

QUEST ACADEMY STUDENT REGISTRATION PACKET



Welcome to Quest Academy! We are thrilled to have you join us. To complete the enrollment of your children, the forms included in this registration packet need to be completed and returned to the school office or mailed to:

Quest Academy
4862 West 4000 South
West Haven, UT 84401

Please review each form carefully and make sure all requested information and signatures are included. If paperwork for your children is not received, it will be assumed you are waiving your spot and this spot will go to the next available child on the lottery list.

Forms included in this packet to be returned:

1. Student Information Form 2010-2011 including the Field Trips Authorization Form and the USIIS Vaccine Information-Sharing Authorization Form
2. Acknowledgment of Special Notices, including the FERPA Authorization Form.
3. Declaration of Household Income Form (*return only if necessary*)
4. Vision Screening Authorization Form (*Kindergarten only*)
5. Carpool Information Form (*return only if necessary*)
6. Request to Transfer Records to Quest Academy
7. **Kindergarten Only:** Physician's Report. You may use our form, or the physician's form.

Other information to bring:

1. A copy of your child's original birth certificate
2. Your yellow immunization card from the State of Utah, or other proof of immunizations (Please Note: Your child must have the second Hepatitis A shot given at least six months after the first—please plan ahead!)
3. A photocopy of **IEP** for Special Education students or a **Section 504** Plan, if applicable.
4. **A child under seven years of age entering school for the first time in Utah** must present a certificate signed by a licensed physician, optometrist, or other licensed health professional, stating that your child has received vision screening to determine the presence of amblyopia or other visual defects.

We have also included a school fees notice, which is for your information only and need not be returned.

Once again, thank you for choosing the Quest Academy. If you have any questions, please contact info@questacademycharter.org.

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Quest Academy
STUDENT REGISTRATION FORM

Child's Legal Last Name _____ Legal First Name: _____ Legal Middle: _____

Name: _____
(Please use the name on the child's birth certificate for legal records)

Preferred first and/or last name (if different than legal) _____ Birth Date: _____ Gender M F

Ethnicity:
Hispanic or Latino
Not Hispanic or Latino

Race:
American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Islander
White

School Attended: _____ District: _____ State: _____

Home Address: _____

City State Zip

Mailing Address: _____

City State Zip

Child's Home Phone: (801) _____

Grade as of Fall 2009: _____ If Kindergarten, do you have a Morning or Afternoon Preference?

If born outside of the United States, which Country?: _____ Date Entered U.S. _____

Father's Name: _____ Lives with Student? Y N

Home Address (If different): _____

City State Zip

Mailing Address (If different): _____

City State Zip

Work Phone: _____ Cell Phone: _____

E-Mail: _____

Mother's Name: _____ Lives with Student? Y N

Home Address (If different): _____

City State Zip

Mailing Address (If different): _____

City State Zip

Work Phone: _____ Cell Phone: _____

E-Mail: _____

Name of Guardian or Emergency Contact #1: _____ Lives with Student? Y N

Relationship: _____

Home Address (If different): _____

City State Zip

Mailing Address (If different): _____

City State Zip

Work Phone: _____ Cell Phone: _____ E-Mail: _____

Name of Guardian or Emergency Contact #2: _____ Lives with Student? Y N

Relationship: _____

Home Address (If different): _____

City State Zip

Mailing Address (If different): _____

City State Zip

Work Phone: _____ Cell Phone: _____ E-Mail: _____

Do you grant permission to release the student to the person(s) named above? Yes No

Signature:

HEALTH INFORMATION (This section is optional.):

Name of Family Physician and/or Clinic: _____ Phone _____

Address: _____ City: _____

OTHER INFORMATION: (Completing this section is strongly recommended.)

(Please contact either the school secretary or the principal in writing or by e-mail to give any additional information.)

- Does your child wear **glasses or contacts** or have other vision requirements? Y N
- Does your child have a **hearing aid** or require other hearing assistance? Y N
- Does your child have any **medications** that should be taken while at school? Y N
- Does your child have **physical problems** that may require assistance from the school? Y N
- Does your child have a current (or previous) **Individualized Educational Plan (IEP)**? Y N

Other Items the School may need to be aware of: _____

In case of ACCIDENT OR SERIOUS ILLNESS, I request the school to take whatever action seems appropriate. If the school is unable to reach me, or the emergency contact persons, I hereby authorize the school to call our physician or dentist and follow his/her instructions. If it is impossible to contact the physician, the school administration may make whatever arrangements they deem necessary.

Parent or Guardian Signature: _____ **Date:** / /

HOMELESS? (Please mark any of the following that may apply.)

