



Victory Academy of Toledo  
3648 Victory Avenue  
Toledo, OH 43607  
(419) 442-8455 Office

Dear Parent or Guardian:

Thank you for enrolling your child(ren) at Victory Academy .

As a charter public school, we are pleased to offer you a **free, quality** choice for your child's education.

Enclosed you will find a student registration packet. Completing the enclosed packet will confirm your child's enrollment at Victory Academy . This packet contains very important documents, including permission forms, special placement forms, medication notification and emergency procedure information. Please read these forms carefully, complete them thoroughly and return this packet to the main office.

We are pleased you have chosen our academy for your child and look forward to working with you and your student to achieve educational excellence.

Sincerely,

Jackie Wells  
School Leader

## STUDENT REGISTRATION

Sec. 3314.041. The governing authority of each community school and any operator of such school shall distribute to parents of students of the school upon their enrollment in the school the following statement in writing:

"School Name is a community school established under Chapter 3314 of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administration or the Department of Education."

### STUDENT INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_ Home telephone \_\_\_\_\_

Address \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Was this student born outside of the U.S. or Puerto Rico? \_\_\_\_\_ If born outside of the U.S., when did the student attend a U.S. school? \_\_\_\_\_

City of birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex M or F (circle one) Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

### PREVIOUS SCHOOL INFORMATION

Name of last school attended \_\_\_\_\_ Dates attended \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ School district in which parent or guardian lives \_\_\_\_\_

### FAMILY INFORMATION

<i>Last name</i>	<i>First name</i>	<i>Employer</i>	<i>English proficient</i>	<i>Other language spoken and/or read</i>	<i>Daytime phone</i>	<i>Evening phone</i>
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Father			Yes or No			
Mother			Yes or No			
Step-parent			Yes or No			
Guardian			Yes or No			
Guardian			Yes or No			

Student lives with:  check 1

Information on other children in home

Parents	
Father & stepmother	
Mother & stepfather	
Mother only	
Father only	
Guardians	
Court-appointed guardians	
Foster parents	

<i>Name of other children in home</i>	<i>Birth date</i>	<i>Grade</i>

Ethnicity - please check the box that applies to this student (optional)

Native American or Aleutian       Asian or Pacific Islander       African American       Hispanic/Latino       Caucasian, non-Hispanic origin

Is your child's native tongue a language other than English?

Is the primary language used in your child's home or environment a language other than English? Yes or No If yes, what is your child's native tongue? \_\_\_\_\_

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

### FOR SCHOOL USE ONLY

Date enrolled \_\_\_\_\_ Date records requested \_\_\_\_\_ Date records received \_\_\_\_\_ Student ID # \_\_\_\_\_ Homeroom teacher \_\_\_\_\_

Was the student born in the US? Yes or No Copy of birth certificate? Yes or No Social Security card? Yes or No 2 forms of proof of residency? Yes or No

## EMERGENCY PROCEDURE CARD

Date of admission		Date of release		Grade	
Child's name <i>(including last, first, middle initial)</i>			Child's address <i>(including house number and street, building/apartment number)</i>		
Child's date of birth	Home phone number ( )	City		State	ZIP Code

### Residency information

Student lives with *(please circle one)* parents, mother, father, stepmother, stepfather, other *(explain)*:

Father's/legal guardian's name			Mother's/legal guardian's name		
Home address <i>(if not child's address)</i>			Home address <i>(if not child's address)</i>		
City	State	ZIP Code	City	State	ZIP Code
Employer name			Employer name		
Employer address			Employer address		
City	State	ZIP Code	City	State	ZIP Code
Employer phone number ( )	Hours of employment a.m. to p.m.		Employer phone number ( )	Hours of employment a.m. to p.m.	

### Contact instructions

Please indicate whom we should contact in case of an emergency *(other than parent)*:

1 <sup>st</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )
2 <sup>nd</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )
Doctor:	Office phone:	( )
	Alternate phone:	( )

Name(s) of person other than parent or legal guardian to whom child may be released:

Please indicate whom we should contact in case of an early dismissal *(other than parent)*:

1 <sup>st</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )
2 <sup>nd</sup> choice:	Daytime phone:	( )
	Alternate phone:	( )

Are there any restrictions on your child's activities at school? Yes or No If Yes, please explain.

