



Name of Student: _____ Grade: _____

Brother / Sister of: _____ Grade: _____

Brother / Sister of: _____ Grade: _____

Brother / Sister of: _____ Grade: _____

Items (6) needed to confirm enrollment into the PREPARATORY & FITNESS ACADEMY:

1. _____ **Official** Birth Certificate or copy **and** Social Security Card or copy (not just the number)
2. _____ Complete immunization (shot) Records (NOTE: Varicella / Chicken Pox vaccine required)
3. _____ Report Card (complete copy of last school year or most current)
4. _____ Copy of Individualized Education Plan (IEP), if applicable
5. _____ Proof of Residency (Copy of utility bill, for example)
6. _____ Custody / Proof of Guardianship Records, if applicable

The following items are included in this packet.

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All of the above referenced items should be submitted to the school as soon as possible for proper enrollment. Do not submit the enrollment packet without including all of the above items. Incomplete packets will be returned. Please return completed application and copies of above items to:

Mt. Healthy Preparatory & Fitness Academy
 7601 Harrison Avenue
 Cincinnati, Ohio 45231



STUDENT INFORMATION FORM

Student's Name: _____
 (As it appears on Birth Certificate) (First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Student's Social Security Number: _____ Anticipated Grade in 2012-2013: _____

Date of Birth: _____ City of Birth _____ Sex: _____ (M / F)

***** Please enter all possible information for mother / father / guardian as it applies.*****

Mother's Name: _____
 (First) (Middle) (Last) (Maiden)

Address: _____

City: _____ State: _____ Zip: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Father's Name: _____
 (First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Legal Guardian's Name: _____
 (Legal Documentation Required) (First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell: _____

For Office Use Only:

Eff. Date Enrolled: _____ **District of Residence:** _____ **Accepted By:** _____

SSID _____ **CSADM** _____ **EMIS** _____ **Assign Teach.** _____



STUDENT INFORMATION FORM: LOCAL SCHOOL & HISTORY

Student's Name: _____

Local Public School District in which you reside: _____

According to your address, what public school would your child be assigned to? (Must list exact school name!)

Please give the name, address and phone number of the school last attended.

Please list all other children living with the family.

Name	Birth Date	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your student ever received counseling or psychological testing? Yes _____ No _____

Does your child have an active IEP? Yes _____ No _____

Has your student experienced any physical, emotional, mental, or social problems within the past two school years?
 Yes _____ No _____ (If yes, please explain.) _____

Has your student even been: Suspended _____ Expelled _____ No _____

If suspended or expelled, please explain. _____

Did your student attend: (Please check which category applies.)

_____ 1/2 day Kindergarten, every day.

_____ All day Kindergarten, every day.

_____ Other / Please explain: _____

Please list all schools attended in the last three (3) years.

School Year	School	Address	City/State	Zip	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



STUDENT INFORMATION FORM: STUDENT NEEDS

Student's Name: _____

Student Language Needs:

Is a language other than English used in the home? _____ If so, what language? _____

Did the student have a first language other than English? _____ If so, what language? _____

Does the student most frequently speak a language other than English? _____

Student Special Needs:

Please describe any special needs that your student may require including medical conditions, physical limitations, or other special needs of which you would like the school to be aware:

a. Academic (if any): _____

b. Medical (allergies, asthma, hay fever, food allergies, diabetes, other if any): _____

c. Medications to be given to the student during the school day: Yes _____ No _____
 If yes, please describe (you must also sign a medication permission form): _____

d. Physical limitations (if any): _____

Other Abilities:

Briefly describe your student's extracurricular interests and abilities (roller skating, computer skills, etc.)

