



**STUDENT ENROLLMENT CHECKLIST**  
**1<sup>st</sup> – 8<sup>th</sup> Grade 2010-11**

**STUDENT** \_\_\_\_\_ **GRADE** \_\_\_\_\_  
Last First

The following is a summary of the documentation a student will need to be officially enrolled in Imagine International of Smyrna.

**This Enrollment packet is required to have the following completed.**

- Student Enrollment Form
- Student Internet Rules Form
- Consent and Release for Photography/Videotape Form
- Clinic Cards and Pickup Authorization Forms
- Authorization to Release Student Records Form
- Family Contract Signature Page

**Forms you MUST provide.** *Please make copies to provide the school.*

- Birth Certificate – Required for all students.  
*Georgia law requires that kindergarten students be five years old on or before Sept. 1 and first grade students be six years old on or before Sept. 1 to be registered.*
- Copy of student's Social Security card  
*This requirement can be met by signing a waiver for Statement objecting to the requirement.*
- Certificate of Immunization GA FORM 3231  
**The following certificates are on a GA FORM 3300**
- Hearing Certificate \_\_\_\_\_
- Dental Certificate \_\_\_\_\_
- Vision Screening Certificate \_\_\_\_\_
- Two Forms of proof of residence**
- Mortgage statement or lease agreement \_\_\_\_\_ and/or 2 Utility bills-gas, phone, water-bill \_\_\_\_\_*
- Copy of driver's license \_\_\_\_\_*
- Copy of most recent report card (GRADES 1- 8)

**My child has been receiving special services.** Yes \_\_\_\_\_ No \_\_\_\_\_

Copies of special services paperwork (speech, gifted, IEP, EIP, 504, etc) must be provided by the parent at time of enrollment.

**The School MAY also require:**

- Proof of custody documentation
- Proof of age and name verification
- Other information the school deems necessary for proper grade placement.
- Student Medical Authorization Form (available upon request)

**Imagine Smyrna provides the following services, Before and After School Care and Free and Reduced Meal Family Applications.** All necessary paperwork for these and any other services provided will be available during Open House at the beginning of the school year.



Learning Communities of Achievement and Hope

Office Use Only

Student ID \_\_\_\_\_
State ID \_\_\_\_\_
Dwelling # \_\_\_\_\_
Family # \_\_\_\_\_
Homeroom \_\_\_\_\_

STUDENT ENROLLMENT FORM Today's Date: \_\_\_\_\_ Form JF-5

School: IMAGINE SMYRNA ELEM Grade \_\_\_\_\_ MID SCHL Grade \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Name Called: \_\_\_\_\_
Last First Middle

FAMILY HEAD OF HOUSEHOLD - CE005/CE010

Home Telephone: \_\_\_\_\_ Unlisted: \_\_\_\_\_

Parent Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Student Resides with: ( ) Both Parents ( ) One Parent ( ) Parent/Step Parent ( ) Guardian ( ) Foster

Dwelling Address (CE005)

Apt: Lot:
Subdivision/Apt Complex: \_\_\_\_\_

Mailing Address (CE010)

Enrolling individual:

Parent/Guardian 1: Last Name First Name Middle Name Relationship:
Phone 1: Day ( ) ( ) Work Ext:
Does student live with you (Parent/Guardian 1) Yes ( ) No ( )
Occupation/Employer: Phone 2: Day ( ) ( ) Cell ( ) Pager ( )
Phone 3: Day ( ) ( ) Cell ( ) Pager ( )
Email: \_\_\_\_\_

If Parent/Guardian 2 is authorized to pick up this student, you must also list his/her name on Page 2 under "Contact Information-ST015."