Is there any medical information/concern you would like to share with the school which might help better serve your child? This information is confidential.

In case of separated or divorced parents, are there any legal restrictions on the release of child to either parent? If so, provide a copy of formal documentation to keep in your child's file.

### Emergency instructions

- I give permission to Victory Academy to secure emergency medical and/or surgical treatment for the above named minor child while in its care.  
 I do not give permission to Victory Academy to secure emergency medical and/or surgical treatment for the above named minor child while in its care.

Hospital preferred in case of emergency: \_\_\_\_\_ Phone: ( )

Health insurance policy name and number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward the transcript(s) of \_\_\_\_\_, born \_\_\_\_/\_\_\_\_/\_\_\_\_  
(print student's full name) (birth date)  
who enrolled in grade \_\_\_\_\_ at Victory Academy on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date)

It is requested that information about courses taken, grades earned to the date of withdrawal, standardized test results, parent-teacher conferences, health records, psychologist reports and other important data be included.

In addition, if the student had a 504 plan or was receiving special education services, please forward these records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the information to be sent.

Thank You,  
Victory Academy

Send records to:

**Victory Academy**  
**3648 Victory Ave**  
**Toledo, Ohio 43607**

### Parents

Please sign and complete the information below as a request for release of your child's student records.

Name and address of school last attended:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP \_\_\_\_\_

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

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Signature of Parent or Guardian

Date

## AFFIRMATION OF PRIOR DISCIPLINE RECORD

Check the appropriate box, provide all appropriate information and sign this document.

I affirm that the information provided here is true and that any false statement may result in forfeiting my child's enrollment privileges at Victory Academy.

- The undersigned affirms that \_\_\_\_\_  
**has not** been suspended or expelled from any school.
- The undersigned affirms that \_\_\_\_\_  
**has been** suspended or expelled from a school.

If the student has been suspended or expelled, please provide the school name, date of suspension and/or expulsion, along with a detailed description of the incident(s).

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\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Name Staff Member

\_\_\_\_\_  
Date copy sent for verification

### Former school district

Name and address of responding school district:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP \_\_\_\_\_

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

Please check one:

- According to our records, we verify that the information provided above by the parent/student **is** correct.
- According to our records, the information provided above by the parent/student **is not** correct. Appropriate documentation of suspensions and/or expulsions is attached.

\_\_\_\_\_  
Signature and title of sending district administrator

\_\_\_\_\_  
Date

## NATIONAL SCHOOL LUNCH PROGRAM NOTIFICATION

**Victory Academy** participates in the National School Lunch Program (NSLP). The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. The program was established under the National School Lunch Act, signed by President Harry Truman in 1946.

To find out if your student qualifies for free or reduced lunch rates for the [SCHOOL YEAR] school year, please request the appropriate paperwork from the **Victory Academy** office.

**FOR SCHOOL USE ONLY**

Date of follow-up contact with parent to complete paperwork \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Free and reduced lunch paperwork for the 2020-2021 school year **must** be included with registration packets distributed after July 1, 2009.*

*Do not use paperwork from the previous school year.*

## INCLUSIVE EDUCATION

IDEIA 2004 states that, to the maximum extent appropriate, children with disabilities should be educated with children who are not disabled. Special classes, separate schools or other removal of children with disabilities from the regular educational environment should occur only when the nature or severity of the disability of a child is such that education within regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. Victory Academy embraces this philosophy, believing that special education students can best be educated in the regular classroom. Our teachers accept responsibility for all students in their classroom and modify, accommodate and adjust teaching techniques and classroom activities to meet the learning abilities of all children.

Please indicate on the Special Education Records Request form in this registration packet if your child has an Individual Education Plan in place. You will receive an invitation from the intervention specialist or resource teacher to attend an IEP meeting, if necessary, within the first month of your child's enrollment at our academy.

The following signature indicates that I understand the instructional philosophy of the school.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

The academy is participating in an effort to identify, locate and evaluate all children who may have disabilities. For more information regarding assistance for students with disabilities or if you suspect a child may have a disability, please contact the school leader.

