

# Enrollment Package Instructions/Checklist - This a Sample.

Please complete one Enrollment Package for each student admitted to the school. Please print clearly with blue or black ink being sure to include the student's name and phone number at the bottom of each page of each form. This is to ensure that we have the correct information for each student, should the pages of the documents get separated. NOTE: Students are not officially enrolled until all complete forms have been submitted.

Please mark the box for each item on the list below as you complete/include it. This checklist is for your records only.

If you have any questions or need assistance, please contact us.

Form	Page
<input type="checkbox"/> <b>Enrollment Form</b> ..... 1 Please fill out all the information sections. Make sure you provide complete information including full mailing address. To ensure accurate data entry, please spell out all abbreviations, including street names, town names, and states.	1
<input type="checkbox"/> <b>Health Form: Medical</b> ..... 5 Health forms are required by law for every public school student, including those in public charter schools. If your child has had a physical exam within 12 months of September 3, 2002, please submit copies of the records. If not, please fill out the requested forms.	5
<input type="checkbox"/> <b>Copy of Student's Immunization Card</b> ..... 7 Please include a copy of the current immunization records for each student.	7
<input type="checkbox"/> <b>Birth Certificate</b> ..... 8 Please also include a copy of each student's Birth Certificate.	8
<input type="checkbox"/> <b>Proof of Residence</b> ..... 9 Please include a copy of a driver's license, local or state tax documents, voter registration, or other official document addressed to parent/legal guardian living with student.	9
<input type="checkbox"/> <b>Free and Reduced Meals Programs Form</b> ..... 10 Most public schools (including charter schools) must collect and report this information. All data is strictly confidential.	10
<input type="checkbox"/> <b>Release of Student Records</b> ..... 11 This form is required to transfer your child's previous school records. If your child is entering kindergarten or if your child was not previously enrolled in a school, you do not need to fill out this form.	11
<input type="checkbox"/> <b>Agreement for Use of School Property</b> ..... 12 The school will loan computer hardware and software to you while your child is enrolled. You will be responsible for maintaining it returning it in good working order. Please read the agreement carefully, sign page 13 and return with your enrollment documents. We cannot ship your computer until we receive this portion of the form. <b>Keep page 15 until you receive your computer from the school, then complete the information and return it at that time.</b>	12
<input type="checkbox"/> <b>Property Receipt Acknowledgement Form</b> (Appendix 2 of the Agreement for Use of School Property) ..... 15 Keep page 15 until you receive your computer, monitor, modem, and printer from the school. Then complete the information and return it at that time.	15
<input type="checkbox"/> <b>Photo/Video Release</b> ..... 16 From time to time, we may take pictures/videos of your child participating in school activities for school publications and/or outside advertising purposes. We request that you sign the photo/video release to allow us to use these materials.	16
<input type="checkbox"/> <b>Enrollment Acceptance</b> ..... 17 Please sign the final form indicating that you intend to enroll your child in the school, if accepted.	17

# Enrollment Form for 2002–2003 School Year

Please complete one form for each student to be admitted to the school. Please print clearly with blue or black ink.

## Student Information

Legal Name of Student: \_\_\_\_\_  
(last) (first) (middle)

Preferred Name: \_\_\_\_\_

Gender:  Male  Female Age (as of 9/1/02): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Ethnicity: (check one)  American Indian/Alaskan Native  Asian  Black, not Hispanic  Hispanic  White, not Hispanic  
 Native Hawaiian or other Pacific Islander  Other  Multiracial

Social Security Number: (optional) \_\_\_\_\_

Grade Enrolling In:  Kindergarten  First  Second  Third  Fourth  Fifth

Student's Residence Address: (NOTE: No P.O. Boxes)

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's Mailing Address :  Same as Residence Address

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Legal School District of Residence: \_\_\_\_\_

## Previous School Information

Previous School District: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

Type of School:  Public School  Private School  Registered Home School  Charter School  Preschool  Not in School/Other

Address of Previous School:

Street: \_\_\_\_\_

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

School Phone Number: (\_\_\_\_) \_\_\_\_\_ School Fax Number: (\_\_\_\_) \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Withdrawal Grade: \_\_\_\_\_

