

CERTIFICATION OF RESOLUTION
ENROLLMENT PACKET
2024/2025 ACADEMIC YEAR

Franklin Learning Academy
(An Ohio Non-Profit Corporation)

The Governing Authority (the "Board") of Franklin Learning Academy (the "School"), a non-profit corporation organized under the laws of the State of Ohio, hereby resolves as follows:

IT IS HEREBY RESOLVED that the School shall adopt the Enrollment Packet for the 2024/2025 Academic Year as reflected in Exhibit A, attached hereto and incorporated herein as restated.

IT IS FURTHER RESOLVED that the Board Chair is authorized and directed to take any and all actions to effectuate the purpose of this resolution.

APPROVAL AND ADOPTION


Motion to adopt the Enrollment Packet for the 2024/2025 Academic Year (with / without) without

amendment, made by Member Pullins,

seconded by Member Simonis.

Board Member Name	AYE	NAY	Other <i>(Not Present, Abstain, etc.)</i>
Sean Herod			<u>Not Present</u>
Dedra Hurst	✓		
Scott Pullins	✓		
Heather Simonis	✓		
Kelly Dyer, Chair	✓		

Executed and adopted by a vote of the Board on this 12 day of March, 2024.



Kelly Dyer, Chair
Franklin Learning Academy



2024- 2025 New Student Registration Packet (Ohio) to be completed by a custodial parent/legal guardian

Student Name:	Student Birthday:	Grade Applying Fall 24-25:
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Primary Custodial Parent/Legal Guardian Information (Residential Parent/Guardian):	
First & Last Name	
What is your relationship to the student? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Case Worker <input type="checkbox"/> Court Appointed Guardian	
Does the guardian have legal custody of Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student live with this guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Guardian Email	
Primary Guardian Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alternate Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Residential Address (PO Box cannot be used)	
Street: _____	
City: _____ State: _____ Zip: _____	
Primary Guardian Highest Education Level	
<input type="checkbox"/> Not HS Grad <input type="checkbox"/> HS Grad <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Degree or Higher <input type="checkbox"/> Declined to state	

Additional Parent/Legal Guardian Information (skip if not applicable):	
First & Last Name	
What is your relationship to the student? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Case Worker <input type="checkbox"/> Court Appointed Guardian	
Does the additional guardian have legal custody of Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the student live with the additional guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Guardian Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alternate Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address	
Home Address: <input type="checkbox"/> Check if same as Primary Parent/Legal Guardian	
Street: _____	
City: _____ State: _____ Zip: _____	
Would you like the additional guardian to also receive email and/or text communications?	

<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Guardian Highest Education Level
<input type="checkbox"/> Not HS Grad <input type="checkbox"/> HS Grad <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate Degree or Higher <input type="checkbox"/> Declined to state

Additional Contacts (When parents/guardians cannot be reached)

Additional Contact #1		
First & Last Name		
Relationship to Student	Primary Phone Number	Alternative Phone Number
This person is: <input type="checkbox"/> Authorized to pick-up my child <input type="checkbox"/> Emergency contact only		

Additional Contact #2 (Optional)		
First & Last Name		
Relationship to Student	Primary Phone Number	Alternative Phone Number
This person is: <input type="checkbox"/> Authorized to pick-up my child <input type="checkbox"/> Emergency contact only		

Additional Contact #3 (Optional)		
First & Last Name		
Relationship to Student	Primary Phone Number	Alternative Phone Number
This person is: <input type="checkbox"/> Authorized to pick-up my child <input type="checkbox"/> Emergency contact only		

Student Information.														
Write Student's Name as it appears on the Birth Certificate:														
Legal First Name														
Legal Middle Name														
Legal Last Name														
Preferred Name (Nickname)														
Birth Date														
_____/_____/_____														
Grade Applying To (Circle One)	EK	K	1	2	3	4	5	6	7	8	9	10	11	12
Student gender assigned at birth														
<input type="checkbox"/> Female <input type="checkbox"/> Male														
What country was your student born?														
City/Town of Child's Birth														



Housing Information

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act, a federal program whereby schools provide homeless students access to education and other academic services so that students are not disadvantaged by their lack of fixed residence.

