



# Lion of Judah Academy

1486 E. 55<sup>th</sup> ST Cleveland, OH 44103  
(216) 881-9200 Ph (216) 881-9201

**Academic Year: 2011-2012**

A \$39.99 activity fee (cash or money order) is due when registering or re-enrolling.

**PLEASE PRINT:**

Today's Date: \_\_\_\_\_ Resident School District (be specific, not City Public School) \_\_\_\_\_

Last Grade and School Attended by the Student \_\_\_\_\_ Private \_\_\_ Public \_\_\_  
Grade School

**STUDENT INFORMATION**

Name of Child \_\_\_\_\_

Grade Registering for \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Present Age of Child \_\_\_\_\_ Social Security # \_\_\_\_\_

Race/National Origin:  
\_\_\_ African American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Middle Eastern \_\_\_ American Indian

Does your child have an IEP? \_\_\_ Yes \_\_\_ No | Do you have internet access at home? \_\_\_ Yes \_\_\_ No

**PARENT/GUARDIAN INFORMATION**

Father \_\_\_\_\_ Mother \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Residence Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**PHONE NUMBERS:**

Residence \_\_\_\_\_ Work (father) \_\_\_\_\_ Work (mother) \_\_\_\_\_ Other \_\_\_\_\_

How did you hear about school? \_\_\_ Billboard/RTA Ad \_\_\_ Personal Invite (Name of person \_\_\_\_\_)

Signature of Parent/Guardian \_\_\_\_\_ Email Address \_\_\_\_\_

**Note:** *The parent/guardian must submit to the School this completed form and other documentation before re-enrollment and registration can take place.*

Return to the School this completed form and other needed documentation with the required Activity Fee (\$39.99 cash or money order) and a copy of the child's birth certificate, immunization records, social security card, and proof of residence (utility bill or rent receipt).

Mail registrations are not accepted.

All submitted forms and copies become the property of Lion of Judah Academy.

**Office Use Only** Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Payment(Circle One): Y/N Type(Circle One):Cash/Money Order

Processed By: \_\_\_\_\_ Start Date: \_\_\_\_\_ Lunch Application: Y/N

**Required Documents:** Birth Certificate \_\_\_ Current Immunization Records \_\_\_ Proof of Residency (Utility Bill, Lease/Rent Receipt, Current State ID) \_\_\_ SSN Card \_\_\_ Transcripts \_\_\_ Physical (K-1<sup>st</sup> Grade Only) \_\_\_



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## REQUEST FOR STUDENT RECORDS

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. You are authorized to release the following records for:

Student's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Date Requested: \_\_\_\_\_

B. Specific Data to be Released: (Please Indicate with X)

- Directory Information
- Health Records
- Permanent/Cumulative Records
- OAT & OAA Scores
- Pupil Personnel Services/Special
- Other: \_\_\_\_\_

C. Reason for Request: (Please Indicate with X)

- Enrollment
- To aid in present and future educational decisions
- Other: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (If student is under 18 years old)

\_\_\_\_\_  
Date

Please return requested records to address listed below:

Lion of Judah Academy  
1486 E. 55<sup>th</sup> St  
Cleveland, Ohio 44103



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## Permission for Release of Directory Information

Date: \_\_\_\_\_ Child's Name \_\_\_\_\_

Directory Information consists of:

The student's name and address; DOB; photograph; participation in officially recognized activities and sports; dates of attendance; date of graduation, withdrawal, awards received; honor rolls and scholarships.

The Lion of Judah Academy will make the above information available upon a legitimate request unless a parent/guardian – or adult student (18 years of age or older) notified the School in writing within 20 days from the date of this notification (stated above) that the parent/guardian or adult student will not permit distribution of any or all of such information.

Check One:

- I grant permission for the Lion of Judah Academy to release "Directory Information" to legitimate non-Academy persons or agencies.
- I do not grant permission for the Lion of Judah Academy to release "Directory Information" to legitimate Lion of Judah Academy persons or agencies.

\_\_\_\_\_  
Parent/Guardian/Adult Student Signature

\_\_\_\_\_  
Date

This form is to be kept in the cumulative record. If permission is denied, a color dot on the cumulative record should indicate the denial.

### Believers Achieve Dreams, Inc. PERMISSION SLIP

Lion of Judah Academy is in collaboration with Believers Academy Program for students that will perform better with a smaller classroom setting and more focus to manage extreme behavior on an IEP. If your child has an IEP in the future, we would like to service them as soon as possible. Below is a permission slip for your child to be a part of this program.