- _____ 1. Lacks a fixed or regular residence.
- _____ 2. Lacks adequate residence. Is out of necessity temporarily living in a residence that lacks indoor plumbing, electricity, heat, etc.
- _____ 3. Has a primary nighttime residence in a supervised publicly or privately operated shelter designed to provide temporary or emergency living accommodations (including a congregate shelter, welfare, hotel, domestic violence shelter, and transitional institution for individuals with mental illness).
- _____ 4. Has a primary nighttime residence that is a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human being (including campgrounds, vacant buildings, cars, garage, etc.) All referred to as "unsheltered."
- _____ 5. Children and youth living in "double up" accommodations due to a loss of housing or other similar situation. (Families living in doubled-up housing accommodations voluntarily to save money should not be considered homeless.

HOME LANGUAGE SURVEY INFORMATION: (Please Exclude Languages Learned in School.)

What was the first language the student learned to speak? _____

What is the language spoken most often by the student? _____

What is the language spoken most often in your home? _____

I certify that I am the legal guardian or custodial parent of this student. I agree to notify the school in writing of any changes in the registration information.

Parent or Guardian Signature: _____ **Date:** / /

Note: Quest Academy is requesting this information to better serve the needs of our students under the authority of PL 94-142, Title IV of the Civil Rights Law and State Administrative Rule R227-716 (1 to 5). This information will be handled confidentially and will be used only for purposes noted in the law or rule. This information will not subject you to unfair or discriminatory treatment.

FIELD TRIPS:

I give my permission for my child to go on supervised field trips: NOTE: Parent(s) will still be notified each time a field trip is planned.

Parent or Guardian Signature: _____ **Date:** / /

USIIS VACCINE INFORMATION: SHARING AUTHORIZATION FORM

Utah 53A-11-301 requires documentation of immunizations for school attendance. The Utah Department of Health maintains a voluntary, confidential record system to assist parents/guardians, health care providers, and schools in documenting your child's immunizations. This record system is called the Utah Statewide Immunization Information System (USIIS). Allowing your child's school to share your child's immunization history with USIIS will aid you, your child's health care provider, and the school to determine which immunizations your child has received and which may still be needed.

- I **give** my permission for the school to exchange my child's/legal dependent's immunization information with USIIS.
- I **do not give** my permission for the school to exchange my child's/legal dependent's immunization information with USIIS.

Parent or Guardian Signature: _____ **Date:** / /



ACKNOWLEDGMENT OF SPECIAL NOTICES

Accommodations for Students with Disabilities

In compliance with Section 504 of the Rehabilitation Act ("504") and the Americans with Disabilities Act (ADA), Quest Academy will provide reasonable accommodations to qualified individuals with disabilities. Students, parents or employees needing accommodations should contact their school ADA/504 Coordinator. In compliance with the Equal Education Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is Quest Academy's policy to provide alternative language services to limited English Proficient (LEP) students so that students with language barriers have a meaningful opportunity to participate in Quest Academy's educational programs. Quest Academy provides English as a Second Language (ESL) instructions and other effective services to students who are identified as LEP by means of a thorough evaluation process. Parents or guardians who want to request alternative language services for their child should contact Quest Academy.

Equal Educational and Employment Opportunity

It is the policy of Quest Academy to provide equal educational and employment opportunity for all individuals. Therefore, Quest Academy prohibits all discrimination on the basis of race, color, religion, sex, age, national origin, disability, or veteran status. This policy extends to all aspects of Quest Academy educational programs, as well as to the use of all Quest Academy facilities, and participation in all school sponsored activities.

Civil Rights Grievance Procedure

Complaints of discrimination should be filed with the individual's principal or supervisor and/or with the school Compliance Officer/EEO Coordinator according to the provisions of the School Civil Rights Grievance Procedure, copies of which are at Quest Academy. If the complaint is against the principal or supervisor, the complaint may be filed directly with the Compliance Officer/EEO Coordinator. The Compliance Officer/EEO Coordinator, who has been designated to monitor and coordinate Quest Academy's compliance with Title IX, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and all other applicable State and Federal civil rights laws, may be reached at the following address:

Academica West
Attn: Emily Coon
352 N. Flint St.
Kaysville, UT 84037

Complaints of discrimination should be reported as soon as possible, but no later than 90 days after the incident(s) in order to be effectively investigated and resolved.