Signature of Mother / Guardian: _____ Date: _____

Signature of Father / Guardian: _____ Date: _____



PARENT AGREEMENT

The parent or guardian of a child attending the Academy must:

1. Bring Kindergarten students for screening prior to enrollment.
2. Transport student to and from school on time daily, unless parent has opted to use district-provided transportation. Parents or designee must also be available to transport children who must be removed from school due to illness or other circumstances.
3. Adhere to the school schedule as well as the occasional cancellation of classes.
4. Adhere to the school schedule for arrival and dismissal times. Absenteeism, tardiness, and late dismissals (not pre-arranged) will not be tolerated.
5. Accompany the child on occasional field trips or make arrangements for another designated adult to do so. A child not attending a field trip does not attend school that day.
6. Ensure that daily homework assignments are completed.
7. Participate in a minimum of twenty (20) parent/family volunteer hours per academic year, which may include Parent Teacher Organization (PTO) attendance, driving to/from field trips, classroom / office assistance, and / or fundraising.
8. Ensure that your child meets all immunization requirements for the State of Ohio and meets all school requirements if the child has special health needs.
9. Keep child at home if he / she has a communicable disease or temperature above 99.8 degrees.
10. Attend meetings of the Parent Teacher Organization (PTO) once a month.
11. Attend all parent / teacher conferences.
12. Meet the uniform requirements of the school and ensure that your child is in complete uniform each day of class.
13. Agree to pay the \$30.00 per semester (\$60.00 per year), per student school fee in a timely manner.
14. Understand that the Academy is a community school established under Chapter 3314 of the Revised Code. The Academy is a public school and students enrolled in and attending the Academy 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 Academy administration or the Ohio Department of Education.)

I have read the above and understand the contents of the information as explained during the interview and orientation meeting with the Academy officials.

I agree to these terms.

Parent / Guardian Signature: _____ Date: _____

Administrator Signature: _____ Date: _____



MEDICAL PERMISSION STATEMENT

Student's Name: _____ Grade: _____

I / We _____ grant permission for the Academy staff to take whatever steps may be necessary to obtain emergency medical care for the student listed above. These steps may include, but are not limited to, the following:

- Attempt to contact parent or guardian.
- Attempt to contact parent or guardian through any of the persons listed below.
- Attempt to contact the child's physician listed below.
- If the school cannot contact any one of the persons below, we will: a) call another physician; b) call an ambulance, or c) take the child to the hospital in the company of a staff member.
- Any expense incurred for the above will be the financial obligation of the child's family.
- The Academy will not be held responsible for anything that may happen as a result of false, incomplete, or erroneous information given at the time of enrollment.

Persons to contact in the event the school cannot reach you:

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Physician(s) to contact in the event of an emergency:

	NAME	PHONE NUMBER
1.	_____	_____
2.	_____	_____

Family Medical Insurance Carrier: _____ Policy #: _____

Parent/Guardian Name:

First: _____ MI: _____ Last: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone #: _____ Work #: _____ Cell #: _____

Parent/Guardian Signature: _____ Date: _____



**VERIFICATION FORM
TRANSPORTATION / PICK-UP**

Student's Name: _____

I am permitting the following persons to transport my child to / from school. I understand that if a person that is not on the following list shows up to transport my child, the school will not release the student without first contacting the parent/guardian.

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

The following persons are **NOT** permitted to transport my child (if applicable):

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Parent/Guardian Signature: _____ Date: _____



BOOK CONTRACT

Student's Name: _____

I (parent's name) _____ hereby accept full and complete responsibility for all textbooks issued to my son / daughter (student's name) _____ by the Academy. I understand that in the event a book is lost, stolen or damaged, I will be held responsible for the full cost of its replacement. I understand that my son / daughter will be unable to obtain his / her final grade card, return to the Academy the following school year or transfer school records to another facility unless ALL books are returned or the entire replacement cost of each missing book is paid in full.

Parent/Guardian Signature: _____ Date: _____



HEALTH & FITNESS PARENTAL CONSENT FORM

Student's Name: _____

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

Phone: H: _____ W: _____ Cell: _____ Sex: ____ M ____ F

Date of Birth: _____ Age: _____ Grade: _____

I hereby certify that I am the parent / legal guardian of the student named above, and that to the best of my knowledge, he / she is physically fit to participate in all sporting events scheduled through the Academy.

It is understood that by signing this contract, I agree to abide by the rules and regulations of the school's fitness program. It is also understood that signing this contract releases from liability, the school and / or fitness instructors from any injuries sustained during his / her participation in all sporting events or practices.

Insurance: It is the responsibility of each parent / legal guardian to adequately cover their child participating in any sporting event through the Academy program with proper insurance.

WARNING

I am aware that playing or practicing to play / participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play / participate in sports include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I understand that the dangers of playing or practicing to play / participate in sports may result not only in serious injury, but in serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally enjoy his / her life.