Are you a student under the age of 18 and living apart from your parents/guardians?

- Yes No

Are there any applicable court orders regarding custody and contact with this student?

- Yes (please provide) No

Is the student's residential address you provided above temporary or permanent?

- Temporary Permanent

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent/guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to the primary parent/guardian)

If you are living in shared housing, please check ALL of the following reasons that apply:

- Loss of housing
- Economic situation
- Loss of employment
- Temporarily waiting for house or apartment
- Student's Parent/Guardian is incarcerated.
- Other. Please explain: _____

Active/Retired Military

Does the student have a parent/guardian who is an active duty OR retired member of the Armed Forces or National Guard?

- Yes No

If yes, please select the best description:

- Active-Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
- National Guard – Full-Time, Active Duty
- Reserves
- Veteran/Retired

Ethnicity & Race

State and Federal regulations require that school districts record the ethnicity and race of a student.

Is this student Hispanic or Latino? Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.

- Yes, Hispanic or Latino No, Not Hispanic or Latino

Indicate this student's race (can select more than one):

- American Indian or Alaska Native maintaining tribal affiliation or community attachment
- Asian: Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American including black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander including Hawaii, Guam, Samoa, or other Pacific Islands.
- White, European, Middle Eastern, or North African
- I refuse to re-identify and understand the school will make a determination on my behalf

Name of Enrolled or principal tribe: _____

State of Ohio Language Usage Survey

A completed language usage survey is required for all students upon enrollment in Ohio schools. Answers to these questions ensure your student receives the education services to succeed in school. The information is not used to identify immigration status.

Which language would your family prefer to communicate with the school?

Is there a second language you would also prefer? Yes, which language? No

What language did your student learn first?

What language does your student use the most at home?

What language is used in your home?

Is there a second language used at home? Yes, which language? No

Is there a Third language used at home? Yes, which language? No

Has your student ever received formal education outside of the United States?

Yes, what was the language of instruction and how many years? No

Has your student attended school in the United States? If yes, when did your student first attend a school in the United States?

Yes (MM/DD/YYYY) No

Please share any additional information to help us understand your student's language experiences and educational background.

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your student's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>

How did you hear about our school?

- | | | |
|---|---|--|
| <input type="checkbox"/> Referred by friend or family | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Previously attended |
| <input type="checkbox"/> Event | <input type="checkbox"/> You Tube | <input type="checkbox"/> Canvassing in my neighborhood |
| <input type="checkbox"/> Radio, TV, News | <input type="checkbox"/> Sibling attends here | <input type="checkbox"/> Previously attended an ACCEL School |
| <input type="checkbox"/> Social (Facebook, Instagram) | | |

Education History

What is the name of the school your student is currently attending (or most recently attended)?

What best describes the school your student is currently attending (or most recently attended)?

- Traditional Public or Charter School
- Home School (not online)
- Private
- Daycare/Preschool
- Has not previously attended school
- Not currently attending school

Previous/Current School Address (City, State & Zip Code):

Previous/Current School Phone Number:

Education History Continued

Has your student ever been suspended from school this school year? Yes No

Is the student currently suspended?

Yes, the student is currently suspended No, the suspension has ended

Please provide details about the suspension (grade level and reason and date)

Has your student ever been expelled from school? Yes No

Please provide details about the expulsion (grade level and reason for expulsion)

Has the expulsion ended? Please provide the school with the expulsion paperwork.

Yes, provide date expulsion ended _____
 No, student is currently expelled.

Has your student been permanently excluded from attending public school in the State of Ohio? Yes No

Additional Educational Background Information

Please note that additional documents may be requested depending on your student's situation and education needs. If your answer is yes to any of the below questions, you will be asked to provide the documents.