Parent/Guardian 2: Last Name First Name Middle Name Relationship:
Phone 1: Day ( ) ( ) Work Ext:
Does student live with Parent/Guardian 2 Yes ( ) No ( )
Occupation/Employer: Phone 2: Day ( ) ( ) Cell ( ) Pager ( )
Phone 3: Day ( ) ( ) Cell ( ) Pager ( )

- Do you: own ( ) rent ( ) or share ( ) residence with another family?
If you share this residence with another family, list family/owner's name here:
Is either parent or guardian a civilian employee on federal property or on active duty in the uniformed services? Yes: No:

STUDENT INFORMATION - CE220 & CE221

Male: Female: Birth Date: MM / DD / YEAR \*Social Security #: \_\_\_\_\_

[\*A parent or Guardian who objects to incorporation of the social security number into the school records of a child may have the requirements waived by signing a statement objecting to the requirement. O.C.G.A.20-2-150]

Ethnicity: Is the student you are enrolling today Hispanic/Latino? Yes No
Is the student (circle ALL that apply below):

Race: American Indian/Alaska Native Asian Black/African American Hawaiian/Other Pacific Islander White

Ninth Grade entry Date: Entry Date in US Public School: MM / DD / YEAR

Birth Place: High School Program of Study:

City State Country

- What was the language your student first learned to speak? (ce221 language code 2):
What language does your student speak at home? (ce221 language code 3):
What language does the student speak most often? (ce220 prime language):

Student Name \_\_\_\_\_

- Has the child moved within the past 36 months across state or school district lines to enable the child, the child's guardian, or member of the child's family to obtain temporary or seasonal employment in an agricultural or fishing activity. Yes ( ) No ( )

Last School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

County + State -OR- Country of last school attended: \_\_\_\_\_

- Has the student you are enrolling today EVER attended a Cobb County school before? Yes ( ) No ( )

If yes, list the Cobb County school and grade/year enrolled: \_\_\_\_\_

- Has the student you are enrolling today EVER attended a Georgia public school before? Yes ( ) No ( )

- Name and age of siblings under 18:

Last	First	Middle	Age	Last	First	Middle	Age
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

- Does your child need to take medication at school? Yes ( ) No ( ) Medication: \_\_\_\_\_

- Special medical problems/drug allergies? \_\_\_\_\_

- Licensed Health Care Provider: \_\_\_\_\_ Licensed Health Care Provider's Phone: ( ) \_\_\_\_\_

**SPECIAL SERVICES PARTICIPATION**  
Does your student receive any of these services?

Gifted/Talented \_\_\_\_\_ Advance Math \_\_\_\_\_ Early Intervention Program (EIP) \_\_\_\_\_  
 ESOL \_\_\_\_\_ Special Education/IEP \_\_\_\_\_  
 Response to Intervention (RTI) \_\_\_\_\_ 504 Plan \_\_\_\_\_ Speech \_\_\_\_\_ None \_\_\_\_\_

**TRANSPORTATION**

Transported: Carpool- AM ( ) PM ( ) ASP ( ) Day Care Name: \_\_\_\_\_

**CONTACT INFORMATION - ST015**

The following person(s) may pick up: \_\_\_\_\_ from school and may be called in cases of emergency if I cannot be reached

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_
3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_
4. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

In the event of a medical emergency, the District will have the student transported to the closest doctor or medical facility for treatment. Parents/guardians will assume full responsibility for all charges incurred. I prefer that my student be transported to \_\_\_\_\_ Hospital for treatment.

\*The following people MAY NOT sign my student out of school: \_\_\_\_\_  
\*Please note that this may not include persons acting under the authority of child protection laws and that court orders may effect this preference.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Entry Date: \_\_\_\_\_ Proof of Residence: \_\_\_\_\_ W/D Date: \_\_\_\_\_ W/D Code: \_\_\_\_\_  
 Handbook/Parent Information Guide: \_\_\_\_\_ Date Records Sent: \_\_\_\_\_  
 Date Records Requested: \_\_\_\_\_ Date Records Received: \_\_\_\_\_

FORM JF-5 MAY BE USED FOR STUDENTS WHO ENROLL DURING THE SCHOOL YEAR. THE INFORMATION WILL NEED TO BE TRANSFERRED TO THE STUDENT INFORMATION SYSTEM (SIS).

