

*Technological College Preparatory
World Academy*

6000 Ridge Avenue ★ Cincinnati, OH 45213 ★ Tel: 513.531.9500 ★ Fax: 513.531.2406
Superintendent and Principal ★ Karen Y. French

August 2016 – June 2017 (SY2016-2017)

Thank you for contacting the office at *Technological College Preparatory (T.C.P.) World Academy*.

Enclosed you will find the **Admission Application Packet** that you requested. Please complete the application in its entirety and return it to the school office along with the necessary documents, which are listed below, for faster processing. All verification documents are required at the time of application submission.

Please be sure to include a copy of the following documents when the **completed Application for Admission** is returned:

- ☐ **Birth Certificate**
- ☐ **Social Security Card**
- ☐ **Immunization Record**
- ☐ **Proof of Residency** (example: phone bill, utility bill, lease/rental agreement, etc)
- ☐ **Proof of Income** (If you are applying for the Free/Reduced Priced Meals Program)
- ☐ **Most Recent Report Card** (1st-6th Grades)
- ☐ **Standardized Testing Reports**
- ☐ **Custody Documents** (if applicable)

Completion of the application process **DOES NOT ENSURE** that your child has been accepted, and will attend *T.C.P. World Academy*. Once classes are full, your child will be placed on the waiting list. Parents of potential students will be called when a space becomes available in the appropriate grade for your child; therefore it is important that your contact information is current.

Should you have any questions or need additional information, feel free to contact the office any week day between the hours of 8:30 a.m. and 4:30 p.m.

Thank you for your interest in T.C.P. World Academy.

☆ CHARTER/COMMUNITY SCHOOL ☆

STUDENT INFORMATION

School Name **T. C. P. World Academy**

School Year **2015/2016**

Today's Date ①

School Code **985**

____/____/____

School Use Only

Enroll on Date ____/____/____

From School _____

Withdraw on Date ____/____/____

To School _____

Modify Student Data as of ____/____/____

Submitted by (print) _____ Signed _____

Student

Please provide legal names.

(CPS Use)

Student ID

--	--	--	--	--	--	--	--	--	--

Last Name _____

First Name _____

Middle Name _____

Entering Grade Level _____

Gender (Check One) ☐ Male ☐ Female

Resident Address _____

Apartment _____

City _____

State _____

Zip Code _____

Phone Number _____ Unl: ☐ No ☐ Yes

Birthdate(mm/dd/yyyy) ____/____/____

Birth Document Source _____

Social Security Number ____ - ____ - ____ (if issued)

Race/Ethnic Code ☐ Black ☐ White ☐ Hispanic

(Check One) ☐ Asian/Pacific Islander ☐ Multi-Racial

☐ Native American

Birthplace (City,St) _____

Birthplace (Country) _____

Nationality _____

Nickname (If Any) _____

Parent/Guardian _____

Parent/Guardian Resident District if not CPS

Emergency Contacts

Name _____

Relation _____

Phone _____

Alt/Cell Ph _____

Name _____

Relation _____

Phone _____

Alt/Cell Ph _____

Home Language: What was this student's first language? (i. e. native language) _____

What language does this student most frequently speak? _____

What language is most often spoken by adults at home? _____

Withdrawal Authorization

Parent signature authorizes the Student Information Systems Department, Cincinnati Public Schools to withdraw this student from their current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

Parent/Guardian Signature _____

Date _____

CHARTER/COMMUNITY SCHOOL STUDENT REGISTRATION INFORMATION

Today's Date

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Use additional pages as necessary.

Student Name

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorce or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
Zip Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Alt/Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorce or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
Zip Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Alt/Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorce or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
Zip Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Alt/Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

(*) If different from student's address

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.



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AUTHORIZATION FOR STUDENT RELEASE

[TO BE COMPLETED BY RESIDENTIAL PARENT OR GUARDIAN]

(PLEASE PRINT)

Student Name _____ Grade _____ Teacher Name _____

Street Address _____ Building/Apt No./Floor _____

City/State/Zip Code _____ Home Phone () _____

Parent/Guardian Name _____ Day Phone () _____ Alternate () _____ ☐ Mother ☐ Guardian

Parent/Guardian Name _____ Day Phone () _____ Alternate () _____ ☐ Father ☐ Guardian

Please list below other T.C.P. students residing in your household:

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

I authorize the following person(s) to pick up my child/ren from T.C.P. World Academy on occasions when I am unable to do so:

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

This authorization is effective as of (date) _____ and I/we understand that it will remain in effect until I/we otherwise notify the school in writing. I/we will inform the named authorized person(s) to bring photo identification in case such is requested by school official(s). I/we agree to call the school office no later than 3:00 p.m. on the day I am unable to pick up my child/ren.

