



C.S. LEWIS
ACADEMY

Instilling Accountability, Responsibility, Respect

364 North SR 198 Santaquin, Utah 84655
Phone: 801.754.3376 Fax: 801.754.3102

New Student Registration Packet

This information is required to complete enrollment in C.S. Lewis Academy.

Provided in Packet

- Student Information
- Parent/Guardian Information
- Student Residency Questionnaire
- Transfer of Records
- Acknowledgement of Special Needs
- Risks of Participation
- Home Language Survey (HLS)
- FERPA Directory Information
- Photo and Video Permission
- Acceptance of Policy

Required Document Checklist

- Copy of Birth Certificate
- Copy of Immunizations
- Proof of Vision Screening for new kindergarten students (in the last 6 months)
- Copy of IEP (if applicable)

Kindergarten Only:

Class Placement Requests

- Afternoon: Monday-Thursday 11:45pm-2:45pm, Friday 11:00am-1:30pm
- Full-Day: Monday-Thursday 8:15am-2:45pm, Friday 8:15am-1:30pm

****INCOMPLETE PACKETS WILL NOT BE ACCEPTED****

Student's Name: _____ Date: _____

Parent/Guardian's Name: _____



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Student Information

Name: _____

last

first

middle

Gender: _____ Birth Date: _____ Grade: _____

Address: _____ City: _____ ZIP code: _____

Mailing Address (if different): _____ Phone: _____

Race (choose one or more):

American Indian/Alaska Native

Hispanic/Latino

Asian

Hawaiian Pacific Islander

African American/Black

White/Caucasian

Is there a primary language other than English spoken at home? _____ Yes _____ No

If yes, please specify _____

Has the student been enrolled in Special Education classes in the past three years? _____ Yes _____ No

Is there a current IEP? _____ Yes _____ No Is there a current 504 plan? _____ Yes _____ No

Is there a health care plan? _____ Yes _____ No

Does the student have any condition that limits participation in:

Classroom? _____ Yes _____ No

Physical Education? _____ Yes _____ No

Please Describe: _____

Does medication need to be administered during school hours? _____ Yes _____ No

Has the student ever been suspended or expelled from school? _____ Yes _____ No

Please explain: _____

Does the student wear: glasses? _____ Yes _____ No contacts? _____ Yes _____ No

Does the student have hearing concerns (i.e. hearing aid, tubes, etc)? _____ Yes _____ No

Does the student special needs/health concerns: _____

Medications currently taking: _____

Allergies: _____



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Parent/Guardian Information

Legal Guardian

Parent

Name: _____ Gender: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Email: _____

Mailing Address (if different): _____

City: _____ Zip Code: _____

Spouse/Other Parent/ Guardian

Name: _____ Gender: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Email: _____

Address (if not living with child): _____

City: _____ Zip Code: _____

Mailing Address (if different): _____

Emergency Contacts not listed above (Authorized for school to release to in an emergency)

Name: _____ Relationship: _____

Home: _____ Cell/Work: _____

Name: _____ Relationship: _____

Home: _____ Cell/Work: _____

Name: _____ Relationship: _____

Home: _____ Cell/Work: _____

If there is a situation where an individual must NOT pick up your child, list them here. Please keep in mind that by law the school must have a copy of any legal documents indicating denial of rights for parents/legal guardians.



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Request for Transfer of Records Notification of Enrollment

Date: _____

Student's Name: _____

Grade: _____ Date of Birth: _____

You have been identified as the student's last school of attendance.

Request for the following:

- Transcript/Report Card
- Birth Certificate
- Immunization record/Exemption
- Behavior Records
- Attendance Records
- CRT results/UPASS/State Assessments
- IEP and associated testing, if applicable
- 504 Plans, if applicable

In accordance with the UCA 53-11-504 Requirement of school record for transfer of student-Procedures, and 34 CFR 9-31 governing the permissible disclosure of education records without the written consent of the parent if the disclosure is to officials of another school in which the student seeks enrollment.

Thank you for your cooperation,

School previously attended: _____ District: _____

Parent/Guardian Signature: _____ Date: _____

(Records transfer will take place during the summer or right after enrollment.)



