



Student Information, Emergency Contacts, Early Release

Student's Name: _____ Date of Birth: _____ Grade ('21-22): _____

Address: _____ Gender: _____

Are Special Education services currently provided to your student? YES NO

If yes, select which apply: Speech Language Physical/Occupational Therapy Gifted/Talented

English Language Learner Title One Services: Math Title One Services: Reading IEP

School where services were provided: _____ City & State/Phone _____

Enrolling Guardian: _____ Relationship to Student: _____

Main Phone: _____ Secondary Phone: _____

Guardian 1's Email: _____ Guardian 2's Email: _____

Name of Second Guardian: _____ Relationship to Student: _____

Main Phone: _____ Secondary Phone: _____

If student does not live with parent(s), does guardian have legal custody? YES NO

Please provide any needed documentation regarding custody needs (for divorced parents or guardians who are not parents) with the registration packet.

.....

Emergency Contact, other than guardians:

Name: _____ Relationship to Student: _____ Phone: _____

Name: _____ Relationship to Student: _____ Phone: _____

.....

In case of early or emergency dismissal:

A parent/guardian will pick up my student immediately

My student can walk home

I will make arrangements with one of the above emergency contacts to pick up my student

Other: _____

.....



Name of child: _____ Grade ('21-22): _____ Age: _____

Home Language Questionnaire

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students. Please answer the following questions and have your child return this form to his/her teacher. Thank you for your help.

- 1. Which language did you child first learn to speak?

- 2. What language does your child use most often at home?

- 3. What language do you most often use to speak to your child?

Parent/Guardian Signature: _____

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the district determine if additional services, resources, or community outreach are available for your students.

If the any of the following options apply to your student, please complete the form below. If none of the options apply, please select "Do Not Apply".

_____ The options below Do Not Apply

Presently, where is the student living:

_____ With friends or family members due to the loss of housing or financial hardship

_____ In a motel, car, or campsite

_____ In an Emergency Shelter

_____ Student is not living with a parent or legal guardian

_____ Other? Please explain: _____

Parent/Guardian Signature: _____ Date: _____



Student Health Information

Name _____ Grade: _____ Date of Birth: _____

Does your child have any of the following health problems? If yes, please circle and comment below:

Autism	Autoimmune problems	ADD/ADHD	Asthma
Blood disease		Bone/Joint	Bowel/Bladder
Cancer		Diabetes	Eating Disorder
Emotional Concerns		Genetic/Congenital	Special Glasses/Contacts
Hay Fever		Head Injury/Concussion	Hearing Impaired
Heart Condition		Migraines	Seizures
Sleep Disorder		Stomach	Vision Concerns

Comments: _____

Other Concerns? Please describe: _____

Does your child have any significant allergies that school personnel should know about? Yes / No

If yes, please list allergy and symptoms of allergic reaction _____

How is it treated? _____

Medications: Does your child take medication? Yes / No

If yes, what is it for? _____

List name of medication(s) and dosage _____

Will it be given at school? Yes / No If yes, what time? _____

****requires completion of medication form by parent and physician for ALL medications given at school**

Activity Restrictions: Has your child's doctor placed any current restrictions on your child's physical activities? Yes / No If yes, please describe _____

****please provide written documentation from your physician regarding any limits/restrictions on your child's physical activity**

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Health Insurance: Circle One: Medicaid CHP+ None Private Insurance

(name of insurance company) _____



Consent for Medicaid Billing:

I give consent to and authorize Merit Academy to release to Colorado Health Care Policy and Financing (HCPF) information related to Medicaid eligible services the District provides to the student identified above, as necessary, to apply for and recover partial Medicaid reimbursement. If at any time you would like to revoke this permission, please contact the school district Medicaid Office at 719-520-2251.

Parent/Guardian Signature: _____ Date: _____

Emergency Care Permit:

When a child suffers any injury or illness while in school, an immediate and continuing effort will be made to contact the parents. In case of serious injury or illness, first aid will be rendered in accordance with local school policies.

If ambulance service is necessary, parents must assume financial responsibility. If I cannot be reached by telephone in the event of an emergency involving _____ (Child's Name)

Please send my child to _____ (doctor) for any available medical service.

(Hospital Preferred) _____

Parent/Guardian Signature: _____ Date: _____



PHYSICIAN'S AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Parents are encouraged to administer medication to their children outside of school hours if at all possible. Only medications which are required to enable a student to stay in school may be given at school.

If necessary, medications (prescription, over the counter, homeopathic and herbal) can be given at school under the following conditions:

- * All medications must be ordered by healthcare providers with prescriptive authority.
- * All medication forms must be renewed each school year.
- * Written permission by parent and physician in all cases.
- * Medications must be in the original, properly labeled container. Medications sent in baggies or unlabeled containers will not be given.
- * All medications must be kept in the health room, except for students whose doctors require them to carry medications on their person as per school policy (inhalers).
- * Health care plan must accompany this form as per school policy.

