



## **Welcome Aboard!**

### *Our Mission & Vision*

#### **VISION**

Prepare our students for academic excellence and lifetime achievement while effecting change in their local communities and making contribution to our global society.

#### **MISSION**

Creating and executing an innovative and academically excellent learning environment which centers our students on expert reading, writing, math skills and their history as the foundation for high self esteem, critical thinking, problem solving, financial literacy, emotional intelligence and analytical skills.

### *Superintendent Message*

On behalf of our faculty, staff and currently enrolled students; I'd like to officially welcome you to Wings Academy's School of Innovation for the 2023-2024 school year. As a new or returning Wings Academy family member, we appreciate you for considering us as your school of choice and we look forward to your support this school year and for many years to come. As your child's first teacher, I encourage you continue to participate in all areas of your child's education as well as meetings, activities and events offered throughout the school year. As partners, we'll share the responsibility of your student(s) education to ensure their academic growth and success. Thank you and Welcome to Wings School of Innovation!

### *Pupil Services Department Message*

We look forward to assisting you with completing your students' enrollment for the 2023-2024 school year. Please complete the attached student enrollment packet (*pages 2-7*) and prepare the additional required documentation. Once your packet is complete, please contact the main office to schedule your registration appointment. Thank you and we look forward to connecting with you soon!

**STUDENT ENROLLMENT PACKET**  
**IRN 000736**  
**2023-2024 SCHOOL YEAR**

**Today's Date:** \_\_\_\_\_ **Grade:** **K**   **1**   **2**   **3**   **4**   **5**   **6**   **7**   **8**   **Start Date:** \_\_\_\_\_

**STUDENT INFORMATION:**

Name of Child \_\_\_\_\_  
Last First Middle

Grade Completed in 22-23 \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: Male Female

Present Age of Child \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race/National Origin: African-American Asian Caucasian Hispanic Multi Other

**PARENT/GUARDIAN INFORMATION:**

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

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PHONE NUMBERS** – a minimum of (1) phone number and an e-mail address is required!

Mother: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail: \_\_\_\_\_

Father: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

**MAIL REGISTRATIONS ARE NOT ACCEPTED**

\*Note: All registration packets will include the school's current report. The parent/guardian must submit to the school this completed form and other necessary documentation before enrollment and registration can take place. Return to Wings Academy this completed form along with a copy of the child's Birth Certificate, Immunization Records, Social Security Card, and Proof of Residency (per HB 21) all submitted forms and copies become the property Wings Academy. The school recruits and provides tuition free appropriate education per the compulsory education laws to all students of any race, creed, gender, disability, or ethnic origin to all its rights, privileges, programs and activities. Student grade placement will be determined pursuant to state requirements. Per the state's child find policy; the school provides special education services and early intervening services to all indentified students. Information regarding the evaluation team report (ETR), individual education plan (IEP), response to intervention team (RTI) process as well as copies of Whose Idea Is This as prepared by the State's Office of Exceptional Children are available upon request. In addition, the school will not discriminate on the basis of race, religion, disability or sex in the administration of its education programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation WINGS Academy is a community school established under Chapter 2213. Of the Ohio Revised Code. Wings Academy is a public school and all students enrolled in and attending the school are required to attend daily pursuant to HB 410 requirements and take proficiency tests and other examinations prescribed by law. Students who have been excused from the compulsory attendance law for purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a public school. For more information about this matter contact the school administration or the Ohio Department of Education.

# **EMERGENCY MEDICAL AUTHORIZATION**

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

Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### **Residential Parent or Guardian**

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

Day Time Telephone \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

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

Day Time Telephone \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

### **PART I OR PART 2 - MUST BE COMPLETED**

#### **Part I – Grant Permission**

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

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

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

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

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above-named doctor, or, in event the designated preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery, are obtained prior to the performance of such surgery.

#### **Part 2 – Refusal to Consent**

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

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

## **INFORMATION REGARDING LEGAL CUSTODY**

DATE \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

Address of Child's Residence \_\_\_\_\_  
\_\_\_\_\_

Child lives with:      Both natural parents                      Natural mother, step/adoptive father  
                                 Natural father, step/adoptive mother                      Only mother  
                                 Only father    Grandparents (with legal custody)  
                                 Other relative (with legal custody)

Relationship \_\_\_\_\_ Other – Please explain \_\_\_\_\_

### **Residential Parent/Guardian:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Is there a court order (or pending order) affecting the custody and/or residency of the child?      Yes      No

Please attach a certified copy of the page of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the Judge's signature and court seal.  
This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the Principal or any subsequent modifications during the child's tenure at the school.

### **Non-Residential Parent:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Does then non-residential parent have visitation rights?      Yes      No

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities?

