



3648 Victory Avenue
Toledo, OH 43607
419 442-8455 Office

Dear Parent or Guardian:

Thank you for enrolling your child(ren) in Victory Academy of Toledo.

As a public charter 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 of Toledo. This packet contains very important documents, including permission forms, special education 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,

Andrea Foote

School Leader

Welcome New and Prospective Families

.... on behalf of Victory Academy of Toledo, we welcome you to our school.

- If you plan to enroll your child, you will need to bring the following items:
 - Birth Certificate
 - Social Security Card
 - Immunization Record
 - Proof of Residency (bank statement, lease agreement, mortgage, rent receipt, utility bill and or voter registration card)
 - Guardianship court papers (if applicable)
 - Special Education Paperwork (if applicable)
 - Unofficial transcript (for last completed grade or report card)
 - Withdrawal from previous school(s)

*please plan on spending approximately 30-45 minutes to register.

- The school calendar will be given at a later date
- Classes fill up quickly, please remember students are enrolled on a first come first served basis. You may enroll at any time.
- Dress Code
 - Polo shirts and khaki, black, or blue pants (no jeans or leggings)
 - Two Victory polos will be provided (additional available for purchase)
 - Shoes- no flip flops, Nike slide or sandals without the heel strap
- Students will be participating in orientation on the first day of school.

If you have any questions or concerns, feel free to contact the academy.

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Student registration

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:

"Victory Academy of Toledo" 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 _____ City of birth _____ Grade _____

Sex M of F (circle one) Birth date ___/___/___ Social security # _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

District in which parent of guardian lives _____

PREVIOUS SCHOOL INFORMATION

Name of last school attended _____ Telephone number _____

Dates attended ___/___/___ - ___/___/___

FAMILY INFORMATION

	Last name	First name	Employer	English proficient	Other language spoken and/or read	Daytime phone	Evening phone
Father							
Mother							
Step-parent							
Guardian							
Guardian							

Student lives with	Check 1	Information on other children in home		
		Name of other children in the home	Birth date	Grade
Parents	<input type="checkbox"/>			
Father & Stepmother	<input type="checkbox"/>			
Mother & Stepfather	<input type="checkbox"/>			
Mother only	<input type="checkbox"/>			
Father only	<input type="checkbox"/>			
Guardians	<input type="checkbox"/>			
Court appointed guardians	<input type="checkbox"/>			
Foster parents	<input type="checkbox"/>			

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

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

Language spoken in home? _____ Is child proficient in English? Yes or No Other language child speaks and/or reads _____

Signature of Parent/Guardian _____ Date enrolled _____

FOR SCHOOL USE ONLY

Date enrolled ___/___/___ Date records request ___/___/___ Date records received ___/___/___ Student ID # _____ Homeroom teacher _____

U.S. Citizen 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

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Emergency procedure card

EMERGENCY PROCEDURE CARD

Date of admission	Date of release	Grade
Child's name (first/middle/last)	Child's date of birth	Home phone number
Child's address (house #, street, apartment #)		
Residency Information		
Student lives with (circle one) parents, mother, father, stepmother, stepfather, other (list) _____		
Father's/legal guardian's name		
Home address (if not child's address)		
Employer Name & Address		
Employer phone number		
Hours of employment		
Mother's/legal guardian's name		
Home address (if not child's address)		
Employer Name & Address		
Employer phone number		
Hours of employment		
CONTACT INSTRUCTIONS * please indicate who we should call in case of an emergency other than a parent		
1 st choice first & last name		
1 st choice daytime phone number		
1 st choice alternate phone number		
2 nd choice first & last name		
2 nd choice daytime phone number		
2 nd choice alternate phone number		