## Parent/Guardian Information

Student lives with:  Both parents  Both parents alternately (Joint custody)  Mother only  Father only  Legal guardian

Father's Name: \_\_\_\_\_  
(last) (first)

Father's Address: (if different from student's)

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

STUDENT NAME:

STUDENT'S HOME PHONE:

Work on Federal Property?  Yes  No Migrant Worker?  Yes  No

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Work Address:**

Street: \_\_\_\_\_ Suite/Floor #: \_\_\_\_\_

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

Work phone: ( \_\_\_\_\_ ) Home Phone: ( \_\_\_\_\_ )

Cell Phone: ( \_\_\_\_\_ ) Pager Number: ( \_\_\_\_\_ )

E-mail address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(last) (first)

**Mother's Address:** (if different from student's)

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Work on Federal Property?  Yes  No Migrant Worker?  Yes  No

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Work Address:**

Street: \_\_\_\_\_ Suite/Floor #: \_\_\_\_\_

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

Work phone: ( \_\_\_\_\_ ) Home Phone: ( \_\_\_\_\_ )

Cell Phone: ( \_\_\_\_\_ ) Pager Number: ( \_\_\_\_\_ )

E-mail address: \_\_\_\_\_

Stepparent/Legal Guardian's Name : \_\_\_\_\_  
(last) (first)

**Stepparent/Legal Guardian's Address:** (if different from student's)

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Work on Federal Property?  Yes  No Migrant Worker?  Yes  No

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Work Address:**

Street: \_\_\_\_\_ Suite/Floor #: \_\_\_\_\_

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

Work phone: ( \_\_\_\_\_ ) Home Phone: ( \_\_\_\_\_ )

Cell Phone: ( \_\_\_\_\_ ) Pager Number: ( \_\_\_\_\_ )

E-mail address: \_\_\_\_\_

**Responsible Adult Working with Student**

The program requires a responsible adult to work with your child on a daily basis. Please list all those who will be working with your child. The name listed first will be the *primary* contact.

1. Primary: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Emergency Contacts

If a parent cannot be contacted we will attempt to contact one of the following in the order listed below. Please list at least one emergency contact.

### FIRST person to contact if parents cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(last) (first)

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

### SECOND person to contact if parents cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(last) (first)

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

## Sibling Information

Siblings Enrolled in this Program	Enrollment Status	Home Phone	Relationship to Student
	<input type="checkbox"/> New <input type="checkbox"/> Currently enrolled	( )	
	<input type="checkbox"/> New <input type="checkbox"/> Currently enrolled	( )	
	<input type="checkbox"/> New <input type="checkbox"/> Currently enrolled	( )	
	<input type="checkbox"/> New <input type="checkbox"/> Currently enrolled	( )	

Other Children Living in the Household	Relationship to Student	Birth Date

## Home Language Survey

Student's Birthplace: \_\_\_\_\_  
(country) (city) (state)

If not born in the U.S., date of entry to the U.S.: \_\_\_\_\_

Student's Primary Language:  English  Another Language—Specify: \_\_\_\_\_

### ESL Services Assessment: (check one)

- 1. Only English spoken/understood
- 2. Mostly English spoken/understood
- 3. English and another language spoken/understood
- 4. Some English spoken/understood
- 5. No English spoken/understood

### If you checked 2–5, fill in the following information:

What language does the student speak most at home? \_\_\_\_\_

What language(s) does the student read? \_\_\_\_\_

What language(s) does the student write? \_\_\_\_\_

Has this student been in an English as a Second Language Program?  Yes  No

STUDENT NAME:

STUDENT'S HOME PHONE:

## Health Insurance and Health Information

### Primary Physician Information:

Doctor Name: \_\_\_\_\_ (first) \_\_\_\_\_ (last) Doctor Phone: ( ) \_\_\_\_\_

Dentist Name: \_\_\_\_\_ (first) \_\_\_\_\_ (last) Dentist Phone: ( ) \_\_\_\_\_

### Other Doctors Providing Care for Student:

Type of Doctor/Specialist	Doctor Name	Doctor Phone	Reason
		( )	
		( )	
		( )	

Type of Health Insurance:  HMO  Medicaid  No health insurance  Other

If the student is covered by Medicaid, provide the Medicaid number: \_\_\_\_\_

### Read and check:

I understand that for those school health and health-related services that the Medicaid-eligible student may be receiving—including but not limited to: vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy—the school district has the right to receive partial reimbursement from Medicaid for those services rendered.