The information/form below must be completed and signed by the physician.

In addition, the medication bottle must match the prescription as written below.

STUDENT NAME _____ Date of Birth: _____

MEDICATION: _____ DOSAGE: _____ TIME TO BE GIVEN: _____

ROUTE: _____ If PRN, (as needed) please note the minimum duration time between doses (for inhalers, minimum time frequency, frequency between sets of inhalation): _____

If medication is an inhaler, is the student given permission to carry on his/her person?

Physician's Initials: YES _____ NO _____ **(Physician MUST Initial)**

Physician Signature: _____ Date: _____

Physician Name: _____ Phone Number: _____

PARENT / LEGAL GUARDIAN, To be completed by the student's parent or legal guardian:

REQUEST AND AUTHORIZATION TO ADMINISTER MEDICATION: I, _____ the parent or legal guardian of _____, request and authorize that the medication identified above be administered to my student by school personnel as prescribed by her/his physician in the manners specified above. I understand that it is my responsibility to furnish the medication to the school in a properly labeled container.

RELEASE FROM LIABILITY: Further, I, for myself and my heirs, survivors, agents, child, immediate family and personal representatives, hereby fully release and forever discharge Merit Academy, its directors, officers, employees, agents, representatives, attorneys, authorizer, and successors and assigns, from any and all demands, claims, obligations, actions, liabilities, or damages of any kind or nature whatsoever, in law or in equity, whether known or unknown, suspected, now or hereafter arising, which related in any way to the administration of the medication provided by me.

Parent/Guardian Signature: _____ Date: _____



Proof of Insurance

Please complete only one form per family, if all students are covered by same insurance company. If a child/student is covered by a different insurance company, please complete a form for that child and insurance company.

Merit Academy does not provide insurance coverage while attending school or participating in school sponsored extra-curricular activities. We request the following form be completed by parents/guardians for all students.

I certify that _____ (Child 1)

_____ (Child 2)

_____ (Child 3)

_____ (Child 4)

_____ (Child 5)

has adequate health, accident, and hospital insurance coverage with:

Name of Insurance Coverage: _____

Address of Company: _____

Policy/Group Number: _____ Insurance Company Phone Number: _____

_____ (Student) has permission to participate in school-sponsored activities with the understanding that the school, staff, or district will not be held responsible in any manner for the payment of any charges incurred as a result of participating in the activity.

THE SCHOOL WILL NOT BE HELD RESPONSIBLE IN ANY MANNER FOR INJURY PAYMENT OR PROCEDURES IN MAKING CLAIMS.

Parent/Guardian Signature: _____ Date: _____



Release Authorization Form

Please complete one form per family if release authorization is the same for all children.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Please read carefully and circle either YES or NO below. By signing below, you are affirming your understand of the information stated therein. If an item is not circled, it will be considered NO.

BOOK RELEASE

YES NO I give permission for my student to check out library or classroom books. I understand I am responsible and will be charged for damaged or lost books.

FIELD TRIP RELEASE

YES NO My child has permission to attend all field trips sponsored by Merit Academy during the school year. I will be notified before each field trip and may revoke this permission at any time by submitting a written request.

PHOTO RELEASE

YES NO I give permission for my child's picture to be used in school publications (yearbook, newspapers, etc.)

INTERNET USE

YES NO As the parent/guardian of this student, I have read the Terms and Conditions for internet, email, and website access. I understand that this access is designed for educational purposes and the district in compliance with CIPA. I will not hold Merit Academy responsible for materials acquired on the system or internet. I hereby give permission for my child to access internet at school and certify that the information on this form is correct.

ACKNOWLEDGMENT

YES NO I understand the Merit Academy Parent/Student Handbook is on the school's website. I acknowledge my obligation to read, understand, and agree with the content therein.

Parent Signature: _____ Date: _____



PUBLISH PHOTO/PROJECT FORM

Please complete only one form per family if release authorization is the same for all children.

To publish student pictures, name, and projects on Merit Academy's website between August 1, 2021-August 31 2022

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Please read carefully and circle either YES or NO for all items below:

I understand that Merit Academy's website is designed for educational purposes and to inform the public about Merit Academy. I also understand that the information on the website can be viewed by anyone with access to the internet. To my knowledge, the projects and pictures shared on the site are free from copyright or trademark issues. Posting of photos and projects will adhere to ethical and legal guidelines and policies.

I hereby give permission to:

Publish pictures of my child's project (or parts of it) on the internet YES NO

Publish photos of my child involved in Merit Academy activity on the internet YES NO

Publish my child's first name and last initial with the picture or project on the internet YES NO

Parent Signature: _____ Date: _____



CODE OF HONOR

Please complete one Code of Honor Agreements form per family.

Moral character is the cornerstone of our educational model. In order to properly reason and make the best decision, one must be able to discern what is good, beautiful, and true. Virtue requires a trained mind and a benevolent heart, uniting our ability to reason with our passions.