## SPECIAL EDUCATION RECORDS REQUEST

Please complete this form for all new students who were enrolled in special education at their previous school. This request will then be forwarded to the special education department of your child's previous school district.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Previous District Attended \_\_\_\_\_ School Building: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

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

Disability \_\_\_\_\_

District Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Date of last Individual Education Plan (IEP) \_\_\_\_\_ *(please attach a copy)*

Please sign below so that we may request your child's special education records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

I grant permission for Victory Academy to receive the special education records for my

child \_\_\_\_\_ from \_\_\_\_\_ school district.  
*(please print name)* *(please print name)*

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

### FOR SCHOOL USE ONLY

Date form forwarded to special education teacher \_\_\_\_/\_\_\_\_/\_\_\_\_

Date records requested from previous school \_\_\_\_/\_\_\_\_/\_\_\_\_

Date records received from previous school \_\_\_\_/\_\_\_\_/\_\_\_\_



## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Victory Academy, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Victory Academy may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures.

The primary purpose of directory information is to allow Victory Academy to include this type of information from your child's education records in certain school publications.

Examples include:

A playbill, showing your student's role in a drama production;  
The annual yearbook;  
Honor roll or other recognition lists;  
Graduation programs; and  
Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks.

If you do not want Victory Academy to disclose directory information from your child's education records without your prior written consent, you must notify the District.

Victory Academy has designated the following information as directory information:

Student's name	Major field of study
Participation in officially recognized activities and sports	Dates of attendance
Weight and height of members of athletic teams	Grade level
Photograph	The most recent educational agency or institution attended
Degrees, honors, and awards received	
Date and place of birth	

### **Military Recruiter Notification (*applicable only to students enrolling in grades 11 and 12*)**

School Name shall provide military recruiters the same access to high school students as is provided generally to higher education institutions, community colleges and prospective employers.

If you do not want your student's name, address and telephone listing released to armed forces recruiters, please complete the following portion of this form. Your statement of objections will be placed in your child's records and we will not release this information to military recruiters without your written consent.

Do not release the name, address and telephone listing for my student, \_\_\_\_\_, to military recruiters without my prior written consent.

\_\_\_\_\_  
Name of Student (*please print*)

\_\_\_\_\_  
Signature of Parent or Guardian (*or student if 18 years or older*)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## MEDIA RELEASE

Please check the boxes of the items you would like to allow your child to participate in and sign below.

**News Information Release**

There may be times during the school year when the academy, The Leona Group, news media or others wish to photograph or videotape your child at Victory Academy for use in print, video, Internet or other communications methods.

I give my permission to Victory Academy to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums for the academy or its management company, The Leona Group, and/or in local media coverage of academy events.

**Communication Release**

There may be times during the school year when the academy, The Leona Group or others wish to identify your student by name and grade in newsletters, publications or yearbooks.

I give my permission to Victory Academy and its management company, The Leona Group, to identify my child by name and grade in newsletters, publications or yearbooks.

**Artwork Release**

There may be times during the school year when the academy, The Leona Group, news media or others wish to use artwork created by your child at the academy for use in print, video, internet or other communications methods.

*I give my permission to Victory Academy to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used (both now and in the future) for display or in promotional material in a variety of mediums for the academy or its management company, The Leona Group, and/or in local media coverage of academy events.*

*I acknowledge that subsequent to the date my child ceases to be enrolled at Victory Academy, I may revoke the foregoing grant of permission by providing Victory Academy, with specific written notice of such revocation.*

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Student's Name *(please print)*

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Signature of Parent or Guardian

Date

## MEDICATION

Physicians may find it necessary to prescribe medication to be given during school hours. If your child is taking any medication it must be dropped off at the school office by the parent, accompanied by the primary care physician's written instructions. **A form is available in the main office to have filled out by your primary care physician.**

Such medication must be in its original container and accompanied by the physician's written instructions, containing the following information:

1. Student's name
2. Name of prescribing doctor
3. Name of medication
4. Instructions such as dosage and time to be given

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Medication \_\_\_\_\_ Diagnosis/Purpose of Medication \_\_\_\_\_

Form of Medication  Tablet/Capsule  Liquid  Inhaler  Injection  Nebulizer  Other \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Time \_\_\_\_\_

How is medication to be administered? \_\_\_\_\_

Should the school be aware of any adverse reactions or precautions?

\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

The undersigned parent/guardian authorizes Victory Academy through its administrators and/or staff to administer medication or to supervise the taking of medication by my child.