( ) I do authorize and give my permission to Believers Academy to provide case management services but not limited to evaluations, assessments, behavioral plans and referrals to outside social service agencies for therapeutic services not offered by Believers Academy. Parent/guardian participation is critical to the success of the student's education and behavior goals.

( ) I decline permission for case management/treatment services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## **Lion of Judah Academy Consent for Case Management/ Treatment Services**

( ) I authorize and give my permission to Lion of Judah Academy to provide case management services but not limited to evaluations, assessments, behavioral plans and referrals to outside social service agencies for therapeutic services not offered by Lion of Judah Academy. Parent/guardian participation is critical to the success of the student's education and behavior goals.

( ) I decline permission for case management/treatment services.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## **Lion of Judah Academy Photographic/ Audio/ Video Release**

( ) I hereby consent and authorize Lion of Judah Academy to use and reproduce all photographs/ audio/ video taken by agency employees/photographer(s) associated with Lion of Judah Academy. Photographs/ audio/ video will be utilized for variety of Lion of Judah Academy purposes but not limited to student identification, staff training, and program development.

( ) I decline permission other than student's identification photo.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## **Lion of Judah Academy Consent for Transportation**

( ) I do authorize and give my permission for the Church of the Lion of Judah to provide transportation related to Lion of Judah Academy, for the named student or students parent/guardian by any of the following: staff-operated agency vehicle, volunteer- operated agency vehicle, or public carrier to participate in program activities but not limited to field trips, group activities and to and from home.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



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## **Lion of Judah Academy Policy on electronic devices**

Lion of Judah Academy strictly prohibited cell phones, beepers, and any other devices used for communication purposes. Such items will be confiscated until the end of school year unless reclaimed by parent/guardian. Parents/Guardian of the student will be contacted by Lion of Judah Academy and will be required to pick up the confiscated device.

Game Boys, cd players/walkmans and other electronic devices are allowed during transportation to-from the program only, unless authorized by Lion of Judah Academy staff and parent/guardian for other purposes. Lion Of Judah Academy will not be responsible for damaged or stolen items. Lion of Judah Academy reserves the right to revoke this privilege due to program violations or problems during transportation.

I have read and understand the policy; I will also discuss this with my son/daughter.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature          Student Signature          Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Lion of Judah Academy Staff Signature          Date**



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## **PARENT - STUDENT CONTRACT 2011 - 2012**

Student's Name: \_\_\_\_\_

Parent's/Guardian/s Name: \_\_\_\_\_

We have read and understand all of the information contained in the Student's Handbook. We agree to abide by and support the School's rules and regulations as outlined in the handbook.

Agreed to by:

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Parent/Guardian's Signature Date

This agreement will be placed into the student's file.



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## PROOF OF RESIDENCY FORM

I, (Please Print) \_\_\_\_\_ ,  
(Parent or Guardian)

parent or guardian of (Please Print) \_\_\_\_\_ ,  
(Student's Name)

a student of Lion of Judah Academy, have provided proof of residency for the following current address,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in the form of \_\_\_\_\_  
(Utility bill, telephone bill, cable TV bill, property tax statement, lease or rental agreement, deed, etc.)

PLEASE CHECK ONE OF THE CHOICES BELOW:

I RENT

I OWN

I LIVE WITH OTHER FAMILY MEMBERS OR FRIENDS (i.e. You and your enrolling child(ren) live with parent(s), cousin, grandparent, friend, etc. because of temporary loss of housing to rent/own)

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Lion of Judah Academy Representative: \_\_\_\_\_

Date: \_\_\_\_\_



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## EMERGENCY MEDICAL AUTHORIZATION FORM

Student's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

### Residential Parent or Guardian

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Day Time Telephone \_\_\_\_\_

Second Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Day Time Telephone \_\_\_\_\_

## **PART 1 OR PART 2 MUST BE COMPLETED**

### **Part 1 – Grant Permission**

I hereby give consent for the following medical care providers and the local hospital to be called:

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Telephone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Telephone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_

Date: \_\_\_\_\_ Signature Parent/Guardian/Student (if 18 or over) \_\_\_\_\_

### **Part 2 – Refusal to Consent**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Lion of Judah Academy to take the following action:

Date: \_\_\_\_\_ Signature Parent/Guardian/Student (if 18 or over) \_\_\_\_\_