

Enrollment Requirements

The following items are required at the time of enrollment:

- ✓ **COMPLETED enrollment packet**
- ✓ **Proof of Academic Achievement** (last report card, withdrawal grades, official transcripts, most recent ISTEP/ECA scores for 9-12 graders)
- ✓ **Disciplinary Record from Previous School**
- ✓ **Copy of Student's Social Security Card**
- ✓ **Copy of Student's Birth Certificate**
- ✓ **Student's Current Immunization Records**
- ✓ **Proof of Residency** (NIPSCO, Water Company, Lease and Driver's License)
- ✓ **Copy of IEP or 504**
- ✓ **Proof of Legal Guardianship** (if applicable)

Parental Acknowledgment of Required Documentation

By signing this page I acknowledge that my child's registration for the 2014-2015 school College & Career Academy.

Student Name

Parent/Guardian Name

Parent/Guardian Signature

Date

Student/Parent Information Form

Part 1 - Student Information

STUDENT IDENTIFICATION			
FIRST	MIDDLE	LAST	SUFFIX
STUDENT ADDRESS		CITY/STATE	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	ALTERNATE CONTACT NUMBER/TYPE	
DATE OF BIRTH	GENDER	GRADE ENTERING FALL 2014	
PREVIOUS SCHOOL ATTENDED	PREVIOUS SCHOOL ADDRESS	PREVIOUS SCHOOL PHONE	

Ethnicity: African American Native American Hispanic Caucasian Pacific Islander
 Multi-Racial Asian American Other _____

*The U.S. Department of Education has established new guidelines regarding the collection of data on race and ethnicity for public and charter school students and staff. **The federal government requires all states to collect this data on all existing as well as new students and staff.** Therefore, every school in the state is required to report to the state's Department of Education each year student data by race and ethnicity categories that are set by the federal government. These guidelines are in place to provide a more accurate picture of the nation's ethnic and racial diversity to the U.S. Department of Education. The guidelines will enable individuals to be identified in ethnic classifications and in more than one racial category. Since this is a federal mandate, if you choose to opt out, the school will be required to choose a category for your child by observer identification.*

Are you interested in receiving more information regarding the free and reduced meal program at Theodore Roosevelt CCA? YES NO

Does the student have siblings? If so, please fill out below:				
FIRST NAME	LAST NAME	AGE	GRADE	SCHOOL

How will the student arrive and depart from school? (please check one)			
Bus	Parent	Carpool with Other Student/family	Student Will Drive
			Make _____ Model _____ Lic. Plate # _____



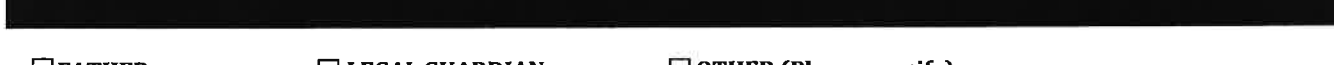
Part 2 - Parent Information



MOTHER LEGAL GUARDIAN OTHER (Please specify)

FIRST	MIDDLE	LAST	SUFFIX
STREET ADDRESS		CITY/STATE ,	ZIP CODE
MAILING ADDRESS (If different from above)		CITY/STATE	ZIP CODE
HOME PHONE	CELL PHONE	EMAIL	
EMPLOYER		WORK PHONE	EXTENSION

US Citizen YES NO Responsible for Student YES NO Student Resides With This Parent YES NO



FATHER LEGAL GUARDIAN OTHER (Please specify)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
STREET ADDRESS (Physical Residence)		CITY/STATE	ZIP CODE
MAILING ADDRESS (If different from above)		CITY/STATE	ZIP CODE
HOME PHONE	CELL PHONE	EMAIL	
EMPLOYER		WORK PHONE	EXTENSION

US Citizen YES NO Responsible for Student YES NO Student Resides With This Parent YES NO

Any Parental/Custodial arrangements the school should be made aware of? (Please state below)

Should the non-custodial parent be copied on all communications? YES NO

Signature of Parent/Legal Guardian _____ Date _____



Part 3 - Medical Information

Theodore Roosevelt College & Career Academy is fully committed to providing quality education to all of our students, including those with special needs. We need your help, so please complete this section with care.

Does your student take medications for any medical reason (ADHD, Diabetes, Asthma, etc.)	___ Yes	___ No
Does the student use a hearing aid?	___ Yes	___ No
Does the student wear glasses or contacts?	___ Yes	___ No
Does the student have any food allergies or contacts?	___ Yes	___ No
If yes, please list them: _____		

Part 4 - Special Education/IEP/504 Detail Information

Has the student ever been evaluated for special education?	___ Yes	___ No
If yes, what was the evaluation date?: _____		
What school/facility conducted the test: _____		
Does the student have an Individual Education Plan (IEP)?	___ Yes	___ No
Does the student have a 504 plan?	___ Yes	___ No
Does the student receive special education services?	___ Yes	___ No

If you marked "yes" to any of the above questions, a representative from EdisonLearning will contact you to provide further information on the instructional model for students with disabilities.

