

STUDENT ENROLLMENT INFORMATION

Application is hereby made to **Monarch Academy** for the **2017-2018** academic year.

Applicant's Name: _____

Home Address: _____

_____ Home Telephone: _____

Date of Birth: _____ Age: _____ Sex: _____

APPLICANT'S SOCIAL SECURITY #: _____ Grade Level: _____

Circle One:

Father/Guardian/Step-Father

Name: _____

Address: _____

Billing Address: _____

Employer: _____

Office Telephone: _____

Cell Phone: _____

Home Telephone: _____

Email Address: _____

Circle One:

Mother/Guardian/Step-Mother

Name: _____

Address: _____

Billing Address: _____

Employer: _____

Office Telephone: _____

Cell Phone: _____

Home Telephone: _____

Email Address: _____

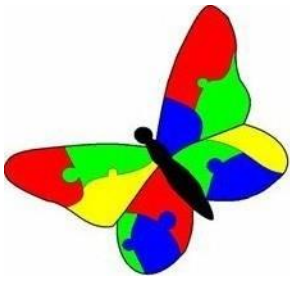
IN CASE OF EMERGENCY:

Name: _____ Phone: _____

Name: _____ Phone: _____

FEES REQUIRED AT ENROLLMENT

REGISTRATION/ENROLLMENT FEE.....\$75 (non-refundable) No charge for re-enrollments.



MONARCH ACADEMY

Student Behavior Form 2017-2018

Monarch Academy is a safe environment for children to learn and grow. It is necessary for Monarch Academy's staff to ensure the safety of all students throughout each school day. Any inappropriate behaviors **WILL NOT** be tolerated for any reason. These behaviors include, but **are not limited to:**

- Hitting
- Biting
- Kicking
- Spitting
- Throwing objects
- Self-injurious behaviors
- Sexual behaviors
- Inappropriate language
- Damaging school property
- Threatening other students or school personnel
- Touching or pulling the fire alarm
- Fleeing from the school or field trip activities

A conference will be held with parents/guardians for any child who engages in the above behaviors. Any child who engages in these behaviors routinely or displays a pattern of inappropriate behaviors will be dismissed from Monarch Academy at the Principal's discretion.

Reasons for a student to be picked up from school immediately:

- Unrecoverable meltdown (at administration's discretion)
- Putting their hands on or threatening to put their hands on another student, a teacher, a therapist, a volunteer, or another parent
- Damaging school property
- Continuous classroom disruptions or outbursts.

It is our primary responsibility to keep **ALL** students safe while in attendance at our school.

_____Initials

****Please note that if a child is endangering the safety and welfare of other students or staff and emergency contacts cannot be reached to pick the student up, the police may be called for assistance.** A conference will be held with the student's parents/guardian immediately following the incident to determine what actions the school will take.

Disciplinary action may include one or more of the following:

- Write-up of incident and inclusion in student's file
- Loss of technology privileges during school hours
- Loss of free time or recess during school hours
- Restrictions placed on remaining field trips and/or parent required to attend with student
- After school detention (15 minute blocks)
- In-school suspension in a separate location from their classroom
- Out-of-school suspension and/or referral to Halifax Behavioral Services
- Dismissal or expulsion from the school

Action taken is at Administration's discretion and will be determined by the frequency and severity and of the offense(s).

Initials _____

Please sign and return the attached sheet.

Monarch Academy 2017-2018 Student Behavior Sheet

I have read and agree to abide by the above behavior policy set forth by Monarch Academy.

Student Signature _____ Date _____

Parent/guardian Signature _____ Date _____

Monarch Academy

STUDENT MEDICATION INFORMATION 2017-2018

Student's Name: _____ Date _____

It is our desire to have the most up-to-date and specific information about any medications that your child might be taking in case of an emergency. It is important that we know the name of the medication, the dosages and the times administered. **EVEN MEDICATIONS TAKEN WHEN YOUR CHILD IS NOT AT THE ACADEMY SHOULD BE INDICATED.**

Any change that is made in the type, dosage, or administering schedule should be immediately passed on to your child's teacher and this form updated. Of course, all such changes should be made through consultation with your child's pediatrician.

If medication is administered at the Academy, please place an "A" symbol next to the time in the appropriate space below. Your signature below authorizes us to administer medication in such cases.