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Acknowledgement of Special Needs

Parent/Guardian's Name: _____

Student Name: _____

Accommodations For Students With Disabilities

In compliance with Section 504 of the Rehabilitation Act ("504") and the Americans with Disabilities Act (ADA), C.S. Lewis Academy will provide reasonable accommodations to qualified individuals with disabilities. Students, parents, or employees needing accommodations should contact their school ADA/504 Coordinator. IN compliance with the Equal Educational Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is C.S. Lewis Academy's policy to provide alternative language services to Limited English Proficient (LEP) students so that students with language barriers have a meaningful opportunity to participate in C.S. Lewis Academy's educational programs. C.S. Lewis Academy provides English Language Learner (ELL) instruction and other effective services to students who are identified as LEP. Parents or guardians who want to request alternative language services for their child should contact C.S. Lewis Academy.

Equal Educational and Employment Opportunity

It is the policy of C.S. Lewis Academy to provide equal educational and employment opportunity for all individuals. Therefore, C.S. Lewis Academy prohibits all discrimination on the basis of race, color, religion, sex, age, national origin, disability, or veteran's status. This policy extends to all aspects of C.S. Lewis Academy's educational programs, as well as to the use of all C.S. Lewis Academy facilities, and participation in al school-sponsored activities.

Civil Rights Grievance Procedure

Complains of discrimination should be filed with the individual's Director or Supervisor and/or with the school Compliance Officer/EEO Coordinator according to the provisions of the School Civil Rights Grievance procedure, copies of which are available at C.S. Lewis Academy. If the complaint is against the Director or Supervisor, the complaint may be filed directly with the Compliance Officer/EEO Coordinator. The Compliance Officer/EEO Coordinator will monitor and coordinate C.S. Lewis Academy compliance Act, and all other applicable State and Federal civil rights laws. Complaints of discrimination should be reported as soon as possible, but no later than 90 days after the incident(s) in order to be effectively investigated and resolved.

I give my permission to share this information as stated above: ____ Yes ____ No

Parent/Guardian Signature: _____ Date: _____



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Identified Risks of Participation: Physical Education and Recess

This is an informed consent form for minors, which identifies risks of participation in P.E. and Recess and a Waiver and Release by parent/guardians.

Injury may result from your participation in P.E. and/or recess. You are expected to familiarize yourself with the gym and playground and what is required, rules of conduct of P.E./recess as well as C.S. Lewis Academy's policies. You are expected to follow proper operating procedures, including safety procedures as outlined by the P.E. and recess instructors, plus any directions given by an authorized C.S. Lewis Academy employee or parent volunteer. I, _____, acknowledge that I have familiarized myself with P.E. and recess and what is required, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by an authorized school employee or parent volunteer.

Student Signature: _____ Date: _____

The undersigned, the legal guardian of _____ (hereinafter referred to as the "student"), a student at C.S. Lewis Academy under eighteen years of age, in consideration of student's participation in P.E. and/or recess do hereby agree to this waiver and release of liability. I recognize that participation in C.S. Lewis Academy P.E. and/or recess may involve moderate to strenuous physical activity and may cause physical and/or emotional distress to participants. There may also be associated health risks. I state that this student is free from any known heart, respiratory or other health problems that could prevent his/her from safe participation in any of the activities. I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that he/she receives. I agree to release the State of Utah, C.S. Lewis Academy and their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that he/she receives as a result of participation in P.E. and/or recess.

I further agree to release the State of Utah, C.S. Lewis Academy, their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, agents, and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature arising from the student's participation in C.S. Lewis Academy's P.E. and/or recess. This release extends to any claim made by parents or guardians or their designees arising from or in any way connected with the aforementioned activities.

CONSENT

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and/or operation if, in the opinion of the attending physician, such treatment is necessary, **I have carefully read and understand the contents and language of this consent form and I specifically intend it to cover this student's participation in the above stated C.S. Lewis Academy P.E. and/or recess.**

Parent Signature: _____ Date: _____



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Home Language Survey (HLS)

Student Name: _____
(Surname/Family Name) (First) (Middle)

Country of Birth: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Name(s): _____

Address: _____ Phone: _____

Number of years of previous schooling: _____

If student was not born in the U.S., provide date first enrolled in a U.S. school: _____

Federal and state regulations require schools to determine the language(s) spoken and understood by each student. This information is necessary for schools to provide appropriate instruction.

1. What language or languages did your child use when he/she first began to speak?

2. What language or languages does your child speak with you at home?

3. What language or languages do you (parents/guardians) use when you speak to your child?

4. Do the adults in your home (parents, guardians, grandparents, or any other adults) speak to each other in a language other than English?
 Yes, these languages: _____
 No
5. In what language do you prefer to receive school correspondence?
 English
 Spanish
 Other, please specify: _____

I understand that if my child first spoke a language other than English, or if another language other than English is spoken in the home, my child's English language proficiency will be evaluated.