Part 5 - Student Discipline History & Disclosure

TRCCA will need a copy of your child's most current school discipline records prior to completing the registration process.

Has the student been expelled from a school corporation, charter school or private school for discipline reasons?	___ Yes	___ No
Was the student pending expulsion at his/her previous school corporation, charter school or private school for discipline reasons?	___ Yes	___ No
If "yes" to either question, please provide reason and dates: _____		

TRCCA will be requesting your child's discipline records from your child's most recent school (s) once you complete the enrollment paperwork.

AFFIRMATION FOR PRIOR EXPULSION

Indiana law states that if a student's parent fails to inform the school corporation of the expulsion or separation or withdrawal to avoid expulsion or separation; or a student fails to follow the terms and conditions of enrollment the school corporation may withdraw consent and prohibit the student's enrollment during the period of the actual or proposed expulsion or separation.

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW:

My child _____ (circle one) HAS / HAS NOT been expelled or long term suspended from school attendance at a private or public school in Indiana.

Signature: _____ (Parent/Legal Guardian signature) Date _____



Theodore Roosevelt College and Career Academy
730 W 25th Ave, Gary, IN 46407
Phone: 219-881-1500
Fax: 219-886-2854

Media Release

2014-2015 School Year

As the parent or guardian of the child listed below, I hereby grant my permission to TRCCA and EdisonLearning, Inc., for my child to appear separately or as part of a group in still photographs, video, and sound recordings. In consideration of the making of such photographs, video and/or sound recordings, I agree that such photographs, video and/or sound recordings may be used in whole or in part for general education and information purposes without time restriction or compensation. I hereby consent to the use of my child's name and/or brief identifying information with the above.

I understand that such photographs, video and/or sound recordings may be used in the public media, newspapers or magazines to represent either TRCCA or EdisonLearning, Inc.

Please Print

Child's Name: _____

Child's Grade: _____

Address: _____

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Date: _____

Emergency Contact Form

Please complete all emergency contact information for your child. Sign and date where indicated. Parents are responsible for keeping emergency contact information updated as needed.

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency.

FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
PHONE NUMBER	ALTERNATE	E-MAIL

Is this person allowed to pick student up? Yes No

FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
PHONE NUMBER	ALTERNATE	E-MAIL

Is this person allowed to pick student up? Yes No

FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
PHONE NUMBER	ALTERNATE	E-MAIL

Is this person allowed to pick student up? Yes No

In **emergencies** requiring immediate medical attention, your child will be taken to the NEAREST hospital emergency room. Your signature authorizes Theodore Roosevelt College & Career Academy to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____



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Phone: 219-881-1500
Fax: 219-886-2854

Principal: Donna Henry

REQUEST FOR STUDENT RECORDS

Date: _____

Student Name: _____

Date of Birth: _____

Please provide Theodore Roosevelt College and Career Academy with the following information:

School Transcripts

Individual Education Program (IEP)

**Discipline
Records**

<i>Expulsion</i>		<i>Pending Expulsion</i>	
<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>

Psychological/Psychiatric Evaluations

Immunization Records

Social/Emotional assessments

Progress Reports/Current Grades

Speech/Language Evaluation

Educational Assessments

Adaptive Behavior Assessments

Hearing/Vision Examination

Academic Achievement Assessments

This information shall be used for educational planning

Name of Requestor

Date

Title of Requestor

Unofficial records can be sent via fax. Please mail official transcripts.



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Medical Release and Health Information Form

Student Name: _____ ID# _____ Grade: _____
Parent/Guardian Name: _____ Phone: _____
Additional Emergency Contact: _____ Phone: _____
Relationship: _____ Alternate #: _____

Medical Concerns: _____ Wears Glasses/Contacts? yes ___ No ___

Medical Problems/Physical Limitations or Restrictions: _____

*Must Attach Copy of Immunization Records _____

Allergies: _____ Dietary needs: _____

Medications: _____

Physician Name: _____ Phone: _____

Diagnosis _____

	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>

Disabilities: _____

I understand that every effort will be made to contact me in case of any medical emergency. In case I am unavailable, and the situation dictates immediate care is necessary, I hereby give permission and full authorization to the staff or designated agent of Roosevelt College and Career Academy to utilize whatever physician or medical provider which they select in order to secure proper medical treatment include, but not limited to, dispensing of medicines, injections, x-rays, anesthesia, surgery, or hospitalization or any other medical care as deemed necessary by the circumstances for my named child above.

I specifically waive any claim and release from liability the staff or designated agent of Roosevelt College and Career Academy for loss, damage or injury related to obtaining such medical care for my child, including but not limited to the staff or designated agent assisting or providing medical care, or in their selection of any physician or medical provider in response to any medical emergency.