Please list any serious allergies, conditions, or restrictions the student has:

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Please list any physical or emotional disabilities the student has:

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### EMERGENCY RELEASE

The school will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact but if none of these people can be reached, IDVA personnel have my permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER THE SCHOOL NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

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

## Special Programs

Has your child been evaluated for and/or participated in any of the following special services?

Gifted & Talented  Title 1/Chapter 1 Program  Literacy Program (ILP)

504 Plan  Special Education (IEP)  English as a Second Language (ESL)  Other: \_\_\_\_\_

If you checked Special Education (IEP), do you have the student's special education records?  Yes  No

If you checked 504 Plan, indicate if plan is for academic or health reasons: \_\_\_\_\_

## Student Directory

Do we have your permission to publish the parent and student's name, address, e-mail, and phone number in the Student Directory?

Yes  No

STUDENT NAME:

STUDENT'S HOME PHONE:

# Health Form: Medical

## Private Physician's Report of Physical Examination of a Pupil of School Age

<b>NAME OF CHILD</b>	<i>First</i> <i>Middle</i> <i>Last</i>	<b>DATE</b>	<i>Month</i>	<i>Day</i>	<i>Year</i>
<b>NAME OF SCHOOL</b>	<b>AGE</b>	<b>SEX</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>GRADE</b>	
<b>CHILD'S ADDRESS</b>	<i>No. and street</i> <i>City or Post Office</i> <i>Borough or Township</i> <i>County</i> <i>State</i> <i>Zip</i>				

### MEDICAL HISTORY

#### IMMUNIZATIONS AND TESTS

VACCINE	DOSES						BOOSTERS & DATES								
	<i>Enter Month, Day, and Year Each Immunization Was Given</i>														
Diphtheria and Tetanus *	1	/	/	2	/	/	3	/	/	4	/	/	5	/	/
Polio	1	/	/	2	/	/	3	/	/	4	/	/	5	/	/
Measles, Mumps, and Rubella	1	/	/	2	/	/									
Hepatitis B	1	/	/	2	/	/	3	/	/						
HIB	1	/	/	2	/	/	3	/	/						
Other															

\* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DT, or Td

**MEDICAL EXEMPTION**

The physical condition of the above named child is such that immunization would endanger life or health.

**RELIGIOUS EXEMPTION**

Include a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian.

#### SIGNIFICANT MEDICAL CONDITIONS

*If Yes, Explain*

- Allergies . . . . .  Yes  No \_\_\_\_\_
- Asthma . . . . .  Yes  No \_\_\_\_\_
- Cardiac . . . . .  Yes  No \_\_\_\_\_
- Chemical Dependency . . . . .  Yes  No \_\_\_\_\_
- Drugs . . . . .  Yes  No \_\_\_\_\_
- Alcohol . . . . .  Yes  No \_\_\_\_\_
- Diabetes Mellitus . . . . .  Yes  No \_\_\_\_\_
- Gastrointestinal Disorder . . . . .  Yes  No \_\_\_\_\_
- Hearing Disorder . . . . .  Yes  No \_\_\_\_\_
- Hypertension . . . . .  Yes  No \_\_\_\_\_
- Neuromuscular Disorder . . . . .  Yes  No \_\_\_\_\_
- Orthopedic Condition . . . . .  Yes  No \_\_\_\_\_
- Respiratory Illness . . . . .  Yes  No \_\_\_\_\_
- Seizure Disorder . . . . .  Yes  No \_\_\_\_\_
- Skin Disorder . . . . .  Yes  No \_\_\_\_\_
- Vision Disorder . . . . .  Yes  No \_\_\_\_\_
- Other (Specify) . . . . .  Yes  No \_\_\_\_\_
- Surgery . . . . .  Yes  No \_\_\_\_\_