1. Name of Medication: _____

Time and Dosage: A. _____ AM/PM _____ MG/CC
B. _____ AM/PM _____ MG/CC
C. _____ AM/PM _____ MG/CC

2. Name of Medication: _____

Time and Dosage: A. _____ AM/PM _____ MG/CC
B. _____ AM/PM _____ MG/CC
C. _____ AM/PM _____ MG/CC

3. Name of Medication: _____

Time and Dosage: A. _____ AM/PM _____ MG/CC
B. _____ AM/PM _____ MG/CC
C. _____ AM/PM _____ MG/CC

4. Name of Medication: _____

Time and Dosage: A. _____ AM/PM _____ MG/CC
B. _____ AM/PM _____ MG/CC
C. _____ AM/PM _____ MG/CC

Please include additional medications on the back of this form.

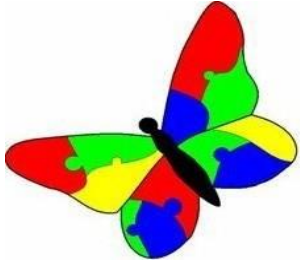
____ Please check here if your child is **NOT** on any medication at this time.

Name of current M.D. who treats your child: _____

Date

Parent/Guardian signature

Please return this form signed and dated.



Monarch Academy Sick Student Policy 2017-2018

We are always considering the health and wellbeing of our students and staff. The following is Monarch Academy's policy when your child is sick.

Please keep your child at home if they are experiencing the following:

- running a temperature
- vomiting or diarrhea
- uncontrolled sneezing or coughing
- heavily congested (clear or green discharge) **including allergies**
- diagnosed with any illness requiring antibiotics
- seizures that require hospitalization
- skin rashes that are contagious

Please do not bring your child to school until the above symptoms have been eliminated for a minimum of 24 hours. Please do not give your child medicine for these symptoms and send them to school. Please do not return students that are taking antibiotics for symptoms until a minimum of 24 hours has passed.

Your child will not feel well enough to participate and we run the risk of their classmates and staff members contracting the ailment.

It is our policy to call parents to pick up their children in the event we see these symptoms and ask that you wait a minimum of 24 hours before returning them to the student population. All absences will be excused in the event of illness and it will not reflect negatively on your child's records.

Your signature below indicates you understand our policy and that you agree to follow the 24-hour minimum standard before returning your child to school.

Parent Signature

Date: _____

Monarch Academy 2017-2018

EMERGENCY TREATMENT FORM

Print student's name

Date

I hereby give my consent to Monarch Academy staff to transport my son/daughter to the closest hospital in the event of an emergency at which time I cannot be reached for the administration of necessary emergency treatment. I give consent to transport by ambulance if the situation warrants it.

ALL SEIZURES WILL RESULT IN 911 BEING NOTIFIED.

Child's Physician: _____ Phone: _____

Child's Allergies: _____

Date of last DPT or Tetanus: _____

Insurance company covering child: _____

Policy #: _____

Expiration Date: _____

Parent/Guardian Signature

Date

MONARCH ACADEMY 2017-2018

TRANSPORTATION FORM (Field Trips)

In order to obtain your permission in advance regarding transportation to and from school authorized events, please review the options below and indicate your desire by checking the appropriate lines.

/_____/ My son/daughter may be transported in a vehicle which will be driven **only by a properly licensed school employee. (If there are not enough spaces in staff vehicles, you will need to transport your child personally.)**

/_____/ My son/daughter may be **transported only in a private car driven by myself or guardian. (In this situation, you must attend all school events in order to provide transportation to your child.)**

/_____/ My son/daughter may be transported in a private car driven by another Monarch Academy parent.

In the case of transporting students in a parent owned vehicle, granting permission implies the understanding that liability rests with the owner/driver of that vehicle and their insurance carrier.

I further understand that it is up to the discretion of the Principal and/or administration to restrict attendance by a student or to modify conditions on field trips due to behavior concerns on the part of the student.

NAME OF YOUR SON/DAUGHTER _____

PRINTED NAME OF PARENT/GUARDIAN SIGNING FORM _____

SIGNATURE OF RESPONSIBLE PARENT/GUARDIAN _____

Monarch Academy 2017-2018

Picture/Video Release

I give permission for my child to be included in any photos that Monarch Academy may produce for school activities or promotional materials.

Signature _____

I give permission for my child to be included in any videos that Monarch Academy may produce for school activities or promotional materials.