FERPA Authorization

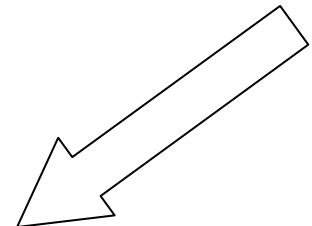
The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Quest Academy, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Quest Academy may disclose appropriately designated "directory information" without written consent, unless you have advised Quest Academy to the contrary in accordance with Quest Academy procedures. The primary purpose of directory information is to allow Quest 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
- ❖ 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 Quest Academy TO DISCLOSE DIRECTORY INFORMATION FROM YOUR CHILD'S EDUCATION RECORDS WITHOUT YOUR PRIOR WRITTEN CONSENT, YOU MUST CHECK THE CORRESPONDING ITEMS LISTED BELOW. Quest Academy has designated the following information as directory information:

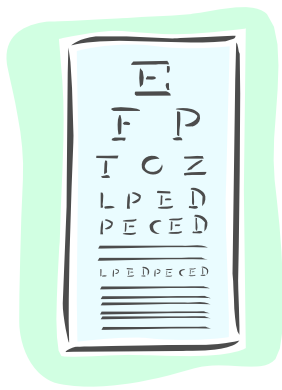
- ___ Student's name
- ___ Participation in officially recognized activities and sports
- ___ Address
- ___ Telephone listing
- ___ Electronic mail address
- ___ Photograph
- ___ Honors and awards received
- ___ Grade level



I have read and understand the foregoing special notices.

Parent/Guardian Signature: _____ Date: _____

VISION SCREENING PERMISSION FORM



Vision screenings to screen your child for visual problems such as Amblyopia (lazy eye) will be conducted throughout their school years and is required by Utah State Law (see reverse side) for their school to perform for all preschoolers and kindergarteners in their school.

Utah State law requires all children entering kindergarten must provide proof they had a vision screening within a year prior to enrollment.

Many pediatricians and Head Starts provide this proof as they conduct vision screenings at their locations and during medical physicals. It is each child's parent or guardian's responsibility to comply with the law to provide this proof of a vision screening. This proof is needed along with their immunizations records.



Please be sure your child brings their eye glasses on the day of the vision screening at their school if they wear glasses. Children's eyes can change in as short of time as 6 months and there may be a need to see their eye doctor for a possible change in the prescription.

If children cannot see the blackboard, they cannot learn.

Children often do not complain of poor vision whereas they may have seen everything in the same manner for years and are not aware the world doesn't look the way they see it. Amblyopia is a common, but not always obvious, eye defect which must be identified before the age of seven for the most effective treatment. If not treated early, permanent visual loss may occur. It is often correctable, if treated promptly.

Please complete the following portion and return to your child's school.

I DO give permission

I DO NOT give permission

for my child, _____
(Please PRINT child's full name)

to receive vision screening consistent with the requirements of Utah Law. I understand that the results of the vision screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and health care professionals working with the schools to provide appropriate follow-up services for my child.

Signature of Parent or Legal Guardian

Date

Current Utah Statutory Codes (regarding vision screening)

53A-11-201. Rules for examinations prescribed by Department of Health -- Notification of impairment.

(1) (a) Each local school board shall implement rules as prescribed by the Department of Health for vision, dental, abnormal spinal curvature, and hearing examinations of students attending the district's schools.

(b) Under guidelines of the Department of Health, qualified health professionals shall provide instructions, equipment, and materials for conducting the examinations.

(c) The rules shall include exemption provisions for students whose parents or guardians contend the examinations violate their personal beliefs.

(2) The school shall notify, in writing, a student's parent or guardian of any impairment disclosed by the examinations.

53A-11-203. Vision screening.

(1) A child under seven years of age entering school for the first time in this state must present the following to the school:

(a) a certificate signed by a licensed physician, optometrist, or other licensed health professional approved by the division, stating that the child has received vision screening to determine the presence of Amblyopia or other visual defects. As used in this section, "division" means the Division of Services for the Blind and Visually Impaired, State Office of Education; or

(b) a written statement signed by at least one parent or legal guardian of the child that the screening violates the personal beliefs of the parent or legal guardian.

(2) The division shall provide vision screening report forms to persons approved by the division to conduct the screening.

(3) Each school district may conduct free vision screening clinics for children aged 3-1/2 to seven.

(4) The division shall maintain a central register of children, aged 3-1/2 to seven, who fail vision screening and who are referred for follow-up treatment. The register shall include the name of the child, age or birth date, address, cause for referral, and follow-up results. Each school district shall report referral follow-up results to the division.

(5) The division shall coordinate and supervise the training of persons who serve as vision screeners.