STUDENT NAME:

STUDENT'S HOME PHONE:

## REPORT OF PHYSICAL EXAMINATION

	Normal	Abnormal	If Abnormal, Explain
Height (inches)			
Weight (pounds)			
Pulse (        )			
Blood Pressure        /			
Hair/ Scalp			
Skin			
Eyes — Visual Acuity    R __ / __    L __ / __			
Eyes — Color Vision			
Ears — Hearing        dB        R        L			
Nose and Throat			
Teeth and Gingiva			
Lymph Glands			
Heart — Murmur, etc.			
Lung — Adventitious Findings			
Abdomen			
Genitalia			
Neuromuscular System			
Extremities			
Spine (Presence of Scoliosis)			

\_\_\_\_\_  
*Date of Examination*

\_\_\_\_\_  
*Signature of Examiner*

\_\_\_\_\_  
*Print Name of Examiner*

\_\_\_\_\_  
*Address*

**STUDENT NAME:**

**STUDENT'S HOME PHONE:**

# Copy of Student's Immunization Card

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*Please attach a copy of the student's immunization card to this form.*

STUDENT NAME:

STUDENT'S HOME PHONE:



## Copy of Student's Birth Certificate

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*Please attach a copy of the student's birth certificate to this form.*

STUDENT NAME:

STUDENT'S HOME PHONE:

## Proof of Residence

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*Please attach a copy of a driver's license, local or state tax documents (white-out information not pertaining to the residence), voter registration, or other official document addressed to parent/legal guardian living with student.*

STUDENT NAME:

STUDENT'S HOME PHONE:

# Free and Reduced Meals Programs Form

All public schools must be able to report the percentage of students whose families are eligible for Federal Free and Reduced Meals programs (F.A.R.M.). These statistics are also used in many of the state and federal grant programs. Please note that the school does not participate in the F.A.R.M. program. All information is strictly confidential.

**The table below lists guidelines for determining eligibility in the F.A.R.M. program.**

Does your child qualify for the Free and Reduced Meals program?  Yes  No

If yes, please check the row that applies:

Household Size	Annual Income Less than	Check one:
1	\$15,448	<input type="checkbox"/>
2	\$20,813	<input type="checkbox"/>
3	\$26,178	<input type="checkbox"/>
4	\$31,543	<input type="checkbox"/>
5	\$36,908	<input type="checkbox"/>
6	\$42,273	<input type="checkbox"/>
7	\$47,638	<input type="checkbox"/>
8	\$53,003	<input type="checkbox"/>
For each additional member of household	+\$5,365	<input type="checkbox"/>

STUDENT NAME:

STUDENT'S HOME PHONE:

# Release of Student Records

## Prior School Information

To: (name of prior school) \_\_\_\_\_

**Address:**

Street: \_\_\_\_\_ Suite/Floor #: \_\_\_\_\_

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

School Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## Student Information

From: (name of parent or legal guardian) \_\_\_\_\_  
(first) (last)

Student's Full Name: \_\_\_\_\_  
(first) (middle) (last)

Social Security Number: \_\_\_\_\_

**Student's Legal Address:**

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

The school has enrolled \_\_\_\_\_ for the 2002–2003 academic year. Please  
(student's name)  
accept this document as formal approval for the release of all official school records (including the record of transcripts,  
testing information, special education, health and immunization records).

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

*January 1978: Federal Law 99.31: "No parent signature required for educational records sent to another agency."*

STUDENT NAME:

STUDENT'S HOME PHONE:

# Agreement for Use of School Property

This AGREEMENT is made this \_\_\_\_\_ day of \_\_\_\_\_, 2002, by and between the School district and \_\_\_\_\_ who resides at \_\_\_\_\_ ("Responsible Party").

