

Administrative Use Only

Student Name _____ DOB _____ Grade _____

***All documents are required before the student may attend class**

Enrollment Packet Checklist

- _____ *Copy of Birth Certificate
- _____ * Copy of Social Security Card
- _____ * Copy of Immunization Records
- _____ * Copy of Tdap or Td booster record for incoming 7th graders
- _____ * Grades
- _____ * Copy of Court Orders/Custody Paperwork (if applicable)
- _____ * Proof of Residency
- _____ * Enrollment Form (1)
- _____ * Enrollment Form (2)
- _____ * Ethnicity/Race Data Collection Form
- _____ * Consent for Medical Treatment and Emergency Contact Information
- _____ * 2014-2015 Free & Reduced Meal Form
- _____ * Public District Transportation Page 1
- _____ * Public District Transportation Page 2
- _____ * Other _____

Enrollment Form (1)

2017-2018 SCHOOL YEAR

MEDICAL PERMISSION STATEMENT

Student's Name: _____

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 be 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. _____	

Parent/Guardian Name:

First: _____ MI: _____ Last _____

Address: _____

Home Phone# _____ Work# _____ Cell# _____

Parent/Guardian Signature: _____ Date: _____



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 to 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** _____



Transportation Form

Student's Name: _____ **Grade** _____

District of Residence: _____

Name of Parent/Guardian: _____

Address: _____

City: _____

Phone: _____

(Home)

(Work)

(Cell)

Date of Birth: _____

_____ I will provide transportation for my student(s) to school each day.

_____ I request that my local public school district provide transportation for my student(s).

AM PICK UP: Name: _____ **Relationship:** _____

Address: _____

Closest cross street to the pick up address: _____

PM DROP OFF : Name _____

Address _____

Phone: _____

In the event of an Emergency Dismissal, my child should _____

_____.

1456 Park Ave. West, Mansfield, OH, 44906 , Phone: 419-522-7273 Fax: 419-522-7271

Richland School of Academic Arts

Medical Permission Form for Over the Counter Medication

ONLY!

Dear Parents,

Due to the difficulty of contacting parents during the school day, we are asking your permission to give over the counter medications to your child we are asking your permission to give over the counter medications to your child when needed. These medications will be given by the school secretary or in her absence, by RASE personnel. These medications will be used to treat minor symptoms. Any child with a fever, vomiting or an obviously contagious illness must be sent home.

Thank you,
RASE

Student's Name

Parent's Name

Home Phone

Work Phone

When necessary my child may be given:

1. _____ Acetaminophen (such as Tylenol)
2. _____ Ibuprofen (Such as Motrin or Advil)
3. _____ Diphenhydramine (such as Benadryl)
4. _____ MY CHILD MAY NOT BE GIVEN ANY OF THE ABOVE MEDICATIONS.

Parent Signature _____ Date _____



Emergency Dismissal Instruction Form

School Year – 2017-2018

An emergency dismissal may never be needed, however, it is important that we are prepared in the event an early release is necessary to ensure your child’s safety. An announcement will be made through the text messaging service “Remind 101” and on the local radio and T.V. stations WMFD and WNCO FM if school is to be dismissed early. Thank you for making prior arrangements for the safety of your child/children. Please mark the following choice for your child/children if an emergency early dismissal is necessary.

Student Name _____

_____ My child/children should ride the bus home as usual. Arrangements have been made for them to enter the house.

_____ My child/children should walk home as usual. Arrangements have been made for them to enter the house.

_____ Retain my child at school. _____
(person’s name who will pick them up)

1. My child’s _____ will pick him/her up. Phone # _____

2. My child’s _____ will pick him/her up. Phone # _____

Siblings attending RASE:

1. _____

2. _____

3. _____

4. _____

**APPLICATION FOR ENROLLMENT
2017-2018 SCHOOL YEAR**

Richland School of Academic Arts

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? _____

Student 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 :

*Did your student attend: (Please check all that apply)

½ day kindergarten (every day?) _____ All day kindergarten _____

Other _____ (Please explain)

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

*Has your student ever been Suspended? _____ Expelled? _____

Please explain if suspended or expelled.

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

* Has your student experienced any physical, emotional, mental, or social problems within the past school year? Please explain if applicable.