It is understood that the undersigned parent/guardian shall immediately notify school personnel in writing in the event the prescription shall be discontinued or modified. Refills of the prescription shall be the responsibility of the parent/guardian.

Further, the undersigned shall release and indemnify Victory Academy and its employees from any liability or damage which may result from the administration of said medication as prescribed by the physician.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## IMMUNIZATION

State law prohibits a principal or teacher from admitting new entrants to school without a record of having received at least one dose of each of the following: measles, mumps, rubella, polio, diphtheria, tetanus, pertussis and hepatitis B. Children who have not received the required immunizations will be excluded from school until parents provide proof that all required immunizations have been received or until the school has a waiver on file. To remain in school, parents must provide the school with a record showing that the student has received all of the following immunizations:

### Immunization schedule

Immunization	Ages 4 – 6	Ages 7-18
Diphtheria, Tetanus and Pertussis*	4 doses are required. If a dose was not given on or after the 4 <sup>th</sup> birthday, a booster dose of DTP is required. Most children will have 5 doses.	4 doses are required. If a dose was not given in the last 10 years, a booster dose of Td is required.
Polio	3 doses are required. If the last dose was not given on or after 4 <sup>th</sup> birthday, a booster dose is required. Most children will have 4 doses.	3 doses are required.
Measles, Mumps and Rubella	2 doses are required. The 1 <sup>st</sup> dose must be given on or after the 1 <sup>st</sup> birthday. The 2 <sup>nd</sup> dose must be given at least 28 days from the 1 <sup>st</sup> dose.	2 doses are required. The 1 <sup>st</sup> dose must be given on or after the 1 <sup>st</sup> birthday. The 2 <sup>nd</sup> dose must be given at least 28 days from the 1 <sup>st</sup> dose.
Hepatitis B	3 doses are required. Minimum of 28 days between 1 <sup>st</sup> and 2 <sup>nd</sup> doses; minimum of 56 days between 2 <sup>nd</sup> and 3 <sup>rd</sup> doses; minimum of 4 months between 1 <sup>st</sup> and 3 <sup>rd</sup> doses; and 3 <sup>rd</sup> dose must be administered on or after 24 weeks or 168 days of age.	
Varicella (Chickenpox)**	1 dose required on or after 1 <sup>st</sup> birthday.	1 dose required if received on or after the 1 <sup>st</sup> birthday but prior to the 13 <sup>th</sup> birthday OR 2 doses required, administered at least 28 days apart, if the child received the 1 <sup>st</sup> dose on or after the 13th birthday.

\* Children ages 4-6 must have 4 doses of pertussis. DT is only accepted if a signed waiver is on file for that particular dose of pertussis vaccine.

\*\* Reliable history of chickenpox vaccine is acceptable in lieu of the vaccine

### Student's immunization records

Please complete this table if it is not possible to make copy of Student's Immunization Record. Make two copies, send original to Victory Academy and keep one for your records.

Immunization	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
Diphtheria					
Tetanus					
Pertussis					
Polio					
Measles					
Mumps					
Rubella					
Hepatitis B					
Varicella (Chickenpox)					

### Immunization waiver

A parent or guardian wishing to exempt his/her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. That child will be subject to exclusion from the school or program if an outbreak of a vaccine-preventable disease to which s/he is susceptible occurs.

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should s/he contract a disease that could have been prevented through proper vaccination.

I object to having my child immunized against the diseases I have checked below:

- |                                     |                                    |                                  |                                      |   |
|-------------------------------------|------------------------------------|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Measles | <input type="checkbox"/> Rubella     | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Tetanus    | <input type="checkbox"/> Polio     | <input type="checkbox"/> Mumps   | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Other _____            |

Reason: \_\_\_\_\_

\_\_\_\_\_  
**Student's Name (PLEASE PRINT)**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

## MILITARY CONNECTED STUDENTS

In accordance with the Every Student Succeeds Act (ESSA), schools are required to identify and report if a student is a dependent of a parent or a legal guardian who is a member of the Armed Forces, on active duty. The Armed Forces will include the following: Air Force, Air National Guard, Army, Army National Guard, Coast Guard, Marine Corps, and Navy.

Please check the appropriate box below, provide all appropriate information and sign this document.