Parent/Guardian Signature: _____ Date: _____



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Family Educational Rights and Privacy Act (FERPA) Directory Information

The *Family Educational Rights and Privacy Act (FERPA)*, a Federal law, requires that C.S. Lewis Academy, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your student's education records. However, C.S. Lewis Academy may disclose appropriately designated "directory information" without written consent, unless you have advised the school to the contrary in accordance with C.S. Lewis Academy's procedures. The primary purpose of directory information is to allow C.S. Lewis Academy to include this type of information from your student's education records in certain school publications.

Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Social media including the school's website, Facebook, and the newsletter.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's/guardian's prior written consent. Outside organizations include, but are not limited to, those that publish yearbooks.

If you do not want C.S. Lewis Academy to disclose directory information from your student's education records without your prior written consent, you must notify the School in writing. C.S. Lewis Academy has designated the following information as directory information:

- | | |
|--|--|
| <input type="checkbox"/> Student's name | <input type="checkbox"/> Participation in officially recognized activities and sports |
| <input type="checkbox"/> Address | <input type="checkbox"/> Degrees, honors, and awards received |
| <input type="checkbox"/> Telephone listing | <input type="checkbox"/> The most recent educational agency or institutional attended |
| <input type="checkbox"/> Electronic mail address | <input type="checkbox"/> Student ID number user ID, or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc. (A student's SSN, in whole or in part, cannot be used for this purpose.) |
| <input type="checkbox"/> Photograph | |
| <input type="checkbox"/> Date and place of birth | |
| <input type="checkbox"/> Dates of attendance | |
| <input type="checkbox"/> Grade level | |
| <input type="checkbox"/> Articles | |
| <input type="checkbox"/> Social Media | |

Parent Signature: _____ Date: _____



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Photo and Video Permission

I have been informed that C.S. Lewis Academy faculty, staff, and parent volunteers may take still photographs and moving video of activities that occur during the course of the school year. This is done for the purpose of preserving the history and record of such activities, publishing the photographs and videos on the school's website and other social media, marketing and recruiting materials, newsletters, yearbooks, newspapers, and other media, and for display in various places in the school building during school activities.

Parent signature: _____ Date: _____

If you do not wish to allow your student to be photographed or videotaped please sign below:

Parent signature: _____ Date: _____



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Acceptance of Policy

1. I understand the school is a charter school and that providing parents with meaningful opportunities to volunteer is a vital part of its mission. I understand the school would like our family to provide at least 20 hours of volunteer service each year we have children enrolled at this school in order to help accomplish the mission of the school.
2. I will promote the mission of the school by being courteous and respectful when interacting with staff students, parents, and anyone else in the school community. I agree to take any concerns I have directly to the person most able to successfully address those concerns, and not to those who cannot address the concern. I will work in a cooperative manner to promote the school mission.
3. I understand that my child will be required to follow the school dress code. I have read and understand the school dress code policy and will ensure that my child is in compliance with the school dress code policy.
4. I understand that part of the school's mission is to help my child gain knowledge and a love of learning. I will support this effort by providing a place and a regular time each school day in which my child can engage in learning activities, including homework in our home. I will review my child's folder each day and ensure my child completes the assignments in a timely manner.
5. I understand the school will provide a lunch program and that my child can bring a snack and a lunch to school each day or order lunch through the school lunch program I understand that microwaves are available in the lunchroom. If I send a microwaveable lunch to school with my child, I will ensure he/she is able to safely use the microwave and independently prepare the meal.
6. I understand the school will not, with designated route exceptions, provide transportation to and from school and that I am responsible for making sure that my child is safely dropped off and picked up each school day within 15 minutes of the end of school or I will call the office.
7. I understand the school has a goal of 95% attendance for students. I will work to schedule outside appointments during times that do not conflict with school hours. I will bring my student to school on time. I understand that if my child is absent 10 consecutive school days he/she may be un-enrolled from the school, according to school guidelines.
8. I understand that volunteers may be asked to grade student papers and any volunteers who do so will be instructed in school Volunteer Confidentiality Guidelines. Students will generally correct their own work, but in some rare cases may exchange papers to correct them or may be sent home with parent volunteers.

Parent's Name _____ Student's Name _____
(print) (print)

Parent's Signature _____ Date: _____