WHEREAS, Responsible Party is the parent or legal guardian of \_\_\_\_\_ ("Student") who has been enrolled at the school beginning with the 2002-2003 academic year;

WHEREAS, school has agreed to permit the student to use certain computer equipment, instructional books and materials, and computer software to facilitate the Student's education during enrollment with the school;

WHEREAS, Responsible Party is willing to accept responsibility for the Property set forth below, subject to the terms of this Agreement.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by Responsible Party, the parties intending to be legally bound hereby agree to the following:

**1. Use of Property.** The school shall permit the Student and the Responsible Party to use the equipment and materials of the school listed on the attached Property Schedule (collectively the "Property") solely for the education of the Student while enrolled at the school and for no other purpose (see Appendix 1 for the Property Schedule).

The school reserves the right to add, change, substitute and/or delete individual items on the Property Schedule or to revise the Property Schedule from time to time, provided that any addition, change, substitution, or deletion of individual items on the Property Schedule or any revision of the Property Schedule shall not affect or change the terms of this Agreement.

**2. Term.** This Agreement, unless extended in writing by all parties, shall expire upon the earlier of: (i) Student's termination of enrollment at IDVA or (ii) three (3) years from the date of this Agreement. Notwithstanding the foregoing, IDVA reserves the right to terminate this Agreement immediately. Responsible Party shall return all of the Property to the school within five (5) days of the termination date.

**3. Legal Title to Property.** Legal title to all of the Property shall at all times remain solely in the school or its designee. Neither the Responsible Party nor the Student shall have any right to the Property except under this Agreement.

**4. Condition of Property at Commencement of Term.** Responsible Party agrees to fill out, sign, and return the attached Property Receipt Acknowledgment Form (Appendix 2) to the school at the address provided below in paragraph 11. This Form serves to acknowledge receipt of the Property and to affirm that the Property is in satisfactory operating condition upon receipt.

**5. Responsibility for Property.** Responsible Party will maintain the Property at the Responsible Party's residence set forth above. Responsible Party shall not move the Property from the Responsible Party's residence without written approval from the school. In the event Responsible Party intends to move or change addresses during the term of this Agreement, Responsible Party agrees to provide thirty (30) days written notice and the new address to the school. Failure to provide the school advance notice of any movement of the Property from the Responsible Party's residence set forth above may result in the termination of this Agreement. Responsible Party shall be solely responsible for the Property until it is returned to the school, and shall take all reasonable precautions to protect the Property. Responsible Party agrees to inform the school of any loss or damage to the Property from any cause whatsoever, except normal wear and tear, within three (3) days of the loss or occurrence of damage.

**6. Maintenance and Repair.** Upon termination of this Agreement for any reason, Responsible Party shall deliver the Property to the school in the same condition, normal wear and tear excepted, as when delivered to Responsible Party. Responsible Party shall be liable for any and all damage caused by accident, negligence, fire, theft, the elements, or any other cause. Responsible Party will proactively follow all instructions for Property requiring repairs as directed by K12 Technical Support and the Warranty Agreement with the Original Equipment Manufacturer, Compaq Computer.

STUDENT NAME:

STUDENT'S HOME PHONE:



## Appendix 1 – Property Schedule

### SOFTWARE

As part of this Agreement with IDVA and the Responsible Parties, IDVA shall provide the following software applications (the “Software”):

- Microsoft Office
- McAfee VirusScan Security Suite
- Cyber Patrol Version 5
- Dial-Up Internet Access

IDVA grants Responsible Party the limited right to use the Software solely for the education of Student while enrolled at IDVA and for no other purpose. The Responsible Party agrees to comply with the terms and conditions of the Software manufacturer and/or vendor.