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Emergency procedure card

Doctor name and phone number
Please indicate whom we should contact in case of early dismissal other than parent
1 st choice first & last name
1 st choice daytime phone number
1 st choice alternate phone number
2 nd choice first & last name
2 nd choice daytime phone number
2 nd choice alternate phone number
Are there any restrictions on your child's activities at school? <input type="checkbox"/> Yes or <input type="checkbox"/> No (explain if yes)
Is there any medical information/concern you would like to share with the school which might help better serve your child? (info 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
<input type="checkbox"/> I give permission to the school to secure emergency medical and or surgical treatment for the above named minor child while in its care.
<input type="checkbox"/> I do not give permission to the school to secure emergency medical and or surgical treatment for the above named minor child while in its care.
Hospital preferred in case of emergency
Hospital phone number
Health insurance policy name and number
Allergies:
Signature of Parent or Guardian
Date

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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 of Toledo.

- The undersigned affirms that my child has not been suspended or expelled from any school.
- The undersigned affirms that my child has been suspended or expelled from any 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).

Signature of Parent or Guardian

Date

Signature of School Staff Member

Date copy sent for verification

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Affirmation of prior discipline record

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 by the parent/student is not correct. Appropriate documentation of suspension and or expulsion is attached.

_____ Date _____

Signature and title of sending district administrator

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Release of student records

REQUEST OF RELEASE OF STUDENT RECORDS

Please forward the transcripts of _____, born ___/___/___ who enrolled in grade _____ at Victory Academy of Toledo on ___/___/___.

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 has 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 of Toledo

Send records to:

Victory Academy of Toledo
3648 Victory Avenue Toledo, OH 43607
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Parents

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

Name and address school last attended:

School name: _____ Address: _____ City: _____

Sate: _____ Zip _____ Phone: _____

_____, Date _____

Signature of parent or guardian

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Special education records request

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.

Students name: _____ Grade _____ Date of birth ___/___/___

Parents name _____ Phone number _____

Address _____ City _____ State _____ Zip _____

Previous District Attended _____ School Building _____

Address _____ City _____ State _____ Zip _____

Phone _____

Disability _____

District Contact Person _____ Phone _____

Date of last Individual Education Plan _____ (attach a copy)

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

I grant permission for Victory Academy of Toledo to receive special education records for my child _____ from _____ school district.

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 ___/___/___

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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 of Toledo 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 our 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.

_____, Date _____

Signature of parent or guardian

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.

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Ohio Medicaid School Program

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

Academy name: _____

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 copays
- No decrease in lifetime coverage
- No increased premiums

I understand and agree to give permission to the above named 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 my 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 3 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 where you grant, refuse, or revoke consent.

Parent/guardian printed name: _____

Parent/guardian signature: _____, Date _____

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

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Transportation Form

[Please reference the next page for the Transportation Request & Emergency Contact Form for Charter Schools through Toledo Public Schools.](#)

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National school lunch program

NATIONAL SCHOOL LUNCH PROGRAM NOTIFICATION

Victory Academy of Toledo participates in the National School Lunch Program (NSLP). The NSLP 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 this school year, please request the appropriate paperwork from the Victory Academy of Toledo office.

FOR SCHOOL USE ONLY

Date of follow-up contact with parent to complete paperwork ___/___/___ (if registration packet completed prior to July 1 of the given year)

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Armed Forces

In accordance with the Every Student Succeeds Act (ESSA), schools are required to identify and report if a student is 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.

Student name: _____ is not a dependent of an active duty member of the Armed Forces (Air Force, Air National Guard, Army, Army National Guard, Coast Guard, Marine Corps or Navy).

Student name: _____ 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 or Navy).

Please provide the names of the active duty parents or guardians.

Please inform Victory Academy of Toledo if the above information changes.