(6) A licensed health professional providing vision care to private patients may not participate as a screener in free vision screening programs provided by school districts.

(7) The Department of Health shall, by rule, set standards and procedures for vision screening required by this chapter, and shall provide the division with copies of rules, standards, instructions, and test charts necessary for conducting vision screening.

(8) The division shall supervise screening, referral, and follow-up required by this chapter.

[BACK OF CAR POOL AND RECORDS TRANSFER PAGE]

(PLEASE DETACH AND KEEP THIS COPY)

SCHOOL FEES NOTICE FOR FAMILIES OF CHILDREN IN KINDERGARTEN THROUGH SIXTH GRADES

[IF YOU NEED HELP IN UNDERSTANDING THIS LETTER, CALL THE SCHOOL AT (801) 731-9859.]

The Utah Constitution prohibits the charging of fees in elementary schools That means that if your child is in kindergarten through grade six (even though the grade may be part of a middle school), you cannot be charged for textbooks, classroom equipment or supplies, musical instruments, field trips, assemblies, snacks (other than food provided through the School Lunch Program), or for anything else that takes place or is used during the regular school day..

If you wish to purchase school pictures, yearbooks, or similar items through the school, those costs are not fees and will not be waived. Also, if your student loses or damages school property, the costs of replacement or repair are not fees and need not be waived.

Federal law permits schools to charge for food or milk provided as part of the School Lunch Program. If you cannot afford to pay, you may be eligible for free or reduced price meals or milk. Your school will give you information about applying for free or reduced price meals and milk. **All information which you provide in your application will be kept confidential.**

State law and State Board of Education rules **do not permit schools to charge fees for anything that takes place during the regular school day!** Fees may only be charged for programs offered before or after school, or during school vacations. *If your family's assets do not exceed the statewide fee waiver asset limits and your child is eligible for free school lunch or receives SSI payments, or if you are receiving AFDC or if the child was placed in your home by the government as a foster child, the school must waive the fees.* A school administrator may require your family to complete a *Statewide Fee Waiver Assets Questionnaire* even if you satisfy the income eligibility guidelines for fee waivers. The conclusion of this asset test may determine your student's eligibility for fee waivers. If you are having a financial emergency caused by job loss, major illness, or other substantial loss of income beyond your control, you **might** be eligible for a waiver even if other eligibility criteria are not met. **If your local school board allows your school to charge fees, a Fee Waiver Application (Grades K-6) and, if required by your district, a Statewide Fee Waiver Assets Questionnaire, are enclosed.** Your school will give you additional information about fee waivers if you ask.

School funds are limited, and your school may need help. As a result, **the school may ask you for tax deductible donations of school supplies, equipment, or money**, but the school **cannot require donations** or tell anyone else the names of those who have or have not made donations (except that the school may honor those who make major donations). **No child may be penalized for not making a donation.** For example, if donations are used to pay for a field trip, every child must be allowed to go on the trip even though some may not have made a donation.

2005 legislation, H.B. 183, requires schools or school districts to require DOCUMENTATION of fee waiver eligibility if parent must "apply for fee waivers." Local boards will have policies and/or guidelines for determining eligibility for fee waivers.

School district administrators shall request documentation of fee waiver eligibility from those who apply for fee waivers if fees or charges are required for non-regular school day activities, such as after-school music or foreign language programs or Friday ski programs.

Fee waiver eligibility documentation is NOT required annually. Also, documentation shall NOT be maintained for family privacy reasons. Schools may transfer fee waiver eligibility information to other schools to which students advance or transfer.

If you have questions, first talk to your school representative 302-5988. If you still need help, contact one of these other agencies listed:

Utah Legal Services, Inc.
254 West 400 South
2nd Floor
Salt Lake City, Utah 84101
328-8891 (Salt Lake Area)
or 1-800-662-4245 (other areas)

Utah Issues Information Program, Inc.
330 West 500 South
Salt Lake City, Utah 84101
521-2035 (Salt Lake area)
or 1-800-331-5627 (other areas)

Utah State Office of Education
250 East 500 South
P.O. Box 144200
Salt Lake City, Utah 84114-4200
801-538-7830

FEE WAIVER POLICY

PURPOSE

The purpose of a Fee Schedule and a Fee Waiver is to provide educational opportunities for all students. This allows the school to establish a reasonable system of fees, while prohibiting practices that would exclude those unable to pay from participation in school-sponsored activities.