THE PRE-PRINTED FORM, PROVIDED UPON REQUEST FROM THE CCSD HELP DESK, SHOULD BE USED FOR SPRING REGISTRATION IN ORDER TO:  
1. ALLOW PARENTS/GUARDIANS TO UPDATE INFORMATION CURRENTLY IN THE SIS.  
2. SIMPLIFY THE TASK OF CORRECTING SIS INFORMATION BY ALLOWING THE PPC TO LOOK ONLY FOR CHANGES RATHER THAN HAVING TO DOUBLE-CHECK EACH ITEM.

4/1/09



Imagine International Academy of Smyrna  
**CONSENT AND RELEASE TO PHOTOGRAPHY/VIDEOTAPE STUDENT**

Student's Legal Name Last \_\_\_\_\_ First \_\_\_\_\_

I consent to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities during the school year. My child's name, both verbally and in print, may be used in connection with said photograph/videotape. It is understood that the photograph(s)/videotape(s) and the name of my child may be used for promotional purposes inside and/or outside of International Academy of Smyrna and Imagine Schools. This includes the school yearbook. In addition, I consent to the use of the above mentioned photograph(s) or videotape(s) and the name of my child for promotional purposes on the internet.

I do hereby release and waive any and all claims, demand or objections against Imagine International Academy of Smyrna and Imagine Schools in connection with or arising out of the said photography/videotape of my child. It is understood that Imagine International Academy of Smyrna and Imagine Schools will not duplicate photograph(s)/videotape for the use or benefit of any individual student or parent.

**My signature below constitutes my consent for the purposes described above.**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

*Please sign below if you **do not** consent for the purposes described above.*

*Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_*

# Imagine International Academy of Smyrna

## Student Internet Use Rules and Release



Students are responsible for the proper behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communication apply. The network is provided for students to conduct research and communicate with others. Independent access to network services is provided to students who agree to act in a considerate and responsible manner. Access is a privilege, not a right. Access entails responsibility; each individual user of the school computer networks is responsible for his/her behavior and communications over those networks.

Network storage areas may be treated like school lockers. Network and School administrators may review files and communication to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on school servers would be private. The school has the right to check the computers in order to determine what materials and who as accessed sites. During school, teachers of younger students will guide them toward appropriate materials. Outside of school, it is the families' responsibility to guide the children as they are exposed to the internet, movies, television, and other potentially offensive sources.

### ***The following are not permitted:***

- Sending or displaying offensive messages or pictures. Offensive is anything, which is or could be perceived as violent, pornographic or otherwise offensive to a reasonable person.
- Using obscene language
- Harassing, insulting, or attacking others
- Damaging computers, computer systems or computer networks
- Violating copyright laws
- Using others' passwords
- Trespassing in others' folders, work or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes

School staff will act as a guide, but cannot be a fulltime guaranty.

### ***Sanctions***

- Violations may result in a loss of access.
- Additional disciplinary action may be determined in line with existing practice regarding any inappropriate language or behavior.
- Student/parent may be responsible for paying for the repair of damaged files, programs, and/or equipment caused by misuse.
- When applicable, law enforcement agencies may be involved.

My signature below constitutes I have read and understand Imagine International Academy of Smyrna Internet Rules and agree to review these rules with my child and allow them to use the school's computer network.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Imagine International Academy of Smyrna

CLINIC CARD

Student Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name of parents/guardians with whom students resides (legal custody):

Parent Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work ph # \_\_\_\_\_ Cell ph # \_\_\_\_\_ Daytime ph # \_\_\_\_\_

Parent Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work ph # \_\_\_\_\_ Cell ph # \_\_\_\_\_ Daytime ph # \_\_\_\_\_

Siblings attending Smyrna \_\_\_\_\_

Health Problems: \_\_\_\_\_ Allergies: \_\_\_\_\_

LIST ALL ROUTINE MEDICATIONS: \_\_\_\_\_

Emergency Contact (other than parent/guardian) – PLEASE USE LOCAL CONTACTS ONLY

These persons will assume temporary care of your child in the event you cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

**\*MEDICAL RELEASE STATEMENT: I hereby authorize Imagine International Academy of Smyrna to seek emergency medical assistance for my child in the event the parent or guardian cannot be reached.**

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

Imagine International Academy of Smyrna  
PICK-UP AUTHORIZATION FROM SCHOOL

STUDENT(S)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Grade \_\_\_\_\_

Name of parents/guardians with whom student resides (legal custody):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

PERSONS AUTHORIZED TO PICK-UP CHILD (Other than parent/guardian)

These persons will be required to show picture identification

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

Person(s) listed below are NOT AUTHORIZED to pickup.