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

c. Medications to be given during the school day: _____
Medical permission form needed.

d. Physical limitations (if any) _____

Signature of Parent/Guardian _____



Records Request Release Form

Please indicate the last school attended: _____

Fax: _____

Date: _____

Please release the records of the following student _____
to:

Name: Richland School of Academic Arts

Address: 1456 Park Ave. West

City: Mansfield State: OH Zip: 44906 Fax: 419-522-7271

Phone: 419-522-7273 Contact: suegooses@aol.com

Specific records/data to be released: Complete student file: including IEP, ETR, (if applicable) all test results, and any disciplinary actions.

Signature of Parent: _____

For School Use Only

Date Received: _____

By: _____

Richland School of Academic Arts



Where Academics & Arts Come *Alive*

Richland School of Academic Arts Student Dress Code Guidelines

Adopted August 2010

Revised July 2015

The Richland School of Academic Arts has a mandatory uniform dress code policy. We believe that students have the right to attend a safe and secure school where the focus is on academics. It is the intent of the school program that students be dressed and groomed in an appropriate manner that will not interfere with, or distract from, the school environment or disrupt the educational process.

Campus Wear Attire

One school sweatshirt must be purchased by every student.

- Acceptable attire must be appropriately sized and fitted.
 - No baggy, sagging, or excessively tight fitting clothing is permitted.
 - Clothing that is distressed or that has rips/holes in it is not to be worn.
- Judgment of an administrator in matter of dress and appearance

Tops

- Approved colors for all tops are **solid white, true red, and navy.**
- **Solid white, navy, or true red** collared polo (no more than 4 buttons) or a collared button front shirt must be worn at all times. Either long or short sleeves are permitted.
- Turtlenecks are permitted (**same colors as polo or button front shirt**). All shirts must be worn tucked in.
- Cardigan/crewneck or V neck sweaters or sweatshirts are optional, in approved school colors, and must be worn over solid colored polo/or button front shirt.
- RASE crewneck grey sweatshirts are permitted and are available for purchase.
- No hooded tops are permitted.
- Plain long or short-sleeved white t-shirts may be worn under polo/or button front shirts.
- No low cut tops are permitted.
- All under camisoles or t-shirts that are left untucked must be in the approved school colors.

Bottom

- Pants ,shorts, Capris, and skirts are to be in **khaki or navy**.
- All lower body attire must be worn around the waist. It must be fitted and hemmed.
- Length is to be to the top of the heel, not dragging the floor.
- Bottoms are to be not more than one size larger than waist size and a classic cut leg. No denim, jean, sweat, or windbreaker style of pants shall be worn.
- Skirts must be no more than 2 inches above the knee. Any back slit is to be no more than 4 inches above the knee.
- Shorts must be no more than 2 inches above the knee.
- Corduroy material in **solid khaki or navy** is acceptable.
- A belt should be worn.

Footwear

- Heels are permitted to a 2 inch height.
- The entire foot must be covered at all times. (No flip-flops, sandals, or clogs).
- All laced shoes much be tied.
- Athletic/tennis shoes are permitted.

Jewelry/Make-up/Hair Styles

- Unnaturally colored hair (blue, green, red, purple, orange ,etc.) that is distracting to the educational process is not permitted.
- No chains or heavy metal of any type is allowed. This includes over-sized belt buckles.
- Visible body piercing other than the ears is not to be worn at school or school activities.
- No tattoos are to be visible on the face, arms, hands, legs.

Emblem/logo

- A single manufacturer's emblem/logo (that is sewn into the material) no more than 1 ½ inches is permitted.
- School related activity insignia, labels, logos, or emblems are allowed.

Writing

- Students are not to write anything on their clothing, their person, or anyone else's clothing or person.

Student's Personal Belongings

All of the items listed below must be placed in lockers or hung up in the appropriate place:

- Jackets/coats
- Gloves (any hand covering)
- Hoodies, all outerwear

- Headwear of any type. This includes hats, sweatbands, hoods, handkerchiefs, and sunglasses.
- Book bags are to be hung up in the appropriate place, not to be carried around with the student.
- Book bags and purses will be subject to random searches.

The above Campus Wear Policy is meant to serve the best interests of all students at the Richland School of Academic Arts. Where you purchase Campus Wear items is a family choice, as long as the above mentioned specifications are met.