Parent / Guardian Signature: _____ Date: _____

*** ORIGINAL MUST GO TO THE SCHOOL OFFICE. COPIES WILL NOT BE ACCEPTED.**



PHYSICAL LIMITATIONS FORM FOR
HEALTH & FITNESS PROGRAM

Student's Name: _____ Grade: _____

Please list below any illness, injury, or medical condition that would limit your child's participation in the fitness program in any way. Please note "None" if your child does not have limitations.

*** If your child has asthma but will be participating in the Fitness program, he / she MUST bring his / her inhaler to class each day. You MUST fill out medication permission forms for inhalers to be permitted in fitness classes.

By signing below, I acknowledge that I have read and understand the letter regarding criteria for fitness classes, and that all items listed above are correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____



**MARTIAL ARTS / SPARRING
PERMISSION FORM**

ATTENTION PARENTS / GUARDIANS:

Our desire is for each student to progress rapidly in his or her martial arts classes. Our hopes are that our students will continue to progress and develop enough skills to compete in martial arts tournaments achieving steady promotions in belt degrees (white, yellow, green, purple, brown, red, black). We would like each student to achieve his or her "black belt" before leaving the Academy after his or her 8th grade school year. In order for this continuation in skills the students must begin to "spar" to develop the talent to compete. In order to accomplish this we need your signed permission.

Please note that we have purchased the proper equipment for padded sparring competition. This is protective gear, which will aid in your child's safety. This will be contact, padded sparring lessons. We require that each student purchase a mouth guard at K-mart, Wal-Mart, or any other discount store. These usually range from \$1-3 dollars.

****New students will NOT be permitted to spar until their skills have increased to the level and ability of sparring.

_____ My student **HAS PERMISSION** to begin sparring lessons in martial arts class. I understand that this will be a contact competition.

_____ My student **WILL** be wearing a mouth guard.

_____ My student **DOES NOT** have permission to begin sparring lessons.

_____ My student **WILL NOT** be wearing a mouth guard.

Student's Name: _____ Grade: _____

Parent / Guardian Signature: _____ Date: _____



DIRECTORY & MINOR PHOTO RELEASE FORM

With my signature below, I give the Academy permission to publish in print, electronic or video format the likeness or image of my child. I release all claims against the school or its representatives with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

With my signature, I also am informing the Academy that I do not wish to release my or my child's directory information when a request for directory information is made with the Academy by another party not related to the Academy.

Student's Name: _____

Parent/Guardian Name (please print)_____

Parent/Guardian Signature: _____ Date: _____

General Guidelines

A release must be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, the school or its representative will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. Signed release forms are not needed when subjects are in public places, such as fairgrounds or parks. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records. If you have questions, please inquire at your child's school office.



ETHNICITY / RACE DATA COLLECTION FORM
 (Required by Federal regulations)

Student Name: _____

The United States Department of Education has issued guidelines requiring the collection of data on race and ethnicity for public school students. The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories.

If the following questions are not answered by the parent or guardian, the District Enrollment Officer will be required use observation identification to determine the student's designation. The determination will be reported to the parent or guardian.

Part I – Is this student of Hispanic/Latino heritage? (Choose only one)

_____ No, not Hispanic / Latino

_____ Yes, Hispanic / Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer Part II by checking one or more options to indicate what you consider your student's race to be.

Part II – Race (Choose one or more, regardless of Ethnicity)

_____ American Indian or Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Parent/Guardian Signature: _____ Date _____

FOR OFFICE USE ONLY

Parent/Guardian chose not to complete Ethnicity/Race information and determination was made by the Academy.

Enrollment Officer _____ Date _____



PARENT REFERRAL FORM

Student Name: _____ Grade: _____

How did you hear about the Academy (check all that apply):

1. _____ A flyer came to my home
2. _____ A read an advertisement in the _____ (name of paper or periodical)
3. _____ I saw a billboard for the Academy
4. _____ I heard an advertisement on the radio
4. _____ I was referred by a parent, _____ (name of parent)
5. _____ I was referred by an employee, _____ (name of employee)
6. _____ Other _____ (please note)

The Academy appreciates your feedback.

Parent/Guardian Signature: _____ Date: _____