Speech & Special Education Evaluations & Services

Has your student ever been evaluated for Speech or Special Education services? Yes No

Is your student receiving any Speech or Special Education services at his/her current (or most recently attended) school?

Yes and my student's plan/evaluation is current
 Yes, but my student's plan/evaluation has expired
 Yes, but my student was exited from SPED
 No, my student was not found eligible

If yes, please attach paperwork such as one or more of the following:

- Individualized Education Plan (IEP)
- Evaluation Team Report (ETR)
- Multidisciplinary Evaluation Team Summary (MET)
- Other

Has your student been identified as a Gifted learner?

Yes No

Has your student received, or is your student currently receiving, any English Language (ESL/ELL) services at his/her previous school?

Yes No

Behavioral, Physical, and/or Medical Evaluations & Services

Does your student have a Behavior Intervention Plan (BIP) at his/her current school?

Yes No

Does your student have a 504 Plan at his/her current school?

Yes No

Additional Education Background

Has your student been retained in any grade?

Yes, which grade? No

Has your student ever been promoted (skipped) in any grade?

Yes, which grade? No

Request & Release of Student Records for Admission to the 2024-2025 School Year

Current/Previous School

Name of Last School Attended:

School Address (City, State & Zip Code):

Grade Level for 2023-2024 School Year:

As the parent/guardian of the below student, I request you to release my child’s student records to my child’s new school.

Please include all permanent/cumulative records including:

- State ID Number
- Proof of Identification (birth certificate, etc.)
- Proof of Residency documentation
- Immunization & Medical Records
- Custody Papers
- Enrollment History
- Attendance & Truancy
- Academic or Disciplinary Intervention (including Suspension, Expulsion, and/or Permanent Exclusion)
- Academic Records (standardized test scores, transcripts, report cards, grades)
- Official, Sealed Transcripts for Grades 9-12
- Pupil Personnel & Special Services (IEP, MFE, BIP, 504, ETR, ESL/ELL, etc.)

Parent/ Guardian

Signature

Date



Medical History & Request for Medical Authorization Forms

Has your child ever been diagnosed with an illness or treated for a condition that our school staff should be aware of?

Does your child have any allergies such as food, insect, medication, seasonal, environmental, etc.? Yes, Which allergies? No

Does your student require an Epi Pen or Anaphylaxis Care Plan? Yes No

Does your child require an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms? Yes No

Does your child require diabetes management at school? Yes No

Does your child require medication during school hours? Yes No

If the answer was yes to any of the above questions, additional form(s) are required and will be provided to you by the school.

Consent for Emergency Medical Treatment

PART I – GRANT TO CONSENT

Do you authorize the provision of emergency treatment for your student in the event they become ill or injured while under school authority when parents or guardians cannot be reached?

Yes, I hereby give consent for the following medical care providers and local hospital to be called 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 the doctor listed below, or, in the 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, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Yes, I grant consent: _____

Student's Doctor	Doctor Phone Number
Student's Medical Specialist	Medical Specialist Phone Number
Preferred Hospital	Hospital Phone Number

PART II - REFUSAL TO CONSENT

No, I do not grant consent: _____

In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take the following action:

Universal Consent Form & Enrollment Agreement

Our school is required by law to obtain the parent/legal guardian's written consent for each student regarding certain information and activities that enable our school to provide the educational experience we advertise. Declining to acknowledge, agree with or consent to some items may mean that the student/family will not have access to some of the educational materials and resources that we use throughout the school day and year and/or the student will not maintain enrollment at the school.

Details for the school's Title IX Policy, Grievance Procedure, Coordinator details, and the Ohio Graduation Requirements are available through the school's website or within the Parent Student Handbook. Please visit the Ohio Department of Education website to review the school's report card. <https://reportcard.education.ohio.gov/>

FERPA ACKNOWLEDGEMENT

The Family Educational Rights and Privacy Act (FERPA) provides parents and students over 18 years of age ("eligible students") certain rights regarding the student's educational records. In order to serve the student's educational needs, the school may find it necessary to disclose a student's name, address, parent's/guardian's name, phone number, email address, and date of birth, to a vendor to provide the student with the appropriate learning solutions. The vendors agree to the confidentiality of the student's name and address and will not use such information for any purpose other than those required under their vendor contract with the school. I hereby acknowledge that my student's name and address may be provided to the school's vendors to ensure that the school can best meet the educational needs of my student. Not acknowledging FERPA could mean that the student and family will not have access to educational materials and resources and as such may receive a different educational experience than what the school has advertised.