Signature of Parent (Mother)/Guardian _____ Date _____

Signature of Parent (Father)/Guardian _____ Date _____

For T.C.P. School Office Use Only

Date Received at T.C.P. _____ Additional Note/Comment _____

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AUTHORIZATION TO RELEASE INFORMATION

_____ authorizes the release of the records of

Parent / Guardian Name _____

Student's Last Name _____

First Name _____

Mid. Initial _____

Birth date _____

_____/_____/_____
Mon/Day/Year

From the Following School/Institution:

Most Recent School _____

Address _____

City, State, Zip Code _____

Telephone No. _____

Fax No. _____

Grade Level _____

The following records may be released. Please check.

- | | |
|---|--|
| <input type="checkbox"/> Transcript of subjects and grades | <input type="checkbox"/> Ohio Proficiency Test Results |
| <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Standardized Test Results |
| <input type="checkbox"/> Psychological or Other Individual Test Result | <input type="checkbox"/> Gifted Assessments |
| <input type="checkbox"/> 504 Accommodation Plan | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> English Language Proficiency Assessments | |
| <input type="checkbox"/> Special Education Records, Including IEP and MFE and behavior plan | |

☺ Items that cannot be withheld due to non-payment of fees or obligations are state test scores, multifactorial evaluation evaluation (MFE), Individual education program (IEP), IEP progress reports and immunization records.

The records may be released to:

TECHNOLOGICAL COLLEGE PREPARATORY WORLD ACADEMY

6000 RIDGE AVE.

CINCINNATI, OHIO 45213

PH: 513-531-9500 FAX: 513-531-2406

I am authorizing the release of these records for these reasons. Please check one.

- ☐ I am the subject of the records and 18 years of age or older.
☐ I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

Signature

_____/_____/_____
Date

Request for Records

To the Registrar:

Please send the above records, if available for this student as soon as possible.

If records are not available, please return our request indicating the following:

☐ No Records Available. Reason(s): _____

☐ Unable to Send Records. Reason(s): _____

We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student. Thank you for your prompt cooperation.

Sincerely,

School Registrar

Date

Technological College Preparatory World Academy

6000 Ridge Avenue ★ Cincinnati, Ohio 45213 ★ Tel: 513-531-9500 ★ Fax 513-531-2406

T.C.P. Office Use Only

☐ New

☐ Updated

Date _____

EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority in the event parents or guardians cannot be reached.

[PLEASE PRINT THE REQUESTED INFORMATION]

STUDENT INFORMATION

Student's Name _____ Grade Level _____ Teacher _____

Street Address _____ Apt./Floor # _____

City _____ State _____ Zip Code _____ Home Phone () _____

RESIDENTIAL PARENT OR GUARDIAN INFORMATION

Mother's Name _____ Day Phone () _____ Alternate () _____
First Last

Father's Name _____ Day Phone () _____ Alternate () _____
First Last

Name of Closest Relative _____ Relationship _____
First Last

Day Phone () _____ Alternate Phone () _____

Name of Daycare Provider _____
First Last

Street Address _____ City/State/Zip _____
Apt/Floor

Day Phone () _____ Alternate Phone () _____

STUDENT MEDICAL RECORD (If your child has a medical condition and is required to receive medication during school hours, please complete the following medical information for our in-school nurse.)

MEDICAL CONDITION	MEDICATION NAME	START DATE	END DATE	DOSAGE	REACTION/ SIDE EFFECT

[PLEASE COMPLETE REVERSE SIDE ALSO. THANK YOU.]

PART I OR PART 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:

Physician Name _____ Telephone () _____

Dentist Name _____ Telephone () _____

Medical Specialist _____ Telephone () _____

Local Hospital _____ Emergency Room Telephone () _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the:

- (1) administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and the
- (2) transfer of my 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 (in addition to information provided in Student Medical Record Section) to which a physician should be alerted:

Parent/Guardian Signature _____ Date _____

Address _____ City/State/Zip _____

PART II - REFUSAL TO GRANT 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 to take the following action:

Parent/Guardian Signature _____ Date _____

Address _____ City/State/Zip _____

NOTE TO ALL PARENTS AND GUARDIANS: It is very important that the contact information we have on file in the school office is current and accurate, particularly emergency contact information. Therefore, please notify the school office immediately in writing of any changes in home address, phone number, your child's medical information or emergency contact information.