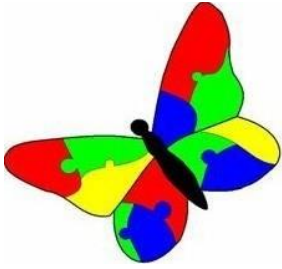
Signature _____

Please note that photos are used on Monarch Academy's Facebook page, newspaper articles, and Monarch Academy yearbooks. They are also used on our brochures and other promotional materials.

If you have specific exceptions to use of your child's photo, please state these below:

_____ **I do not give permission for my child's photograph to appear on any social media connected with Monarch Academy or its activities.**

_____ Signature for No Photos



Monarch Academy 2017-2018
Personal Property and Technology Release

I, _____, hereby recognize that it is my choice to allow my son/daughter to bring personal items including laptops, iPads, tablets, phones, gaming devices and other items that may or may not be in their personal sight at all times for my child's use at Monarch Academy.

I hereby agree to hold Monarch Academy and/or any other student or their family harmless in the event that the item is damaged or missing. While Monarch staff will be diligent to protect all students and property, unforeseen accidents can and do happen, and we will not be responsible for damages or replacement.

Parent Signature

Date

Student Signature

Monarch Academy 2017-2018

Student Pick-up & Votran Gold Transportation

Each student may ONLY be picked up from school by an approved individual. All individuals must show a photo ID in order for Monarch Academy to release the student. If no photo ID is provided, parents or guardians will be notified. If an unapproved individual will be picking up a student, it is the parent's responsibility to notify school personnel prior to the end of the school day.

The following is a list of all approved individuals that have permission to pick up my child from school.

Name _____ DL # _____

Name _____ DL # _____

Name _____ DL # _____

Some parents have made arrangements for their child to be transported by Votran Gold Bus Service. If your child is riding with Votran, please provide the following:

Alternate pick up person's name: _____

Cell or home phone contact number: _____

Parent's cell phone or emergency contact number: _____

Please be aware that Monarch Academy is in no way affiliated with Votran. It is the family's responsibility to make Votran arrangements. We do not call to make pick up or drop off arrangements for your child, and we are not responsible for any issues arising due to the use of the Votran Gold service to transport your child. All matters must be handled with their office.

If there is any discrepancy between the drivers' schedule, pick up and/or drop off locations, etc. the student will be retained at the school and supervised until they can safely be transported home. Parents will be charged the same \$10.00 per 15-minute fee for any child remaining after 3:00 pm as stated in the student handbook.

**HOLD HARMLESS AGREEMENT FOR
PHYSICAL EDUCATION ACTIVITIES, FIELD TRIPS
& COMMUNICABLE DISEASES
2017 – 2018**

This instructor, its agents, servants, or employees shall not be responsible for, or in any way liable to the student, his or her parents, guardians, heirs, executors, administrators, or assigns, for any damages or redress in any form for any injuries caused to or sustained by the student because of an accident of any kind, whether such accident shall be caused by or arise from its or their negligence or from any cause whatever except that this waiver of liability shall not extend to any such agent, servant, or employee who causes any such injury by his willful act.

The student or the student's parents or guardians assume the risk of injury to the student while attending courses, lessons or any such activity.

The undersigned parent or guardian of the student, for himself, his heirs, executors and administrators, covenants not to sue Monarch Academy, its agents, servants, and employees and shall indemnify and save harmless the school, which they or any of the incur as the result of any claim or action which may, at any time, be made or instituted by or on behalf of the undersigned student of his representatives including, without being limited, to any claim or action based upon negligence of Monarch Academy, its agents, servants, or employees.

Monarch Academy desires to maintain a healthy school environment by instituting controls designed to present the spread of communicable diseases. Any employee who reasonably suspects that a student or an employee has a communicable disease shall immediately notify the academy principal.

Any student or employee with a communicable disease, for which immunization is required by law, shall be temporarily excluded from school while ill and during recognized periods of communicability. Students and employees with communicable diseases for which immunization is not available shall be excluded from school while ill.

If the nature of disease and circumstances warrant, Monarch Academy may require an independent physician's examination of the student or employee to verify diagnosis of communicable disease. Monarch Academy reserves the right to make all final decisions necessary to enforce its communicable disease policy and to take all necessary action to control the spread of communicable disease within the school.

Student

Parent/Guardian signature (required if student is under 18)

Date: _____