



ICDA CHARTER HIGH SCHOOL 2017 - 2018 ENROLLMENT FORM

- ENROLLMENT NEEDS**
- IMMUNIZATION RECORDS
 - UNOFFICIAL TRANSCRIPT
 - WITHDRAWAL SLIP (IF APPLICABLE)
 - SOCIAL SECURITY NUMBER
 - \$25 BOOK DEPOSIT
 - \$25 MATERIALS FEE
 - IEP (IF APPLICABLE)

- How did you hear about ICDA?**
- TV
 - Radio
 - Friend
 - Counselor
 - Parent
 - Brochure
 - ICDA staff
 - Billboard
 - Facebook
 - icda.com
 - School visit
 - Valpak
 - Internet
 - Other _____

STUDENT'S Last Name		First	Middle Initial	Grade	Gender
Physical Address		City	State	Zip	Home Phone
Mailing Address		City	State	Zip	
Date of Birth	Social Security Number (Optional)	City/State of Birth	Most Recent School Attended	Year(s) Attended	
Ethnic Code (circle only one) Is your student Hispanic/Latino? Yes _____ No _____ 1 American Indian/Alaskan Native 2 Asian/Pacific Islander 3 Black/African American 4 Native Hawaiian 5 White					
Previous WCS D School	Date of Withdrawal	School Address	City/State	Zip	
FATHER'S First Name/Last Name		Natural/Step/Guardian/Foster	Is this parent to receive reports? YES NO		
Physical Address (Please indicate if a Lot, Apt., etc.)		City	State	Zip	Home Phone Number
Father's Employer	Department	Work Phone Number	Hours of Employment		
MOTHER'S First Name/Last Name		Natural/Step/Guardian/Foster	Is this parent to receive reports? YES NO		
Physical Address (Please indicate if a Lot, Apt., etc.)		City	State	Zip	Home Phone Number
Mother's Employer	Department	Work Phone Number	Hours of Employment		
Natural Father's Full Name, if NOT listed above.	Address/City/State/Zip	Have parental rights been revoked? YES NO If YES, you <u>must</u> supply documentation.			
Natural Mother's Full Name, if NOT listed above.	Address/City/State/Zip	Have parental rights been revoked? YES NO If YES, you <u>must</u> supply documentation.			
Parent/Guardian E-Mail Address	Alternate Phone	Emergency Contact Name	Emergency Contact Phone		

MEDICAL RELEASE: When I/We cannot be located after reasonable efforts under the circumstances, the principal (or a representative) is authorized under NRS.129.040, but not required, to seek medical care for the above named student, in case of serious illness, accident, or other emergency requiring immediate hospitalization, medical attention, or surgery. I/We also agree to be responsible for all medical costs incurred on the student's behalf.

RECORDS RELEASE: I authorize ICDA to request and receive my student's records from their previous school attended.

Parent or Guardian Signature _____ **Date:** _____

WE TEACH THE POWER OF KNOWLEDGE AND THE POWER OF HOPE

FOR OFFICE USE

Enrolled _____

Records Request _____

Household _____

NON-DISCRIMINATION STATEMENT

ICDA CHARTER HIGH SCHOOL DOES NOT DISCRIMINATE AGAINST ANY PERSON ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, DISABILITY AND AGE, AND THAT THEY PROVIDE EQUAL ACCESS TO THE BOY SCOUTS OF AMERICA AND OTHER DESIGNATED YOUTH GROUPS.

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THE NON-DISCRIMINATION POLICIES, CONTACT:

Dawn D. Gilmore-Reid, Principal (775) 857-2114
Diana Benincasa & Megan Fiorito, 504 Coordinators (775) 857-1544

Special Education/504:

Does your student currently have an Individual Education Plan (IEP) or a 504 Plan in place?

- NO YES

Has your student ever been tested for special education services?

- NO YES

If yes, when? _____ and where? _____

Prior to enrollment, parent/guardian must provide the following documents:

- Current, signed and finalized IEP
- Current Eligibility Statement
- Current Psychoeducational Evaluation

Failure to disclose 504 Accommodation Plans or Special Education eligibility and services will result in Administrative review and possible removal from ICDA.

Answering “yes” to any of the above questions does not exclude a student from attending ICDA:

Nevada Revised Statutes (NRS 388A.453.8), states, “If the governing body of a charter school is unable to provide appropriate special education program related services for a particular disability of a pupil who is enrolled in the charter school, the governing body may request that the board of trustees of the school district of the county in which the student resides transfer that pupil to an appropriate school.”

Students transferring to ICDA:

Due to the intense block structure of ICDA, a student will need to stay at their zoned school until there is a verification of enrollment from ICDA by letter. The student’s transfer to ICDA must coincide with the beginning of a block.

Compliance with ICDA Code of Conduct:

In the event my student fails to follow the I Can Do Anything Charter High School rules, I will immediately come to the school and take my student home for the remainder of the school day. Failure to comply may result in my student’s permanent removal from ICDA.

Parent/Guardian Signature _____ Date: _____

Our mission is to instill
Integrity
Character
Dedication
Achievement
through innovative education