- Parent/Guardian/Eligible Student (18 Years and Older) Acknowledges

PERMISSION FOR RELEASE OF DIRECTORY INFORMATION FOR SPORTS/ACTIVITIES

I give consent for school to release student's directory information (such as student's name, address, parent's/guardian's name, telephone number, date and place of birth, participation in officially recognized activities and sports, weights and heights of members of athletic teams, dates of attendance, and degrees and awards received) for sports and activities. I understand that if I initially give my consent, I can choose to withdraw it at any time by updating student's records at the school.

- Parent/Guardian/Eligible Student (18 Years and Older) Consents
 Parent/Guardian/Eligible Student (18 Years and Older) Does Not Consent

AGREEMENT TO INTERNET USAGE TERMS AND POLICIES

I agree to my student using the Internet per the Internet Use Agreement outlined within the school's Handbook and Code of Conduct. I (we) further agree that any violation of the regulations will result in the termination of Internet privileges. Any violations may result in access privileges being revoked, school disciplinary action, and/or appropriate legal action. Not consenting to Internet usage terms and policies could mean that the student will not have access to the Internet for curriculum, research, or other schoolwork and as such may receive a different educational experience than what the school has advertised.

- Parent/Guardian/Eligible Student (18 Years and Older) Acknowledges

AUTOMATED PARENT NOTIFICATION SYSTEM FOR EMERGENCIES, ATTENDANCE, EVENTS & OTHER REMINDERS

Our school uses electronic messaging software to notify families of school emergencies, attendance records, and upcoming events via telephone, email and/or text message. Please indicate your preference for participation in this messaging system. I understand that if I initially give my consent, I will be asked to opt-in to text messages at a later date and that I can also choose to opt-out of any of these services at any time throughout the school year.

- Parent/Guardian/Eligible Student (18 Years and Older) Consents
 Parent/Guardian/Eligible Student (18 Years and Older) Does Not Consent

MEDIA RELEASE

I/We understand that as part of my child's/my attendance at the school, photos, videos, and quotations may be taken for use in publications and reports about the school and/or program. I/We further understand that members of the news media invited to cover the school and/or program may take photos, videos and quotations. I/We grant permission to the school and its board members, management company, and their employees, agents and representatives to use such materials for the promotion of the school and/or program and to use this student's name, photographic likeness, alone or in a group, in any publication, document, TV production, video or to release said name or likeness to any media outlets including, but not limited to, newspapers, magazines or TV stations for publicity and/or recognition purposes and/or to use this student's name and/or photographic likeness, alone or in a group, on the official web site of the school and/or its management company. I agree that my child and I shall have no right, title, or interest in any photo or videotape covered by this agreement and waive any right to compensation for such use. I release the school, its board members, management company, and their employees, agents, representatives and all organizations and individuals related to the

school from any and all liabilities or damages that result from the use of this student’s name and/or photographic likeness as described above.

- Parent/Guardian/Eligible Student (18 Years and Older) Consents
- Parent/Guardian/Eligible Student (18 Years and Older) Does Not Consent

PERMISSION TO DISPLAY STUDENT’S WORK

I give consent for original written materials, artwork or other work created by my student during the course of instruction to be used by the school for exhibition, public display, publication, publicity material, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, or other digital format. I understand that my student’s full name may be used with such display except that only my student’s first name will be used on the school website. If consent is denied, such denial shall not apply where the student’s material is incorporated into a greater or larger body of work (such as a student’s voice in a choral recording). I understand that if I initially give my consent, I can choose to withdraw it at any time by updating my child’s records at the school.

- Parent/Guardian/Eligible Student (18 Years and Older) Consents
- Parent/Guardian/Eligible Student (18 Years and Older) Does Not Consent

PERMISSION FOR EDUCATIONAL CORRESPONDENCE

I give consent for my student to participate in writing letters to people outside the school (e.g., pen pals, thank-you letters, letters to authors, or letters to public officials) as part of the educational experience, and I understand these letters may include the student’s full name and other personally identifiable information about the student. I understand that if I initially give my consent, I can choose to withdraw it at any time by updating my child’s records at the school.

- Parent/Guardian/Eligible Student (18 Years and Older) Consents
- Parent/Guardian/Eligible Student (18 Years and Older) Does Not Consent

By signing below, I pledge my commitment to helping the school fulfill its primary mission—rigorous academic learning. I had the opportunity to review the school Handbook and Code of Conduct and pledge:

- To ensure that the rules and guidelines of the school, as contained in the Handbook and Code of Conduct, are followed by my child and my household.
- To maintain high academic and behavioral expectations for my child.
- To demonstrate consistent interest in my child’s progress at school.
- To support and work with teachers and school staff for the benefit of my child’s learning.

As a parent/guardian, I understand that my child may be withdrawn from the school, in accordance with state law and school policy, if:

- My child has excessive absences (excused or unexcused) and/or tardies (arriving to school late or being picked up early on a regular basis).
- My child repeatedly violates school rules.
- My child does not complete his or her homework or assignments regularly.

In addition to my preferences set forth above, my signature below verifies that information and documentation I provided to the school in the enrollment process are accurate and up-to-date. Upon learning of false information, the school may take action including, but not limited to, withdrawing the student.

First & Last Name **Signature** **Date**
Parent, Legal Guardian, or Eligible Student (18+ Years)

KINDERGARTEN AND EARLY KINDERGARTEN STUDENT ADDITIONAL FORMS ONLY



The Ohio Department of Education requires the reporting of the student's attendance at a preschool program in the 2 years prior to starting kindergarten.

Please select the appropriate option regarding your student's preschool attendance:

Not Attended a preschool prior to Early Kindergarten or Kindergarten

Student attended preschool for **less than 1 year**

Choose the type of Preschool:

- Head Start
- Licensed Preschool (Not HeadStart)
- Unlicensed preschool (Home daycare)

Student attended preschool for **more than 1 year**

Choose the type of Preschool:

- Head Start
- Licensed Preschool (Not HeadStart)
- Unlicensed preschool (Home Daycare)

EARLY KINDERGARTEN ASSESSMENT (Early K students only)

I acknowledge that I understand my student will be assessed for Early Kindergarten readiness prior to starting class. If it is determined that my student demonstrates the skills necessary for success in Early Kindergarten, my student will be enrolled. My student's progress will be monitored throughout the course of the academic year and grade level placement for the next academic year will be determined according to mastery of required academic standards. In addition, my student's ability to physically, socially and emotionally participate in either Kindergarten or First Grade will be determined. Students enrolled in the Early Kindergarten Program may advance to First Grade or be retained in kindergarten for the next academic year. *EARLY KINDERGARTEN ASSESSMENT: I acknowledge that I understand my student will be assessed for Early Kindergarten readiness prior to starting class. If it is determined that my student demonstrates the skills necessary for success in Early Kindergarten, my student will be enrolled. My student's progress will be monitored throughout the course of the academic year and grade level placement for the next academic year will be determined according to mastery of required academic standards. In addition, my student's ability to physically, socially and emotionally participate in either Kindergarten or First Grade will be determined. Students enrolled in the Early Kindergarten Program may advance to First Grade or be retained in kindergarten for the next academic year.

- Parent/Guardian/Eligible Student (18 Years and Older) Acknowledges
- Not Applicable

First & Last Name

Signature

Date

Parent, Legal Guardian, or Eligible Student (18+ Years)