	<p><b>Student Name</b> _____ is <b>not</b> a dependent of an active duty member of the Armed Forces (Air Force, Air National Guard, Army, Army National Guard, Coast Guard, Marine Corps, and Navy).</p>
	<p><b>Student Name</b> _____ is a dependent of an active duty member of the Armed Forces (Air Force, Air National Guard, Army, Army National Guard, Coast Guard, Marine Corps, and Navy).  <b>Please provide (print) the name(s) of the active duty parent(s) or guardian(s):</b></p> <p>_____</p> <p>_____</p>

Please inform Victory Academy if the above information changes.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

## INTERNET ACCEPTABLE USE POLICY

Prior to receiving authorization to use the Internet, students and their parents/guardians must sign the following permission and contract document.

### Parents

I give permission for my child to participate in the use of the Internet, a worldwide telecommunications network. I realize that (s)he will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold Victory Academy accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Acceptable Use Policy.

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Student's Name *(please print)*

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Signature of Parent or Guardian

Date

### Students

I will abide by the Internet Acceptable Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for Victory Academy to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate school discipline and/or legal action may be taken.

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Student's Name *(please print)*

Grade

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Signature of Student

Date

## HOME LANGUAGE SURVEY

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

What was the first language your child learned? \_\_\_\_\_

What language does the family speak at home most of the time? \_\_\_\_\_

What language does the parent(s) speak to his/her child most of the time? \_\_\_\_\_

What language does the child speak to his/her parent(s) most of the time? \_\_\_\_\_

What language does the child speak to his/her brother/sister most of the time? \_\_\_\_\_

What language does the child speak to his/her friends most of the time? \_\_\_\_\_

Can an adult family member or extended family member speak English? \_\_\_\_\_

Can they read English? \_\_\_\_\_

What languages, other than English, are spoken in the home? \_\_\_\_\_

Was your child receiving help with English in their previous school? \_\_\_\_\_

Do the parents/guardians request oral and/or written communication from the school in English? \_\_\_\_\_

If no, in what language? \_\_\_\_\_

Comments:

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Signature of Parent or Guardian

Date

## STUDENT RESIDENCY

By completing this questionnaire, you help the school comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the school identify services that the student may be eligible to receive.

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

Parent(s) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

1. Where is the student living now? *(check one box)*

- In a shelter
- In a car
- In a motel or hotel
- In a trailer park or campsite
- With more than one family in a house or apartment
- With friends or family members other than parent or guardian
- None of the above

*If you checked the box marked "None of the above" you do not have to complete the remainder of this form. Please sign below and return a copy of this form to the school office.*

2. Does the living arrangement marked in Question 1 result from a loss of housing or economic hardship?

- Yes  No  Unsure

3. The student lives with:

- 1 parent
- 2 parents
- 1 parent and another adult
- A relative, friend(s) or other adult(s)
- Alone with no adults
- An adult who is not the parent or legal guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**FOR SCHOOL USE ONLY**

- Student not covered by McKinney-Vento Act
- Student covered by McKinney-Vento Act
- Follow-up required

Contact person at the student's school who may know of the family situation:

Name \_\_\_\_\_ Phone number \_\_\_\_\_



## FAMILY FEEDBACK

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Thank you for choosing Victory Academy. We are committed to serving our families in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. Your feedback is very important and your responses will be kept confidential.

How did you hear about Victory Academy?

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Newspaper ad      | <input type="checkbox"/> Radio commercial | <input type="checkbox"/> Flier                         | <input type="checkbox"/> Saw building or sign |
| <input type="checkbox"/> Newspaper article | <input type="checkbox"/> TV commercial    | <input type="checkbox"/> Postcard in mail              | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Website           | <input type="checkbox"/> Billboard        | <input type="checkbox"/> Referral , friend or relative |   |
| <input type="checkbox"/> Re-enrolling      | <input type="checkbox"/> Facebook         | <input type="checkbox"/> Billboard                     |   |

What words would you use to describe why you and your child chose Victory Academy?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Quality education       | <input type="checkbox"/> Safe, secure building | <input type="checkbox"/> Family-oriented                             | <input type="checkbox"/> Curriculum focus     |
| <input type="checkbox"/> Caring staff            | <input type="checkbox"/> Transportation        | <input type="checkbox"/> Good reputation                             | <input type="checkbox"/> Diverse student body |
| <input type="checkbox"/> Small school atmosphere | <input type="checkbox"/> Uniforms              | <input type="checkbox"/> Best option available                       | <input type="checkbox"/> No other choice      |
| <input type="checkbox"/> Close to my home        | <input type="checkbox"/> School leader         | <input type="checkbox"/> Attention given to student and family needs |   |

If you called for information, was the call answered promptly in a friendly and courteous manner?

