

Student Name: _____

The following items **MUST** be provided to complete your student's enrollment. Your child will not be considered enrolled in the school until we receive all of the following documentation:

___ **Birth Certificate:** certified copy or passport showing date and place of birth of child

___ **Social Security Card:** child only

___ **Immunization/Shot Record:** Official copy from previous school or signed/stamped copy from physician

___ **One (1) Current Proof of Residency:** The following are the **ONLY** acceptable proof of residency. Please provide one (1) of the following:

- Mortgage Agreement
- Lease or rent agreement
- Gas, electric or water bill from the past 30 days

___ **Proof of Custody** (if applicable) stamped certified copy of judgment or journal entry regarding custody or letters of guardianship from Probate Court

___ **Individualized Education Plan (IEP) and Evaluation Team Report (ETR)** (if applicable)

___ Free and Reduced School Meal Application

___ Acknowledgement of Receipt of Student Handbook

___ Back Pack Buddy Form

___ Withdrawal Form

___ Medicaid Card/Number _____

Previous School Records:

___ Report Card

___ Standardized Test Results

___ Reading Improvement and Monitoring Plan

___ Discipline Records

Student Information:

Legal Name of Student: (as it appears on birth certificate)

First

Middle

Last

Preferred Name: _____

Date of Birth: _____ **Gender:** Male Female

Social Security Number: _____

Student Home Address: _____ **Apt#** _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ Home Cell

Parent/Guardian Information:

Student Lives With: Mother Father Step-parent Grandparent(s) Aunt/Uncle
(check all that apply)

Guardian/Foster Parent(s) Other: _____

Legal Custody: Mother Father Step-parent Grandparent(s) Aunt/Uncle
(check all that apply)

Guardian/Foster Parent(s) Other: _____

Please attach any court documents that specify guardianship/custody, if other than mother/father.

Mother's Information: Single Married Divorced Separated Remarried Deceased

Name: _____

First

Middle

Last

Maiden Name

Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____ **Work Phone:** (____) _____

Email Address: _____

What is the highest level of education achieved?: _____

Father's Information: Single Married Divorced Separated Remarried Deceased

Name: _____

First

Middle

Last

Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____ **Work Phone:** (____) _____

Email Address: _____

What is the highest level of education achieved?: _____

Application for Enrollment



How many years have you lived at your current address?: _____

Legal Guardian: Step-parent Foster Parent(s) Other: _____

Name: _____
First Middle Last Maiden Name

Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____ **Work Phone:** (____) _____

Email Address: _____

What is the highest level of education achieved?: _____

How many years have you lived at your current address?: _____

Has your child worked with a Social Worker in the last year? (Name/Agency if applicable)

Is there a court order restricting any individual from having contact with the student? Yes No

If yes, who: _____

Please submit a copy of the court documentation with this form.

Ethnicity: Is the student Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? Yes No

Race: Is the student from one or more of the following racial groups? (check all that apply):

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Citizenship:

- Dual National Non-Resident Alien Resident Alien U.S Citizen
 Other: _____

Previous school attended: (Include preschool and home schooling if applicable)

School Name	City/State	Grade	Dates Enrolled	Headstart
1. _____	_____	_____	_____	Yes No
2. _____	_____	_____	_____	Yes No
3. _____	_____	_____	_____	Yes No

Grade student will be entering: _____ Last grade completed: _____

Does the student have an IEP (Individualized Education Plan)? Yes No

If so, submit a copy to the school with this form. Indicate date the IEP was signed: _____

Stepstone Academy must have a copy of the IEP and Evaluation Team Report (ETR) prior to enrollment.

Has the student received Limited English Proficiency (LEP) Services? Yes No

Application for Enrollment



Additional Information:

How far is Stepstone Academy from the student's home? _____

What mode of transportation will the student use to get to school?

Parent Drop-off Walking Other, please explain: _____

Does the student have any siblings? Yes No

Name	Age	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a member of any community organizations? (YMCA, Friendly Inn, church, etc.)

Please list all that apply:

Is the student, or someone in your family, receiving services from OhioGuidestone? Yes No

If yes, please list who and services received:

Name: _____ **Services Recieved:** _____

Name: _____ **Services Recieved:** _____

How did you hear about Stepstone Academy?: _____

Stepstone Academy is a community school established under Chapter 3314 of the Ohio Revised Code. The schools are public schools and students enrolled in and attending the schools are required to participate in state mandated testing. In addition, there may be other requirements for students at the school that are prescribed by law. Stepstone Academy is dedicated to providing a premier educational experience to students throughout the city of Cleveland, Ohio. We will emphasize individual educational growth, resulting in above proficient test scores, graduation, and acceptance to a four-year college or university. This will take place in a technologically advanced, safe, and disciplined environment.

I certify that all information that has been provided on this application is true. I understand that if any information entered on this document changes, I am to notify the school immediately, and provide any necessary documentation for such modifications.

Parent/Guardian 1 Signature: _____ **Date:** ____ / ____ / ____

Parent/Guardian 2 Signature: _____ **Date:** ____ / ____ / ____

Emergency Medical Form



Student Name: _____ **Date of Birth:** ____/____/____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ Home Cell

The purpose of this document is to enable parent(s)/guardian(s) to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parent(s) or guardian(s) cannot be reached.

Emergency Contacts

Any person listed as an emergency contact has the authorization to pick-up and remove the child from school without any further authorization in the event he or she becomes ill, injured, disruptive, suspended, expelled or needed to be removed from school authority.

Parent/Guardian 1: _____ **Relationship:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____ **Work Phone:** (____) _____

Parent/Guardian 2: _____ **Relationship:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____ **Work Phone:** (____) _____

List the names of additional relatives, childcare providers and/or friends (other than those listed above) whom will be responsible if a parent/guardian cannot be reached. Please list as many names as possible for emergencies.

Call Priority

1. Name: _____ **Relationship:** _____

Phone: (____) _____ Home Cell Work

2. Name: _____ **Relationship:** _____

Phone: (____) _____ Home Cell Work

3. Name: _____ **Relationship:** _____

Phone: (____) _____ Home Cell Work

4. Name: _____ **Relationship:** _____

Phone: (____) _____ Home Cell Work

5. Name: _____ **Relationship:** _____

Phone: (____) _____ Home Cell Work

PLEASE COMPLETE REVERSE SIDE

PLEASE COMPLETE EITHER PART I (GRANT CONSENT) OR PART II (REFUSE CONSENT)

PART I: Permission for Medical Treatment

I hereby give my consent for the following medical care providers and local hospital to be called in the event of an emergency situation.

Child's Physician: _____ **Phone:** (____) _____

Dentist: _____ **Phone:** (____) _____

Medical Specialist: _____ **Phone:** (____) _____

Local Hospital: _____ **Phone:** (____) _____

In the event reasonable attempts to contact me are unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the above-named doctors and/or hospitals. In the event the designated preferred practitioner is not available, I hereby give my consent for the administration of any treatment deemed necessary by another licensed doctor or dentist; and 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, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

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

Medications: if any medication needs to be administered in school, a physician must complete a separate School Medication Authorization Form.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

PART II: Refusal of Content for Medical Treatment

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

Food Allergy Notification



Student Name: _____ Date: ____ / ____ / ____

Parent/Guardian #1: _____

Food Allergies:

	ALLERGY	REACTION	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.	_____	_____	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	_____	_____	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	_____	_____	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	_____	_____	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	_____	_____	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If potentially life-threatening:

Action to be taken: _____

Medications to be taken: _____

Medications: *If any medication needs to be administered in school, a physician must complete a separate School Medication Authorization Form. I consulted with the school to make a Food Allergy Action Plan (If applicable) and have trained my child as to his/her needs and safety. We will review the weekly lunch menu together and discuss the vigilance required to self-monitor food products brought for potlucks or classroom celebrations and foods served on school-sponsored trips.*

I Do Do Not give consent for the School to notify others of my child's food allergy.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Media Release Form

Student and/or Family Name

Date

Stepstone, an OhioGuidestone organization, would like to have the right to photograph, videotape and/or interview the above person and use the pictures/tapings and/or interviews in promotional and other materials to support the work of Stepstone and any of its affiliates, and to that end we seek your consent to use your name, photographic likeness and personal information on the terms described below.

You hereby consent to and authorize the use of any and all photographs, tapings, or statements that Stepstone and any of its affiliates have taken of/from you, and of any reproductions of them, for any purpose whatsoever, including (but not by way of limitation) the publication (in print or electronic formats), display and public exhibition thereof in promotion, advertising and trade. You also consent to the use of your name in connection with these photographs, but such use shall be limited to identifying you as the subject of the photographs. If you have provided any information or anecdotes concerning your experiences with Stepstone to a member of our staff, we would like to have the right to use that information as well, and you hereby consent to and authorize the use of any such information or anecdotes.

You agree that the photographs, negatives and digital copies thereof shall be the sole property of Stepstone, with full right of disposition in any manner whatsoever. Stepstone will have the right, among other things, to edit the photographs and compile them with other text, graphics, and photographs to create promotional and other materials. You hereby waive any right that you may have to inspect or approve the finished product or any written copy that may be used in connection with the photographs taken of you or the information or anecdotes provided by you.

For your appearance in the photographs, Stepstone will provide you, upon written request, with a copy of any photographs taken of you that are actually used in promotional or other materials. This agreement may be amended or supplemented only by written instrument signed by you and Stepstone. This agreement constitutes the entire agreement and understanding between you and Stepstone with respect to its subject matter.

Dated Signatures:

Name Printed

Date

Signature

Date

Street Address

City, State, Zip

Signature of Parent/Guardian (if under 18)

Language Usage Survey

Parents and Guardians: Ohio schools, in accordance with [The Every Student Succeeds Act](#), request all families complete a language usage survey when they enroll their student in school. This information will help school staff understand your child’s language background and your family’s preferred language communications to best support your child’s learning. The information is not used to identify immigration status.

Student name (*First and Last*):

Student date of birth (*mm/dd/yyyy*):

<p>Communication Preferences <i>Indicate your language preference so an interpreter or translations may be provided at no cost.</i></p>	<p>1. In what language(s) would your family prefer to communicate with the school?</p>
<p>Language Background <i>Information about your child’s language background is needed to identify whether students are screened for English learner status.</i></p>	<p>2. What language did your child learn first? 3. What language does your child use the most? 4. What languages are used in your home?</p>
<p>Prior Education. <i>Responses about your child’s birth country and previous education provide information about the knowledge and skills your child is bringing to school.</i></p>	<p>5. In what country was your child born? 6. Has your child ever studied or received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, how many years/months? b. If yes, what was the language of instruction? 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, when did your child first attend school in the United States? (<i>mm/dd/yyyy</i>):</p>
<p>Additional Information. <i>Share any information to better understand your child’s language experiences and background.</i></p>	
<p>Parent/Guardian name (<i>First and Last</i>):</p> <p>Parent/Guardian Signature: Today’s Date: (<i>mm/dd/yyyy</i>):</p>	

Student Name: _____

Stepstone Academy believes that accomplishing our mission to prepare scholars to enter, succeed in and graduate from college is a family activity. By choosing to send your child/ren to Stepstone Academy you have chosen to actively participate in your child's life at school.

Parents & Guardian Responsibilities:

- I commit to supporting Stepstone Academy's demanding academic program, high standards of conduct and extended school day.
- I commit to making sure that my child is at school on time, in uniform every single day, unless sick or unable to attend because of a family emergency.
- I commit to monitoring my child's schoolwork, homework and grades regularly. I will always encourage him or her to work hard and produce the best possible work.
- I commit to maintaining an environment at home where my child can do his/her homework, with a clean desk or table and necessary materials.
- I commit to calling Stepstone Academy if I have questions about my scholars' academic progress, grades, assignments and behavior.
- I commit to attending the required parent events three times a year (Parent Orientation and Parent Conference Days).
- I have read, understand and agree to uphold and abide by the Conduct and Discipline Policy.

Scholar Responsibilities:

- I understand the Stepstone Values and commit to always doing my best to follow them.
- I commit to attending school every day, in uniform, unless I am sick and to give my full respect and full attention to every task.
- I commit to doing my homework, bringing it neatly to school and turning it in at the appropriate time.
- I commit to obeying at all times the Stepstone Academy Code of Conduct.
- I commit to speaking regularly and honestly with my parents and guardians about my progress at school, my grades, my assignments and my behavior.
- I have read, understand and agree to uphold and abide by the Conduct and Discipline Policy.

Teacher & Staff Responsibilities:

- I commit to providing high-quality curriculum and instruction.
- I commit to communicate regularly with families about scholar progress through conferences, parent-teacher meetings, progress reports and other available means.
- I commit to providing reasonable opportunities for parents to participate in their child's learning.
- I commit to motivating my scholars to learn.
- I commit to maintaining high expectations and help every child develop a love of learning.
- I commit to providing a warm, safe and caring learning environment.
- I commit to providing meaningful homework assignments to reinforce and extend learning.
- I commit to participating in professional development activities that improve teaching and learning and that support the formation of partnerships with families and the community.
- I commit to participate actively in collaborative decision making.
- I commit to work consistently with families and my school colleagues to make the school an accessible and welcoming place for families.
- I commit to respect the school, scholar, staff and families.
- I have read, understand and agree to uphold and abide by the Conduct and Discipline Policy.

The school and community of Stepstone Academy believe that it is only through the cooperation of the parents and school that children develop their full potential.

Parent/Guardian Signature: _____ **Date:** ____/____/____

Head of School Signature: _____ **Date:** ____/____/____

Withdrawal Authorization & Request for Release of Records



Enrollment Date: ____ / ____ / ____

Student Information:

Name: _____ Birthday: ____ / ____ / ____

Former School/Instruction Name: _____

City: _____ State: _____ Zip Code: _____

School Phone: (____) _____ School Fax: (____) _____

I, _____ parent(s) or legal guardian(s) authorize the withdrawal of the above named student from their school of enrollment and release of the following records, where applicable, to be sent to:

Stepstone Academy
3328 Carnegie Ave
Cleveland, Ohio 44115
Or Faxed: 216.202.1013

- Records including SSID: _____
- Transcript of subjects and grades
- Ohio and other Standardized Test Results
- Attendance Records
- Disciplinary Records
- Psychological or Other Individual Test Results
- Health Records
- IEP and Special Education Records (if applicable)
- Reading Improvement and Monitoring Plan

I understand that this authorization removes the child from the current school's enrollment and/or waiting list and that entrance to Stepstone Academy is not granted, there is no guarantee that the child will be re-enrolled in the current school if it is a magnet or community school.

Parent/Guardian Signature: _____

To the Registrar:

Please send the above records, if available, for this student as soon as possible. If records are not available, please return this request indicating the following:

- No records available. Reason: _____
- Unable to find records. Reason: _____

This undersigned certifies that the above-captioned Release of Records Request was completed on _____ and sent by: fax mail personal delivery to Stepstone Academy.

School Registrar: _____ Date: ____ / ____ / ____



www.StepstoneAcademy.org

3328 Carnegie Avenue
Cleveland, Ohio 44115
440.260.6400

Kelly Krupa-Grabowski
Head of School

Jeff Thompson
Chairperson, Board of Directors

Stepstone Academy is a subsidiary of:



RE: BACKPACK FOR KIDS — FREE FOOD PROGRAM

Dear Stepstone Families,

Your child and his/her nutrition and education are a priority at Stepstone Academy. We want to make sure your child has the tools necessary to succeed in the classroom. We are partnering with The Cleveland Food Bank to offer healthy meals for our students over the weekend.

Since food and nutrition are so closely linked with the ability to learn, we want to make sure students have nutritious meals over the weekend so they are ready to learn when they arrive at school on Monday. For this reason, Backpack for Kids was created. This program provides participating students with a small bag of food that is palced in their own bakpack that we can provide. This program is offered to assist in providing healthy, easy to prepare, meals on the weekend. Food will be sent home in your child's backpack each week.

Please note that all meals do contain nut products.

All students are currently enrolled to begin the program this week. If you are interested in participating, **no further action is needed**. If you would like to be removed from this program, please return this removal form with your signature.

Please feel free to call Stepstone Academy at any time with questions, comments, or concerns about the program at 440.260.6480.

By signing below I am requesting that my student _____ be **removed** from participation in the Backpack for Kids program. I recognize that there is no cost to participate in the program.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____



www.StepstoneAcademy.org

3328 Carnegie Avenue
Cleveland, Ohio 44115
440.260.6400

Kelly Krupa-Grabowski
Head of School

Jeff Thompson
Chairperson, Board of Directors

RE: Cleveland Central Promise Neighborhood: Consent Agreement for Data Disclosure and Sharing

Stepstone Academy is a subsidiary of:



Dear Parent,

By signing this agreement, you give your consent to disclose and share personally identifiable information on the person listed below with authorized partners in the Cleveland Central Promise Neighborhood (CCPN). The purpose of sharing this information is to allow the CCPN to provide well informed, coordinated services to participants and their families, to conduct ongoing evaluation and improvement of programs to better serve the community, and to report results of programs and activities to residents, partners, and funders.

The CCPN takes every precaution to protect personally identifiable information from unauthorized use or disclosure. Information obtained on persons shall not be published in a manner that will lead to the identification of any individual. This information is used solely for service provision and program evaluation purposes and identified information shall not be further re-disclosed to third parties not covered by this Consent Agreement without your prior written consent.

I understand that the records to be disclosed and shared with CCPN may include but are not limited to:

Education records from Stepstone Academy

- | | | |
|------------------------------------|----------------------------|-------------|
| Enrollment information | Performance on assessments | Transcripts |
| English learner status | Grade reports | Attendance |
| Classroom performance and behavior | | |

Records from CCPN service providers

- Intake information collected (such as name, address, and date of birth)
- Participation data (such as services received, attendance dates, and length of time participating)
- Program results and assessments (such as test results and observations by program staff)

I consent that the following parties may obtain the information described above stripped of any and all direct identifiers:

- Case Western Reserve University
- The U.S Department of Education and its authorized contractor(s).

Please complete the section below.

FOR PARENT/GUARDIAN OF CHILD UNDER 18 YEARS OLD (please print clearly)

I, _____, (Print Parent/Guardian name) as the parent/
guardian of _____ (Print Child's legal name)

Consent to the release of personally identifiable information of the Child named above, subject to the terms of this Consent Agreement.

By signing this Consent Agreement, I agree that I have read and understood the above and consent to all of the above statements. I understand that signing this Consent Agreement is voluntary and is not a condition for receiving services from the CCPN. This Consent Agreement is valid for the duration of the CCPN initiative. I maintain the right to discontinue this permission at any time by contacting CCPN at the numbers listed above.