The Responsible Party is solely responsible for the use of the Software. In accordance with paragraph 8 of this Agreement, Responsible Party shall defend, indemnify and hold harmless IDVA and its affiliates from and against all damages arising out of any third party claims relating to usage of the Software, including but not limited to usage of the Software in connection with using, surfing, or accessing the Internet. Responsible Party shall be liable for any damages resulting from the use of the Software. Responsible Party is solely responsible for ensuring that the Software settings, default configurations, and administrative privileges are maintained at the original specified settings that the Property had upon delivery. Responsible Party is liable for any resulting damage to Property, any files, and/or other software applications if these default settings are changed or modified. Responsible Party is solely responsible for keeping User-IDs and passwords confidential to prevent unauthorized usage. IDVA recommends that Responsible Party changes its password on a monthly basis to prevent compromising Responsible Party’s password. Responsible Party is solely responsible for upgrading to new software versions when publicly available, obtaining and installing anti-virus file updates and overall maintenance of the Software. IDVA shall not be held liable for Responsible Party’s failure to maintain default settings of the Software, keep User-IDs and passwords confidential, change passwords monthly, update the Software virus protection, or maintain the Software.

### COMPUTER

Responsible Party shall be issued a computer and peripheral equipment, which will be leased by IDVA or an affiliated company/entity and be owned by the original equipment manufacturer (OEM), IDVA, or an affiliated company/entity. Responsible Party must sign and return the attached Standard Waiver form in order to lease a computer for home education computer use.

Computer and peripheral equipment shall include the following:

- Desktop Computer
- Monitor
- Modem
- Printer
- Printer cable

## Appendix 2 – Property Receipt Acknowledgement Form

Responsible Party acknowledges the receipt of the Property.

Responsible Party acknowledges and agrees that the Property was delivered in the following operating condition:

satisfactory     unsatisfactory

Responsible Party shall provide the following information:

**Responsible Party Full Name:** \_\_\_\_\_  
(last) (first) (middle)

**Responsible Party Address:**

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Responsible Party Telephone #:** \_\_\_\_\_

**IDVA Student ID #:** \_\_\_\_\_

**Address where Property is located:**  Same as above

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Property Serial Numbers:**

Desktop Computer: \_\_\_\_\_

Monitor: \_\_\_\_\_

Modem: \_\_\_\_\_

Printer: \_\_\_\_\_

**Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Responsible Party must read, sign, and return this document to IDVA at the address provided below immediately upon receipt of the Property.**

**Idaho Virtual Academy**

c/o K12 Partner Schools

Attention: Peter Stewart, VP of Charter Schools

8000 Westpark Drive

Suite 500

McLean, VA 22102-3198

STUDENT NAME:

STUDENT'S HOME PHONE:





## Photo/Video Release

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**Dear Parent/Responsible Adult:**

Throughout the year there are occasions when the Idaho Virtual Academy (IDVA) and/or K12 Inc. will want to take pictures/videos of your child participating in activities. We may use these pictures/videos in IDVA/K12 Inc. publications, local newspapers, school website and/or homerooms, advertising, or on display at the Idaho Virtual Academy or K12. We are requesting that you sign a photo/video release for your child.

Thank you in advance for your support and understanding.

**Student's Name:** \_\_\_\_\_  
(last) (first)

- I give my consent for IDVA/K12 Inc. to use pictures/video of my child.
- I do NOT give my consent for IDVA/K12 Inc. to use pictures/video of my child.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Idaho Virtual Academy  
 c/o K12 Partner Schools  
 8000 Westpark Drive, Suite 500  
 McLean, VA 22102  
 ph. 866-512-2273  
 fx. 703-748-1273  
 www.idahova.org

## Enrollment Acceptance

### Statement of Educational Equality

The Idaho Virtual Academy (IDVA) is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the American with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact:

**Idaho Virtual Academy**  
 c/o K12 Partner Schools  
 Attention: Peter Stewart, VP of Charter Schools  
 8000 Westpark Drive  
 Suite 500  
 McLean, VA 22102-3198  
 1-866-512-2273 (toll free)

### Moving

K12 Partner Schools will be shipping several boxes of materials and a computer to the student's residence. Please help us eliminate delays by letting us know your residency status:

Are you planning to move by 9/3/2002?  No  Yes  Maybe

Please accept this signed and completed document to enroll \_\_\_\_\_ in the Idaho Virtual Academy for the 2002–2003 academic year. I understand that completion of this enrollment form does not guarantee admission into the program. IDVA will send notification of receipt of enrollment forms.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT NAME:

STUDENT'S HOME PHONE: