

Ida Jew Academies

Application

School Year Applying for: 2013/2014

Grade level applying for: K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___

Focus: **Bilingual** _____ **STEM** (*Science/Technology/Engineering/Math*) _____
VAPA (*Visual And Performing Arts*) _____

Student Information: (Please complete a separate application for each student.)

Student Name: _____ Gender: M ___ F ___
Last First MI

Address: _____
Street Apt. #

City State Zip Home phone Cell phone

Age: _____ Birthdate: _____ Current school: _____
(MM/DD/YYYY)

Do you currently have a child enrolled at Ida Jew Academies? Y ___ N ___

If yes, please list the names and grades of those students currently enrolled:

Are you applying for more than one student? Y ___ N ___

If so, please list the names and grades of the other students:

Do you live within the borders of Mount Pleasant School District? Y ___ N ___

If no, in what district do you reside? _____

What special services has your child received? (*Please check all that apply*)

Special Education:

- Resource (RSP)
- Special Day Class (SDC)
- Speech/Language
- 504 Accommodation Plan
- Gifted (GATE)

Ida Jew Academies

Other Programs:

Math Intervention Program
 Reading Intervention Program
 Counseling
 English Language Development
 Bilingual/Two-way Dual Immersion Name of School/Program: _____

Other Talents:

Does your child have talent in the following, if yes please explain.

Dance: _____

Musical Instruments : _____

Art: _____

Choral Music: _____

Behavior History

Has the student been suspended from any school? If yes: Reason _____

Has the student been expelled or is the student in the process of being expelled from any school?

Yes No

If yes: Name of

school: _____ Location: _____

Date: _____

How did you hear about us?

- | | |
|------------------------|--------------------|
| 1. Sibling attends IJA | 4. Bay Area Parent |
| 2. Friend | 5. Website |
| 3. IJA Employee | 6. Other |

Before this application can be considered for enrollment ALL students in 3-8th grades will need to take a prescreening in English Language Arts and Mathematics. **We also request you bring a copy of your child's latest report card if you are coming from out of district.** Students in 3-8th grades applying for the VAPA program will need to do either an audition; bring a portfolio of their work or do an authentic assessment. Students in grades 2-8th applying for the Bilingual Program must take an oral and written assessment.

School Information Meeting must be attended by at least one parent/guardian and a Parent Participation Agreement and a Background/Fingerprint Release Form must both be signed by at least one parent/guardian. Please note: if you are submitting this application during the Open Enrollment Period, you may submit the application prior to attendance at the Information Meeting, but you must attend Information Meeting before the end of the Open Enrollment Period in order for the Application for Enrollment to be considered complete.

Signature of Parent/Guardian:

Date



IDA JEW ACADEMIES

ALAS | STEM | VAPA

Ida Jew Academies

2013-14 Parent Agreement

As the parent(s)/guardian(s) of _____ (“Student”), I/we desire to have Student enrolled in the Ida Jew Academies. We recognize and agree that parent participation is important for the education of our children. We further recognize and agree that such participation is an integral component of Ida Jew Academies’ educational philosophy and program and is necessary for the successful functioning of Ida Jew Academies’ educational program.

In signing this Agreement, we agree to support the Ida Jew Academies’ educational philosophy and program in the following ways:

1. To ensure that the developmentally-based small group learning environment of the Ida Jew Academies program can be effectively implemented, we agree that we will volunteer three (3) hours per month, five (5) hours total for families with more than one child. In the event of family needs such as pregnancy, family emergency, or illness, an accommodation may be negotiated with the Principal or Parent Volunteer Coordinator.
2. To ensure that we will be effective partners in our child’s education at Ida Jew Academies we understand that we are required to, and we will, attend all Parent Academy sessions.
3. To ensure that we will be effective partners in our child’s education at Ida Jew Academies we will participate in Back to School Night and all parent conferences.
4. To ensure that we will be effective partners in our child’s education at Ida Jew Academies, our family will participate in a minimum of two (2) Parent Education Meetings during each school year. This requirement may be satisfied by attending Parent Education meetings at Ida Jew Academies or by attending other Parent Education events off-site, with approval of the Executive Director.
5. To ensure that we will be effective partners in our child’s education at Ida Jew Academies our family will cooperate with school personnel. *We will support our students to meet the IJA academics, behavior and attendance expectations. . We will also follow the dress code and backpack expectations as noted in the student handbook. If a student does not meet these expectations he/she may be asked to return to their school of residency.*
6. To help ensure that our child’s school has an environment conducive to learning, we will participate in at least one Work Day per year. This Work Day may be one of the regularly scheduled workdays, or special projects may be assigned at the staff’s discretion.

7. To help take care of the many tasks that need to be done at our school and to allow the Ida Jew Academies teachers more time to focus on teaching our children, we will serve in at least one classroom or school-wide support position in addition to the regularly scheduled work shift.

8. To help maintain a safe and healthy school environment, we will submit TB verification prior to participating.

9. To ensure a safe school environment for the children attending Ida Jew Academies, we agree that prior to participation, each volunteer will submit to be fingerprinted and have a background check made by an agency authorized by the Ida Jew Academies Board. Only parents who have been fingerprinted and have had a background check will be allowed to drive students or be allowed to work with students without direct supervision of school staff. Results of such background checks may, at the discretion of the Executive Director, be a basis for determining the scope and terms of participation.

10. To support our children in learning by taking part in field trips, we will participate in a minimum of two (2) field trips per year per child, four field trips total for families with more than one child as a driver or chaperone. We agree that if we normally work on a day and time when a field trip is scheduled, we will be expected to drive or chaperone.

11. To provide a consistent learning environment, in the event that we are unable to work on our scheduled shift or field trip, we will arrange for a person on the approved Ida Jew Academies volunteer list to substitute for us. We will notify the teacher of any substitution.

12. In order to respect the privacy of the students, parents, and staff, we agree to abide by the confidentiality policies of Ida Jew Academies.

The Principal of Ida Jew Academies has the authority and responsibility for the administration of this Agreement, including how and when we participate in the classroom or in other forms of participation. In the event of inappropriate conduct by any of us on campus or during a school-sponsored activity, the Principal has discretion to make an alternative plan for any volunteer's participation.

I/We understand that the Parent Agreement is signed on behalf of all individuals volunteering on behalf of this student and I/we will communicate its content and expectations to all such volunteers.

I/We also understand that the Parent Agreement will be renewed annually to reflect ongoing commitment to our participation.

I/We also understand that as the Parent/Guardian we will be responsible for the student's transportation to and from school.

I/We, the parent(s)/guardian(s) of _____, have read and understood the Ida Jew Academies Parent Agreement. We agree to comply with the terms of the Parent Agreement as set forth herein.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date