We must abide by the State Board of Education rules which direct the Board of Education to implement a policy regarding student fees. The rule is authorized under Article X, Sections 2 and 3 of the Utah Constitution which vests general control and supervision of the public education system in the State Board of Education and provides that elementary and secondary schools shall be free except that fees may be imposed in secondary schools as authorized by the Legislature. State Law also allows schools to establish money collection and handling procedures.

POLICY

Under the direction of the Board of Trustees, the principal is authorized to administer this policy and to do so fairly, objectively, without delay, avoiding stigma and unreasonable burdens on students or parents/ guardians.

If at anytime in the future this policy is in conflict with state law the Board recognizes that state law prevails.

CLASSES AND ACTIVITIES DURING THE REGULAR SCHOOL DAY

No fee may be charged in kindergarten through sixth grades for materials, textbooks, supplies, or for any class or activity, including assemblies and field trips.

SCHOOL ACTIVITIES OUTSIDE OF THE REGULAR SCHOOL DAY

Fees may be charged, subject to the Board approving a fee schedule in connection with any school-sponsored activity which does not take place during the regular school day, regardless of the age or grade level of the student, if participation is voluntary and does not affect a student's grade or ability to participate fully in any course taught during the regular school day. Such fees are subject to the fee waiver requirement. Quest Academy currently does not offer any school-sponsored activities outside of the regular school day. If the school chooses to offer school-sponsored activities outside of the regular school day, a fee schedule will be approved by the Board.

GENERAL PROVISIONS

No fee may be charged or assessed in connection with any class or school-sponsored or supported activity, including extracurricular activities, unless the fee has been set and approved by the Board of Trustees and distributed in an approved fee schedule.

In accordance with Utah Code Ann. § 53A-11-806, any school whose property has been lost or willfully cut, defaced, or otherwise injured may withhold the issuance of official written grade reports, diploma, and transcripts of the student responsible for the damage or loss until the student or the student's parent or guardian has paid for the damages.

- A. Students shall be given notice and an opportunity to pay fines prior to withholding issuance of official written grade reports, diplomas and transcripts.
- B. If the student and the student's parent or guardian are unable to pay for damages or if it is determined by the school in consultation with the student's parents that the student's interests would not be served if the parents were to pay for the damages, then, the school may provide for a program of voluntary work for the student in lieu of the payment.
- C. A general breakage fee levied against all students in a class or school is not permitted. A student may not be excluded from school or withhold unofficial transcripts to obtain payment of school fees or fines.

Donations or contributions may be solicited and accepted, but all such requests must clearly state that donations and contributions are voluntary. A donation is a fee if a student must make a donation in order to participate in an activity. No student may be excluded from an activity or program because they did not make a donation.

In the collection of school fees, the school must comply with statutes and State Tax Commission rules regarding the collection of state sales tax.

ITEMS NOT SUBJECT TO WAIVERS

The requirements of fee waiver and availability of other provisions in lieu of fee waiver do not apply to charges assessed pursuant to a student's damaging or losing school property. The school shall pursue reasonable methods for obtaining payment for such charges, including withholding official grade reports, diplomas, and transcripts as indicated in this policy.

Charges for yearbooks, picture books, and similar articles not required for participation in a class or activity are not fees and are not subject to the waiver requirements.

AVAILABLE REFERENCES

Article X § 2-3, Utah State Constitution

Quest Academy Physicians Report

Kindergarten Students Name: _____

Grade: _____ Birthdate: _____ Gender: M F

To the Physician: Please use this form in reporting the medical examination requested above.

To the Parent: Medical examinations are recommended prior to enrollment in Kindergarten.

Take this form with you to your physician. Return the completed form to school at the time of registration.

Vision Screening prior to kindergarten entry is required by law.

Height:	Weight: _____ lbs.	Vision Right: _____ Left: _____
Height Percentile: _____ %	Weight Percentile: _____ %	Vision Correction? Y N

Check Each Item:

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Skin			Chest/Lungs			Neurologic		
Head			Heart			Gross Motor		
Eyes			Abdomen			Fine Motor		
Ears			Genitalia			Nutrition		
Nose			Orthopedic			Blood Pressure		
Throat			Extremities			Pulse		
Neck			Back					

Immunizations: (MM/DD/YYYY)

*** A printout from USHS is acceptable.

Vaccine	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis						
Haemophilus Influenza B						
Polio						
Measles, Mumps, Rubella						
Hepatitis B						
Hepatitis A						
Varicella						

Personal, Medical, and Religious Exemption forms are available at the Health Department.

Medical exemption forms must be completed by a medical doctor.

To the Physician: Please add any pertinent medical information that requires care at school.

Well Child: _____ Other: _____ (if other explain)

Physician's Signature: _____ Date: _____