Yes      No

## **CHILD PICK UP INFORMATION**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

In the event I am unable to pick up my child, I hereby give permission for the above named child to be picked up from school by one of the following persons:

	<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>	<b>RELATIONSHIP</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

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

## STUDENT RECORDS REQUEST

TO: \_\_\_\_\_  
Previous School Name \_\_\_\_\_  
\_\_\_\_\_  
Street Address \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

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

Student's Name \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date Requested \_\_\_\_\_

B. Specific records marked with an (X) below send to: **Attention - Ms. Holt, Pupil Services Dept.**

E-Mail: tholt@wingsacademies.org OR StudentAdmissions@wingsacademies.org

**Directory Information** – e.g. Birth Certificate, Social Security Number/Card etc..

**Health Records** – e.g. Immunizations Records

**Permanent /Cumulative Records current and previous school year, as applicable** – e.g. Report Card, Test Scores (reading, math and/or science), KRA, ODE Diagnostics, Interim Progress Reports, Benchmarks via MAP, etc...

**Special Education Documents, as applicable** - e.g. current IEP, current ETR, current 504, referrals to IAT and/or referrals to Special Education Dept.

**Other, as applicable:** Student Title 1 Interventions, RIMP; Behavior Plans,

C. Reason for request indicated with an X below:

Enrollment

To aid in present and future education decisions

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

\_\_\_\_\_  
Date

## PERMISSION TO PHOTOGRAPH

From time to time Wings Academy would like to utilize photographs or videotapes of school activities that included students in order to publicize and describe our school. This may include publishing on the school web site. Please check one of the boxes below and sign in the space.

I give my consent for photographs, videos, and video clips of my student to be taken for use in school publications, school web-site and/or publicity materials i.e. billboards, ads etc.... I am aware that the pictures or videos may be published or reproduced and shared with outside media (including newspapers) and organizations (including private foundations) for purpose of documenting and publicizing life at Wings Academy.

Or

I do not give my consent for photographs, videos and video clips of my student to be used in school publications, school web-site and/or publicity materials i.e. billboards, ads etc....

Please note: Photographs and/or videos are often taken of students at work in the school for the purpose of recording school life and classroom and/or student projects. Such photographs are for school use only and would not be released for publicity purposes. They might appear on bulletin boards in the school. We will assume that this is acceptable to parents/guardians unless you notify us in writing otherwise.

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

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

## ***ADDITIONAL - REQUIRED REGISTRATION DOCUMENTS***

### **BIRTH CERTIFICATE and SOCIAL SECURITY NUMBER**

The Pupil Services Department will accept the admission of students who were born in any of the (50) United States and/or outside the United States. To enroll a student at Wings Academy, students' parent and/or legal guardian must provide an official birth certificate, certification of birth etc... and social security card and/or number.

### **RECENT IMMUNIZATIONS HISTORY**

The Pupil Services Department will accept the admission of students who present a recent list of immunizations i.e. less than (1) year old were and stamped by your child's physician and/or health care provider. If you have a waiver due to religious reasons, please advise the pupil services department during your registration appointment.

### **PROOF OF RESIDENCY – MUST SUBMIT (2) FORMS**

The LEA via the Pupil Services Department will accept the admission of students who reside in any district in the state. Specifically, students enrolling in Kindergarten must turn (5) years old and first graders must turn (6) years old by December 31, 2023. To enroll a student at Wings Academy, students' parent and/or legal guardian must provide specific documents during the enrollment process as follows:

- ~ A deed, mortgage, lease, current homeowner's or renter's insurance declaration page, or current real property tax bill;
- ~ A utility bill or receipt of utility installation issued within 90 days of enrollment;
- ~ A paycheck or paystub issued to the parent or student within 90 days of the date of enrollment that includes the address of the parent's or student's primary residence;
- ~ The most current available bank statement issued to the parent or student that includes the address of the parent's or student's primary residence;
- ~ A Voter registration card;



- ~ Documented affirmation of address of student’s parent(s) from district of residence where parent(s) currently resides;
- ~ Notarized affirmation from parent(s) of current residence address;
- ~ USPS return receipt from certified letter sent to parent(s) by district of residence;
- ~ Written confirmation from the Department of Job and Family Services of current address of the parent(s); or
- ~ Written confirmation from a local law enforcement agency of the current address of the parent(s).

### **STUDENT ACADEMIC RECORDS**

- ~ Student Report Card – Current and last school year, if applicable
- ~ Current School Withdrawn Form – Form indicating current school has withdrawn the student, if applicable
- ~ Student IEP and ETR – Current, if applicable

### **CONGRATULATIONS!**

If you have completed pages 2-7 and have all the additional required documents; your students’ enrollment packet for the 2023-2024 school year is ready for review. Please contact the pupil services department to schedule your registration appointment by phone at 216-812-0244 or via e-mail to StudentAdmissions@wingsacaemies.org. We look forward to connecting with you soon! Thank you.