Name \_\_\_\_\_ Name \_\_\_\_\_

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

Home Phone # \_\_\_\_\_



## Imagine International Academy of Smyrna Authorization of Release Student Record

I hereby authorize this request that you transmit the following student(s) records. If the student is currently receiving Special Education and related services, the records must be transferred to requesting school:

Last School Attended: School \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Requesting School: **Imagine International Academy of Smyrna**  
**2144 South Cobb Drive, Smyrna, GA 30080**  
**Phone: 678 370 0980 Fax: 678 370 0981**

**Student(s)**

Last	First	MI	Grade

\*\*\*My child has been receiving special services: Speech, Special ED, Gifted, IEP, EIP. (circle ALL that apply)

Please forward all of the following records:

- ✓ Cumulative Records
- ✓ Report Card
- ✓ Immunization Records
- ✓ Test Data
- ✓ Discipline Record
- ✓ Special Service paperwork as noted above

*The records are to be released for the purpose of admission in the Cobb County District and in compliance with O.C.G.A. 20-2-670.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

School Official Requesting Records \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Date Requested \_\_\_\_\_ Date Received \_\_\_\_\_



IMAGINE  
INTERNATIONAL  
ACADEMY  
OF  
SMYRNA

## Family Contract

Imagine International Academy of Smyrna is a community partnership whose purpose is to empower students to be critical thinkers, well-rounded individuals and caring world citizens by developing intellect in a nurturing environment, through a rigorous and relevant curriculum.

As a parent/caregiver, I understand that my involvement, support and assistance are critical for the success of my child. I will be a willing partner with IIAS in promoting my child's academic achievement and character development. I understand that for my child to attend the Imagine International Academy of Smyrna, I must meet the responsibilities listed below. I am aware that there are other public school options in this attendance zone, and I have decided that a high level of parental involvement would best serve the needs of my family.

### Parent/Caregiver Responsibilities:

1. I will donate at least 30 hours (two caregiver) or 15 hours (single caregiver) of volunteer service to IIAS each school year. A minimum of half of the volunteer service hours must be performed before February 1<sup>st</sup>, of each year or students will not be allowed to pre-register for the following year. Any family who does not meet the volunteer service requirement by the last day of school will be placed on the "student wait list" for the following school year. To accommodate the busy schedules of our families these volunteer service hours can be met through both "in" and "out" of school volunteer activities. If you are unable to meet this requirement you are encouraged to bring it to the attention of your principal. Should there be extenuating circumstances the IIAS governing board will at its sole discretion modify or waive the Family Contract.
2. I will honestly track/log my volunteer service hours with the assistance of IIAS.
3. I will read, acknowledge by signing, and reinforce all school rules including dress code requirements.
4. I will attend parent-teacher conferences which will be scheduled twice a year at a minimum.
5. I will attend at least two family information (i.e. PTA) meetings per school year.
6. I will have my child at school on time and ready to learn each day. I will follow all policies as outlined in the IIAS Handbook.
7. I will help my child learn by checking home enrichment assignments throughout the week and by providing my child a quiet area in my home to complete their assignments
8. I will read to or ensure that my child reads for a minimum of 20 minutes each day.
9. I will review and respond to any messages that I get from my child's teacher, staff or administrators in a timely fashion.
10. I will report any extended illness or absence to the school and will keep my child home if he or she is ill.
11. I will immediately inform the school as to any change in my child's transportation or caregiver contact information. I understand that this is necessary for the safety of my child.
12. I will advise the school administration and teacher of any change in address or family status for my child within 7 days.
13. I will inform the school administration immediately if our family moves outside the Cobb County Schools attendance zone.
14. I will participate in at least one fundraising event during the school year.
15. I will meet all my financial obligations to the school (i.e. library fines, lost books etc.) within the current school year. I understand that if I have outstanding debts to the school, I will not receive my child's report card or be able to have my child's records transferred to another school.