Our five virtues are the guiding principles used to foster character: valor, responsibility, perseverance, goodness, and friendship. Students, staff, parents, and volunteers are expected to conduct themselves honorably in word and deed, to live by the virtues, and to encourage others to do so.

Valor: *Valor is courage, strength, and bravery. It is the ability to stand for oneself and choose what is right and good, even when a different decision may lead to an easier path. I pledge to be courageous in choice and conduct, to display valor in pursuit of good, beauty, and truth.*

Responsibility: *Responsibility is a core tenet in a character of excellence. It guides students to take ownership of action and learning, to do what is difficult but right, even if the task is not theirs to complete. Responsibility links to deadlines, assignments, study, and civic mindedness. It prepares students for a world where self-discipline, accountability, and quality of work are not only expected, but required. I pledge to be responsible in conduct, academia, extra-curricular activities, relationships, and civic activity.*

Perseverance: *Perseverance encompasses grit, determination, and tenacity. It emboldens students to continue when it may be easier to quit or give in to unproductive habit. I pledge to practice perseverance in my goals, responsibilities, character, and choices for good, beauty, and truth.*

Goodness: *Goodness is kindness, beauty, and generosity. It is an exercise of compassion and integrity, even when unobserved. It is an excellence of quality, not only of character but of expression, works, and decisions. I pledge to pursue goodness and act accordingly to bring goodness to others.*

Friendship: *Friendship is the active cultivation of meaningful, trusting, and joyful relationships. It is beyond being friendly. Friends support one another to engage in what is good and right. A friendship encourages people to hope the best for each other, to promote spirits, and to foster happy hearts. Nourishing friendships empower human beings to thrive, even during challenging or discouraging times. I pledge to not only be friendly, but to be a true friend as is described herein.*

Merit Academy students, staff, and volunteers strive to be virtuous in conduct, to cultivate scholarship, and to practice civic responsibility. Merit Academy students, staff, and volunteers will not lie, cheat, or steal, and will discourage others from such actions.

Please keep this Code of Honor for review and discussion throughout the student's school year.

Parents and respective Merit Academy children/students: please sign and date the agreements on the following page.



Code of Honor Agreements

Please complete one form per family.

Merit Academy Parent/Guardian Agreement 2021-2022:

I have discussed the Merit Academy Code of Honor with my child/children, and he/she/they understand(s) what it means. I pledge to encourage my child/children to be virtuous in conduct, to cultivate his/her/their scholarship, and to foster his/her/their practice of civic responsibility. I will hold my child/children to the highest standards of integrity and will discourage him/her/them from lying, cheating, or stealing. I have also read the Parent/Student Handbook and commit to the policies, guidelines, and expectations therein.

Parent/Guardian Signature: _____ Date: _____

Merit Academy Student Agreement 2021-2022:

I understand the Merit Academy Code of Honor and have discussed it with my parent(s)/guardian(s). I pledge to be virtuous in conduct, to cultivate scholarship, and practice civic responsibility. I will not lie, cheat, or steal, and I will discourage others from doing so. I have also read the Parent/Student Handbook and commit to the policies, guidelines, and expectations therein.

Student Name: _____ Student Signature _____ Grade: _____

Student Name: _____ Student Signature _____ Grade: _____

Student Name: _____ Student Signature _____ Grade: _____

Student Name: _____ Student Signature _____ Grade: _____

Student Name: _____ Student Signature _____ Grade: _____



Authorization to Release Pupil Information

Please complete one form for each last-attended school. If two of your children last attended Elementary School Y and one child last attended Middle School Z, then complete one form for the students attending the same elementary school and one form for the student attending the middle school.

The following student(s) has/have enrolled with Merit Academy:

Student Name: _____ Grade: _____ Date of Birth: _____

Student Name: _____ Grade: _____ Date of Birth: _____

Student Name: _____ Grade: _____ Date of Birth: _____

Student Name: _____ Grade: _____ Date of Birth: _____

Student Name: _____ Grade: _____ Date of Birth: _____

Last School Attended: _____ Address: _____

Phone: _____ Have any of the above students been expelled within the past 12 months? _____

If yes: Please list which student was expelled and the school: _____

Result of knowingly falsifying information could result in denial of admission, expulsion, or other such disciplinary action.

We request records for the above student(s).

Please forward the following information to registrar@merit.academy as soon as possible:

Standardized Test Data

Withdrawal Grades

Immunization Records/Waiver

Health Records

Individualized Career Academic Plan (ICAP)

Transcripts

Counseling/Psychology Data

Special Education Records

Responsiveness to Intervention Records

Discipline Records

Birth Certificate

Attendance Records

Sincerely,

Registrar

Parent/Guardian Signature: _____ Date: _____

Records for the above-named student(s) are being transmitted in compliance with the requirements of the federal Family Education Rights and Privacy Act of 1974 (FERPA). The records are transmitted with the understanding that no other party will be permitted access to information contained in the records except under the consent of the parents of the eligible student(s) or under applicable provisions of the FERPA.