- Yes
- No, please explain: \_\_\_\_\_

If you requested information via the school Website, was your request answered promptly in a friendly and courteous manner?

- Yes
- No, please explain: \_\_\_\_\_

If you visited the school for information, were you greeted promptly in a friendly and courteous manner?

- Yes
- No, please explain: \_\_\_\_\_

Were all of your questions regarding the school answered to your satisfaction?

- Yes
- No, please explain: \_\_\_\_\_

### Other comments:

Please use this area to share any other comments you have.

## MISSION STATEMENT

The mission of Victory Academy is to engage students, parents and the community in a unified effort to accomplish educational excellence. We will connect the community to the classroom. By embracing diversity in a safe environment, we will help our students recognize their worth and the potential they have to make a positive difference in their own lives and the lives of others.

## ABOUT US

Located in Toledo, Ohio, Victory Academy is a tuition-free public community school serving students in 5th through 8th grade. We believe that cultivating a growth mindset within our students and staff and helping them to recognize their worth and the potential they have to impact the community is imperative to their success and the success of our school. Learners at Victory will know that they belong and are accepted as they are, while they are encouraged to continuously reflect, set goals, and monitor progress in both academic and social emotional development. While we will maintain high standards, we will also provide a high level of support so all are able to flourish. Our scholars will be provided a voice in the school and opportunities to demonstrate leadership and character skills by participating in opportunities within the building and community.

Conveniently located near the University of Toledo, on a multi-acre lot, our community school is now scheduling tours and enrolling students for grades 5-8. We'd love to hear from you about how we can serve the educational needs of your family. Call today, reserve your spot, and help your child inspire connections and create change!

I, \_\_\_\_\_, parent of \_\_\_\_\_  
Parent's Name *(please print)* Student's Name *(please print)*

support the mission and educational goals of Victory Academy.

---

Signature of Parent or Guardian

Date

Victory Academy **of Toledo**

3648 Victory Ave.

Toledo, OH 43607

## EMAIL CONTACT INFORMATION

We understand that sometimes it is more convenient for parents/guardians to be contacted via email. Please PRINT the requested information to reduce clerical errors.

STUDENT(S) NAME:	
PARENT/GUARDIAN (1) NAME:	
PARENT/GUARDIAN (1) EMAIL:	
PARENT GUARDIAN (2) NAME:	
PARENT/GUARDIAN (2) EMAIL:	

This will be for school use only. Contact would be for news bulletins, upcoming events, fees/forms due, reminders and the parent portal.

## CARETAKER AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by sections 3109.65 to 3109.73 of the Ohio Revised Code.

Completion of items 1-7 and the signing and notarization of this affidavit is sufficient to authorize the grandparent signing to exercise care, physical custody, and control of the child who is its subject, including authority to enroll the child in school, to discuss with the school district the child's educational progress, to consent to all school-related matters regarding the child, and to consent to medical, psychological, or dental treatment for the child.

The child named below lives in my home, I am 18 years of age or older, and I am the child's grandparent.

1. Name of Child: \_\_\_\_\_
2. Child's date and year of birth: \_\_\_\_\_
3. Child's social security number (optional): \_\_\_\_\_
4. My name: \_\_\_\_\_
5. My home address: \_\_\_\_\_
6. My date and year of birth: \_\_\_\_\_
7. My Ohio driver's license number or identification card number: \_\_\_\_\_
8. Despite having made reasonable attempts, I am either:
  - (a) Unable to locate or contact the child's parents, or the child's guardian or custodian; or
  - (b) I am unable to locate or contact one of the child's parents and I am not required to contact the other parent because paternity has not been established; or
  - (c) I am unable to locate or contact one of the child's parent and I am not required to contact the other parent because there is a custody order regarding the child and one of the following is the case:
    - (i) The parent has been prohibited from receiving notice of a relocation; or
    - (ii) The parental rights of the parent have been terminated.
9. I hereby certify that this affidavit is not being executed for the purpose of enrolling the child in a school or school district so that the child may participate in the academic or interscholastic athletic programs provided by that school or district.