## **Parent/Caregiver Rights:**

1. My child will learn in a safe, secure and healthy environment.
2. My child's teacher will communicate with me regularly about my child's progress.
3. I will receive a minimum of two teacher conferences per school year.
4. I will receive written goals, plans, curriculum, and behavioral standards for my child's classroom at the beginning of the school year.
5. I will have access to agendas and minutes of all board meetings and am invited to attend open board meetings.
6. I will be invited to attend and encouraged to participate in all family or parent information meetings
7. I may serve on a committee or subcommittee or in the parent/community volunteer program.
8. I may donate resources to the success of the school, i.e. funds, supplies, services of others. (These donations will not take the place of "volunteer service" hours.)
9. I may give input on curriculum, leadership, and other decisions about the school in the appropriate forums.
10. I may give staff feedback about the strengths and weaknesses of the school's program. This feedback includes filling out a survey after parent teacher conferences and at the end of the school year.

## **How IAS will Partner with Me:**

1. IAS will be flexible in setting up parent-teacher conferences so I can attend.
2. IAS will hold family meetings at different times to meet different family schedules.
3. IAS will utilize the Cobb County School District discipline code. The rules and expectations will be explained to all students and caregivers so that our children will be familiar with the expectations and related consequences.
4. IAS will offer a variety of volunteer opportunities that will match the talents, interests and time constraints of my family with the needs of the school.
5. IAS will offer various mediums to communicate school information and volunteer opportunities.
6. IAS will work to ensure open and two way communications between our school and our families.
7. IAS will assist me in tracking my volunteer service hours so that I can best meet my commitment.
8. IAS will provide a schedule of all school events and meetings.
9. IAS administration and board will have a procedure in place to discuss any situation that keeps me from meeting the volunteer service obligations.
10. IAS administration, staff and board will be open to my feedback.
11. IAS administration, staff and board will give serious consideration to my recommendations or suggestions for improvement, written or verbal.
12. IAS administration, staff or board will also sufficiently address (disagree and why, or agree and discuss any necessary course of action) any feedback that I provide in a timely fashion.

Continued – please sign on next page.

**IIAS Family Contract Statement of Understanding and Agreement  
Signature Page**

Please refer to the Family Contract at [www.IASmyrna.org](http://www.IASmyrna.org)

I understand that I must agree to all terms of the Family Contract in order to enroll my child at Imagine International Academy of Smyrna.

I understand that it is my responsibility to read the Family contract on the website site (listed above) and return this **signature page** to Imagine Smyrna at the time of enrollment. The Family Contract is required for enrollment to be complete and if not returned, I will I forfeit my enrollment.

I understand that if I do not live up to the terms of this contract, my child will lose priority in enrollment and will be placed on the student wait list for the following year.

Enrollee(s) Names:

<b>Child #1</b> _____	_____
Last Name, First Name	Grade
<b>Child #2</b> _____	_____
Last Name, First Name	Grade
<b>Child #3</b> _____	_____
Last Name, First Name	Grade
<b>Child #4</b> _____	_____
Last Name, First Name	Grade

Please check one:

Two Caregiver (30 volunteer hours)  Single Caregiver (15 volunteer hours)

I agree to all terms of this contract - (if a two caregiver family - both parties must sign)

**Caregiver #1** Name (print): \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to the Child(ren) \_\_\_\_\_

**Caregiver #2** Name (print): \_\_\_\_\_

**Signature** \_\_\_\_\_ Date \_\_\_\_\_

Relationship to the Child(ren) \_\_\_\_\_



\_\_\_\_\_  
Signature of Imagine Administration

\_\_\_\_\_  
Date