Print Full Name: _____

Signature of Parent/Guardian: Full Name _____



NEW ETHNICITY AND RACE IDENTIFICATION FORM

As required by
United States Department of Education and Indiana Department of Education

Student Name: _____

Grade: _____

School: **Theodore Roosevelt College and Career Academy**

Parent/Guardian Name (*please print*): _____

Parent Signature: _____

I have reported Ethnicity and race for my child/children below.

Race and Ethnicity (Note: Both Part 1 and Part 2 must be answered)

Part 1: Ethnicity	Is this individual Hispanic/Latino? (<i>chose only one</i>) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.)
Part 2: Race	What is the individual's race? (<i>Must choose one or more</i>) <input type="checkbox"/> American Indiana or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition. <input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Home Language Survey (HLS)

*Information regarding each student's home language must be obtained during the school enrollment process.
The HLS is to be retained in the student's cumulative folder.*

Student

**School: Theodore Roosevelt
College & Career
Academy**

Date of Birth:

Grade:

To be completed by parents upon student enrollment

1. What language did your son/daughter learn when he/she first began to talk:

2. What is the language spoken most often by the parents?

3. What language or languages are spoken by the student in the home?

4. Is there a parent/guardian or other adult in the home who can read English?

5. If your answer to question number 4 is NO, what language can they read?

Signature of Parent of Guardian

Date

Theodore Roosevelt College and Career Academy Parent/Student Portal Request

_____ Parent Request

Or

_____ Student Request

PLEASE PRINT CLEARLY

Parent Name: _____

Date: _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Mailing Address: _____ City: _____ Zip: _____

How would you like to receive your log in:

Email _____

Mail _____

[If email is chosen, log in will be sent within 24 hours]



Theodore Roosevelt College and Career Academy ACCEPTABLE USE POLICY Technology Information Resources in the Schools

The school's information technology resources, including email and Internet access, are provided for educational purposes. Access to the Internet and computer resources is a privilege, not a right. Therefore, users violating this Acceptable Use Policy (AUP) may be subject to revocation of these privileges and potential disciplinary action. Adherence to the following policy is necessary for continued access to the school's technological resources:

- 1. I will respect and protect the privacy of others.**
 - I will only use accounts that have been assigned to me.
 - I will not view, use, or copy passwords and data.
 - I will not access networks or websites to which I am not authorized.
 - I will not distribute private information about others or myself.

- 2. I will respect and protect the integrity, availability, and security of all electronic resources.**
 - I will follow all network security rules and regulations.
 - I will report security risks or violations to a teacher or network administrator.
 - I will not destroy or damage data, networks, or other resources that do not belong to me.
 - I will not use the school computer to stream audio or video unless I am doing so as part of a class assignment and I am monitored by a teacher or network administrator
 - I will conserve, protect, and share these resources with other students and Internet users.
 - I will not use unauthorized websites to gain access to content otherwise blocked by the web filtering device.

- 3. I will respect and protect the intellectual property of others.**
 - I will not infringe copyrights I will not make illegal copies of music, games, or movies.
 - I will not plagiarize.
 - I will follow US Copyright Fair Use understanding.
 - I will respect Creative Commons licensing.

- 4. I will respect and practice the principles of community.**
 - I will communicate only in ways that are kind and respectful.
 - I will report threatening or discomfoting materials to a teacher.
 - I will not intentionally access, transmit, copy, or create material that violates the school's code of conduct (such as messages that are pornographic, threatening, rude, discriminatory, or meant to harass). I understand that participation in such activities, inside or outside the school, resulting in disruption to the learning environment, is subject to disciplinary action according to the school's code of conduct.
 - I will not intentionally access, transmit, copy, or create material that is illegal (such as obscenity, stolen materials, or illegal copies of copyrighted works).
 - I will not use the resources to further other acts that are criminal or violate the school's code of conduct.
 - I will not send spam, chain letters, or other mass unsolicited mailings.



I will not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.

If I follow all the rules above, I may:

1. Create content that is posted to websites, wikis, blogs or other web-based tools.
2. Use direct communications such as Internet Relay Chat (IRC), online chat, or instant messaging with a teacher's permission.
3. Use the resources for any educational purpose.

Consequences for Violation

Violations of these rules may result in disciplinary action, including the loss of a student's privileges to use the school's information technology resources.

Supervision and Monitoring

School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks in order to protect school property or further the health, safety, discipline, or security of any student or other person. They may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement.

I ACKNOWLEDGE AND UNDERSTAND MY OBLIGATIONS:

X _____
(Student Signature) (Date)

As the parent of _____ I understand the school policy regarding computer usage and will do the best I can to model your guidelines to my child(ren).

X _____
(Parent Name, Print)

X _____
(Parent Signature) (Date)

- *Parents, please discuss these rules with your child(ren) to ensure he or she understands them.*
- *These rules also provide a good framework for your child(ren)'s use of computers at home, at libraries, or anywhere.*

For more information, see www.cybercrime.gov.