I understand that this document does not authorize a child support enforcement agency to redirect child support payments. I further understand that to have an existing child support order modified or a new child support order issued administrative or judicial; proceedings must be initiated.

**WARNING: DO NOT SIGN THIS FORM IF ANY OF THE ABOVE STATEMENTS ARE INCORRECT. FALSIFICATION IS A CRIME UNDER SECTION 2921.13 OF THE REVISED CODE, PUNISHABLE BY THE SANCTIONS UNDER CHAPTER 2929. OF THE REVISED CODE, INCLUDING A TERM OF IMPRISONMENT OF UP TO 6 MONTHS, A FINE OF UP TO \$1,000, OR BOTH.**

I declare that the foregoing is true and correct:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Grandparent

State of Ohio)

SS:

County of \_\_\_\_\_,

Subscribed, sworn to, and acknowledged before me this \_\_\_\_\_ day of \_\_\_20\_\_

\_\_\_\_\_  
Notary Public

Notices:

1. The grandparent's signature must be notarized by an Ohio notary public.
2. The grandparent who executed this affidavit must file it with the juvenile court of the county in which the grandparent resides or any other court that has jurisdiction over the child under a previously filed motion or proceeding not later than five days after the date it is executed.
3. This affidavit does not affect the rights of the child's parents, guardian, or custodian regarding the care, physical custody, and control of the child, and does not give the grandparent legal custody of the child.
4. A person or entity that relies on this affidavit, in good faith, has no obligation to make any further inquiry or investigation.
5. This affidavit terminates on the occurrence of whichever of the following occurs first: (1) the child ceases to live with the grandparent who signs this form; (2) the parent, guardian, or custodian of the child acts to negate, reverse, or otherwise disapprove an action or decision of the grandparent who signed this affidavit, and the grandparent either voluntarily returns the child to the physical custody of the parent, guardian, or custodian or fails to file a complaint to seek custody within fourteen days; (3) the affidavit is terminated by court order; (4) the death of the child who is the subject of the affidavit; or (5) the death of the grandparent who executed the affidavit.
6. The decision of a grandparent to consent to or to refuse medical treatment or school enrollment for a child is superseded by a contrary decision of a parent, custodian, **or** guardian of the child, unless the decision of the parent, guardian, or custodian would jeopardize the life, health, or safety of the child.

Additional information:

To caretakers:

1. If the child stops living with you, you are required to notify, in writing, any school, health care provider, or health care insurance provider to which you have given this affidavit. You are also required to notify, in writing, any other person or entity that has an ongoing relationship with you

or the child such that the person or entity would reasonably rely on the affidavit unless notified. The notifications must be made not later than one week after the child stops living with you.

2. If you do not have the information requested in item 7 (Ohio driver's license or identification card), provide another form of identification such as your social security number or medicaid number.
3. You must include with the caretaker authorization affidavit the following information:
  - (a) The child's present address, the addresses of the places where the child has lived within the last five years, and the name and present address of each person with whom the child has lived during that period;
  - (b) Whether you have participated as a party, a witness, or in any other capacity in any other litigation, in this state or any other state, that concerned the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of the same child;
  - (c) Whether you have information of any parenting proceeding concerning the child pending in a court of this or any other state;
  - (d) Whether you know of any person who has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have parenting time rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child;
  - (e) Whether you previously have been convicted of or pleaded guilty to any criminal offense involving any act that resulted in a child's being an abused child or a neglected child or previously have been determined, in a case in which a child has been adjudicated an abused child or a neglected child, to be the perpetrator of the abusive or neglectful act that was the basis of the adjudication.
4. If the child's parent, guardian, or custodian acts to terminate the caretaker authorization affidavit by delivering a written notice of negation, reversal, or disapproval of an action or decision of yours or removes the child from your home and if you believe that the termination or removal is not in the best interest of the child, you may, within fourteen days, file a complaint in the juvenile court to seek custody. You may retain physical custody of the child until the fourteen-day period elapses or, if you :file a complaint, until the court orders otherwise.