_____, Date _____

Signature of Parent or Guardian

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	Ages 4-6	Ages 7-18
Diphtheria, Tetanus, Pertussis	4 doses are required. If a dose was not given on or after the 4 th birthday, a boost 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 the 4 th birthday, a booster dose is required. Most children will have 4 doses.	3 doses are required.
Measles, Mumps, Rubella	2 doses are required. The 1 st dose must be given on or after the 4 th birthday. The 2 nd dose must be given at least 28 days from the 1 st dose.	2 doses are required. The 1 st dose must be given on or after the 1 st birthday. The 2 nd dose must be given at least 28 days from the 1 st dose.
Hepatitis B	3 doses are required. Minimum of 28 days between the 1 st and 2 nd doses; minimum of 56 days between the 2 nd and 3 rd doses; minimum of 4 months between the 1 st and 3 rd doses; and 3 rd dose must be administered on or after 24 weeks or 168 days of age.	
Varicella (chickenpox)	1 dose required on or after 1 st birthday.	1 dose required if received on or after 1 st birthday but prior to the 13 th birthday or 2 doses required, administered at least 28 days apart, if the child received the 1 st dose on or after the 13 th 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.

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STUDENT’S IMMUNIZATION RECORDS

Please complete this table if it is not possible to make a copy of the student’s immunization record. Make two copies and send the original to the 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:

- Diphtheria Pertussis Measles Rubella Varicella (chickenpox)
 Tetanus Polio Mumps Hepatitis B Other _____

Reason: _____

Student’s Name (please print) _____

Signature of Parent or Guardian _____ Date _____

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MEDICATION

Physician's 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 _____

How is medication to be administered? _____

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

Home phone: _____ Emergency phone: _____ Doctor's name & phone _____

The undersigned parent/guardian authorizes Victory Academy of Toledo 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.

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

_____, Date _____

Parent and or Guardian Signature

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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 the 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.

Student's Name (please print)

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 of Toledo 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.

Student's Name (please print)

Signature of Student

Date

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Media release

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 of Toledo for use in print, video, Internet or other communications methods. I give my permission to Victory Academy of Toledo 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 of Toledo 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 of Toledo 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 of Toledo, I may revoke the foregoing grant of permission by providing Victory Academy of Toledo, with specific written notice of such revocation.

Student's Name

Signature of Parent or Guardian

Date

STUDENT RESIDENCY

By completing this questionnaire, you help the school comply with the McKinney-Vento Act, Title IX, 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 _____ State _____ 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 the parent or guardian None of the above

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

- Yes No Unsure

3. The student lives with:

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

Signature of Parent or Guardian Date

<p>FOR SCHOOL USE ONLY</p> <p><input type="checkbox"/> Student not covered by McKinney-Vento Act <input type="checkbox"/> Student covered by McKinney-Vento Act <input type="checkbox"/> Follow-up required</p> <p>Contact person at the student's school who may know of the family situation:</p> <p>Name _____ Phone number _____</p>

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Home Language Survey

HOME LANGUAGE SURVEY

Student's Name _____ Grade _____ Date of Birth ____/____/____

Parent's Name(s) _____ Phone Number _____

Parent's Name(s) _____ Phone Number _____

What was the first language your child learned? _____

What language is spoken most often by your child? _____

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

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

Comments:

Signature of Parent or Guardian

Date

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Notification System

NOTIFICATION SYSTEM

Student name _____

We currently utilize an automated messaging system to notify parents, students and staff members of important information.

This is used to notify you of school closings, emergencies and any other important notifications.

Please keep the school updated with current phone numbers and emergency phone numbers.

Student cell phone number: _____

Parent home phone number: _____

Parent cell phone number: _____

Other cell phone number: _____

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FERPA

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Victory Academy of Toledo, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Victory Academy of Toledo 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 of Toledo 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 of Toledo to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing.

Victory Academy of Toledo has designated the following information as directory information:

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

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FERPA

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

Victory Academy of Toledo 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.

If you do not want your student's information released to armed forces recruiters, please complete the following portion of this form.

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

FAMILY FEEDBACK

Date ____/____/____

Thank you for choosing Victory Academy of Toledo 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 of Toledo?

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Quality education | <input type="checkbox"/> Safe and 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) _____

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Family feedback

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)
