



STUDENT ENROLLMENT FORM 2009-2010

Please complete this form in its entirety. It contains data fields that are required by the Commonwealth of Massachusetts and are necessary to assign state-issued identification numbers. State Assigned Student Identifiers (SASIDs) are assigned to all students in the Commonwealth by the Department of Education. (Incomplete information will cause the student to be rejected from their system.) Thank you for your prompt cooperation.

Return completed form to: Innovation Academy Charter School, 72 Tyng Road, Tyngsborough, MA 01879.

Applicant's Grade Level in Sept. 2009: 5 6 7 8 9 10 11 Gender: Male Female

Student Name: _____
(first) (middle is REQUIRED -- if none, enter NMN in this space - DO NOT LEAVE BLANK) (last)

Residence: _____
(street address; PO Box not allowed) (apt. no.)
_____, Massachusetts _____
(city/town of residence) (zip code)

Mailing Address: _____
(if different from above) (PO Box, if applicable) (city/town) (state) (zip code)

Home Telephone: Area Code: _____

City/Town of Birth: _____ Date of Birth: ____/____/____
(month) (day) (year)

Primary Language Spoken at Home: English Other (identify): _____

Migrant Status: Not a migratory child Currently a migratory child

Immigrant Status: An indication of whether a student is eligible for the Emergency Immigrant Education Program; to be eligible, a student must: 1) not have been born in any State; and 2) not have completed 3 full academic years of school in any state. (Required by EIEP Public Law 103-382, Title VII, Part C.)

- Student **is not** eligible for the Emergency Immigrant Education Program
- Student **is** eligible for the Emergency Immigrant Education Program. Country of Origin: _____

Race: The general racial category which most clearly reflects the individual's recognition of his or her community or with which the individual most identifies. (The data is used for educational equity monitoring, as well as statistical analysis, reporting and planning.)

Please check one: Hispanic _____ Non - Hispanic _____

Please check all that apply:

- 01-White** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 02-Black or African American** A person having origins in any of the black racial groups of Africa.
- 03-Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 04-American Indian or Alaskan 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.
- 05-Hawaiian** Native Hawaiian or other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Last School Attended: Name of School: _____

Town: _____ School District: _____

Type: Public Independent Parochial Home school
Has this student previously qualified for the free or reduced lunch program? Yes No

Does this student currently have an Individualized Educational Plan (IEP) or receive Special Education Services (speech and language, physical therapy, resource support, counseling, occupational therapy, etc.)? Yes No

Has this student been identified as limited English proficient? Yes No

(Defined as: "Children who were 1) Not born in the US whose native tongue is a language other than English and who are incapable of performing ordinary classwork in English; or 2) Born in the United States of non-English speaking parents and who are incapable of performing ordinary classwork in English.")

Mother/Guardian Name: _____

Legal Address: _____
(if different from above) (street, city, state, zip code)

Home Telephone: _____ Work Telephone: _____
(if different from above) (include area code) (include area code)

Father/Guardian Name: _____

Legal Address: _____
(if different from above) (street, city, state, zip code)

Home Telephone: _____ Work Telephone: _____
(if different from above) (include area code) (include area code)

I certify that all of the information provided on this Enrollment Form is true to the best of my knowledge and belief.

Parent/Guardian Signature _____ Parent/Guardian Name (print) _____ Date _____

Permissions:

1. I give IACS permission to take my child, _____, on excursions from IACS, which will include transportation to and from field trips. (NOTE: Specific permission slips for each field trip will be sent home; this is a general permission we will use if necessary.) I also give permission for my child to ride in a car with teachers, staff or parent chaperones as long as a seat belt is used, and to ride on public transportation or school buses for field trips.

Permission Granted _____
Parent/Guardian Signature Date

Permission Denied

2. I give permission for my child, _____, to be included in **photographs and videotapes used by IACS** or in various media. **This authorization does not include use of photos/videos on the Internet.**

Permission Granted _____
Parent/Guardian Signature Date

Permission Denied

3. I have given permission to the above and I also give permission for the use of **photographs/video on the Internet** (e.g., IACS web page).

Permission Granted _____
Parent/Guardian Signature Date

Permission Denied

4. **Student Directory:** I would like my student to be included in the School's Student Directory (which includes, name, address and phone number)