To school officials:

1. This affidavit, properly completed and notarized, authorizes the child in question to attend school in the district in which the grandparent who signed this affidavit resides and the grandparent is authorized to provide consent in all school-related matters and to discuss with the school district the child's educational progress. This affidavit does not preclude the parent, guardian, or custodian of the child from having access to all school records pertinent to the child.
2. The school district may require additional reasonable evidence that the grandparent lives at the address provided in item 5 of the affidavit.
3. A school district or school official that reasonably and in good faith relies on this affidavit has no obligation to make any further inquiry or investigation.
4. The act of a parent, guardian, or custodian of the child to negate, reverse, **or** otherwise disapprove an action or decision of the grandparent who signed this affidavit constitutes termination of this affidavit. A parent, guardian, or custodian may negate, reverse, or disapprove a grandparent's

action or decision only by delivering written notice of negation, reversal, or disapproval to the grandparent and the person acting on the grandparent's action or decision in reliance on this affidavit.

To health care providers:

1. A person or entity that acts in good faith reliance on a CARETAKER AUTHORIZATION AFFIDAVIT to provide medical, psychological, or dental treatment, without actual knowledge of facts contrary to those stated in the affidavit, is not subject to criminal liability or to civil liability to any person or entity, and is not subject to professional disciplinary action, solely for such reliance if the applicable portions of the form are completed and the grandparent's signature is notarized.
2. The decision of a grandparent, based on a CARETAKER AUTHORIZATION AFFIDAVIT, shall be honored by a health care facility or practitioner or educational facility or school official unless the health care facility or practitioner or educational facility or official has actual knowledge that a parent, guardian, or custodian of a child has made a contravening decision to consent to or to refuse medical treatment for the child.
3. The act of a parent, guardian, or custodian of the child to negate, reverse, or otherwise disapprove an action or decision of the grandparent who signed this affidavit constitutes termination of this affidavit. A parent, guardian, or custodian may negate, reverse, or disapprove a grandparent's action or decision only by delivering written notice of negation, reversal, or disapproval to the grandparent and the person acting on the grandparent's action or decision in reliance on this affidavit.

**PARENTAL CONSENT TO SHARE INFORMATION AND ACCESS MEDICAID  
THE OHIO MEDICAID SCHOOL PROGRAM**

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*This form will be used for billing purposes if your child is provided with an evaluation and/or services listed in their IEP at no cost to you.*

Academy Name Victory Academy of Toledo

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Before the Academy can submit claim data for Medicaid billing, it must first obtain a signed Parent Consent to Share Information and Access Medicaid form. With this consent, there are:

- No out-of-pocket expenses
- No deductibles or co-pays
- No decrease in lifetime coverage
- No increased premiums

I understand and agree to give permission to the above-name academy to share my child's IEP records in order to bill Medicaid.

I do not give permission to the above-named academy to share by child's IEP records in order to bill Medicaid.

The above-named Academy has the opportunity to receive Federal Medicaid dollars through a program called the Medicaid School Program (MSP). Through this program, school districts can receive Medicaid dollars for services such as **speech, audiology, physical therapy, occupational therapy, nursing, psychology, counseling and social work services**. The district can receive Medicaid funding when a student receives one or more of these services and the student has current Medicaid insurance coverage. In the process of billing Medicaid for these services, certain billing information must be shared with the Ohio Department of Jobs and Family Services. Your consent is voluntary. You are not required to enroll in Medicaid. You have the right under 34 CFR Part 99 and Part 300 to withdraw your consent at any time. Billing Medicaid will not lead to the discontinuation of benefits, or result in your paying for services that would otherwise be covered by Medicaid.

Your child will be provided with an evaluation and/or the services listed in their IEP at no cost to you whether you grant, refuse, or revoke consent.

Parent/Guardian Printed Name \_\_\_\_\_

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

Date Signed \_\_\_\_\_

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For specific questions regarding the Medicaid Parental Consent, please contact Healthcare Billing Services, Inc. at (740) 653-6711 or at TeamHBS@aol.com





Victory Academy of Toledo

**EMERGENCY MEDICAL AUTHORIZATION (please print)**

School: Victory Academy of Toledo Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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 guardians cannot be reached.

Residential Parent/Guardian Mother's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Other's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name of Relative or Childcare Provider \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

*PART I – TO GRANT CONSENT* I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Room Phone \_\_\_\_\_

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 above-named doctor, 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. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

.....  
*PART II – 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 the school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Effective Date: 06-30-1992