rules, I will immediately come to the school and take my student home for the remainder of the school day. Failure to comply may result in permanent removal of student from school.

Parent/Guardian Signature _____ Date: _____

Due to the intense block structure of ICDA, a student will need to stay at their zoned school until there is a verification of enrollment from ICDA by letter. The transfer of the student must coincide with the beginning of a nine (9) week ICDA block.

MISSION STATEMENT

The Mission of I Can Do Anything Charter High School is to educate and support students in building successful lives through positive, ongoing community collaboration and through innovative real-world experiences in a safe and drug-free family of learners.