



QUEEN'S GRANT

PREPARATORY HIGH SCHOOL

10323 Idlewild Road, Matthews, NC 28105
ph. (704)545-0736 fax (704)545-0738

Enrollment Checklist for Parent(s)/Guardian(s)

Student's Name	Grade	Previous School

Parent/Legal Guardian's Name	Home Number	Work Number	Cell Number

- _____ Student Enrollment Application
- _____ Birth Certificate
- _____ Student Transcript from School Last Attended (High School)
- _____ Student previous report card and grades (Middle School)
- _____ Immunization Record - All enrollees must have the HEP B Vaccine and all other immunizations must be up to date.
- _____ IEP Documentation if Student Receives Special Education Services
- _____ Any SAT and/or ACT scores
- _____ Withdrawal Slip – (from previous school if transferring after school year has begun)

I understand that at any point in time that I change addresses, I MUST IMMEDIATELY notify the School Office and present proof of residency for the new address.

Date

Parent Signature

PLEASE NOTE THAT THE ENROLLMENT PROCESS WILL NOT BE COMPLETED UNTIL PROPER DOCUMENTATION HAS BEEN RECEIVED.



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Deadline for lottery purposes: February 26, 2010

Application for 2010/2011 School Year

Student Information:

Student's Social Security Number: _____

Student's Name _____ Male _____ Female

_____ Last Name, _____ First Name _____ Middle Name

Grade Entering for Fall 2010 (9th 10th 11th 12th): _____ School district applicant resides in: _____

Student Email: _____ Ethnicity: _____

Date of Birth: _____ Place of Birth (City, State) _____

Last School Attended _____ Reason for leaving: _____

Does Student have an IEP Plan? _____ If Yes, explain: _____

Does Student have a 504 Plan? _____ If Yes, explain: _____

Parent/Legal Guardian Information:

_____ Last Name _____ First Name _____ Middle Initial

Student lives with above person: _____ Full-Time _____ Part-Time _____ Does not reside with this parent/guardian

Relation to Student: _____ Parent _____ Step-Parent _____ Grandparent _____ Aunt/Uncle _____ Legal Guardian

_____ Address _____ City _____ State _____ Zip Code

_____ Home Phone _____ Work Phone _____ County

_____ Cell Phone _____ Pager _____ Email Address

Parent/Legal Guardian Information:

_____ Last Name _____ First Name _____ Middle Initial

Student lives with above person: _____ Full-Time _____ Part-Time _____ Does not reside with this parent/guardian

Relation to Student: _____ Parent _____ Step-Parent _____ Grandparent _____ Aunt/Uncle _____ Legal Guardian

_____ Address _____ City _____ State _____ Zip Code

_____ Home Phone _____ Work Phone _____ County

_____ Cell Phone _____ Pager _____ Email Address

By signing, I am verifying that the required information I have given is true to the best of my knowledge and that I have read, understand and agree to the terms which are listed on the reverse side of this application.

Signature of Parent/Guardian: _____ Date: _____

This application must be completed in its entirety; applications with missing information will not be processed.

Siblings:

_____	_____	_____	_____	Yes	No
Last,	First	Grade	Birth Date	Does sibling currently attend Queen's Grant?	
_____	_____	_____	_____	Yes	No
Last,	First	Grade	Birth Date	Does sibling currently attend Queen's Grant?	
_____	_____	_____	_____	Yes	No
Last,	First	Grade	Birth Date	Does sibling currently attend Queen's Grant?	
_____	_____	_____	_____	Yes	No
Last,	First	Grade	Birth Date	Does sibling currently attend Queen's Grant?	

To Apply:

To increase the chances of your child being accepted, you should apply by the end of open enrollment. Open enrollment ends on February 28 at 3:00 p.m. Applications are date and time stamped as they are received. When open enrollment ends, applications are counted. If there are fewer applications than openings, all applications will be accepted. If there are more applications than openings, a lottery will be held.

Lottery:

The lottery is a random selection to determine who will be accepted and who will be placed on a waiting list. Parents will be notified by mail of the lottery results. Preference is given to siblings of students already enrolled for any available openings. Applications received after open enrollment are accepted on a first-come, first-served basis for any remaining openings or put on a waiting list.

If your student is on a Waiting List:

You will be notified of acceptance by mail if any openings become available for your child.

If your student is Accepted:

If accepted, parents will receive an acceptance package. Parents must return the Admissions Form and the Official Release of Records Admissions Verification Form (AVF) by July 1st. If it is not received by that date, the accepted students will be dropped from the list to allow room for those who are on the waiting list.

Important Note:

- 1) Your student must be in attendance on the first day of school – please read our Enrollment Policies and Procedures for details (included with acceptance and waiting list letters).
- 2) Please tell the academy if you do not intend to send your student.
- 3) It is your responsibility to notify the school of address and/or phone number changes. If we are unable to reach you because of incorrect information, your student's name will be removed from our list.

Each application is valid for one school year only. Students, once enrolled, do not need to apply for future years, but do need to complete an intent to enroll form.

Queen's Grant Preparatory High School is a public school and admits students of any gender, race, color, religion, disability, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, race, color, religion, disability, nation and ethnic origin in administration of its educational policies, admissions policies, athletic and other school-administered programs.



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Admissions Form

Please complete the following information so that we will be in compliance with state requirements and will receive funding to educate your child.

Child's Name: _____ Date of Birth: _____

Grade in which your child has been accepted: _____

1. Is your child currently expelled from another school? Yes No
2. Is your child currently suspended at another school? Yes No

If Yes, please explain: _____

3. Please indicate your child's ethnicity. If multi-racial – mark "1" for primary, "2" for secondary, etc. These are the ethnic names used at the state level with which we must comply.

African American or Black

Alaska Native or American Indian

Asian American

Hispanic or Latino

Native Hawaiian or Pacific Islander

White or Caucasian

4. What language is spoken in your home most of the time? English Spanish Other _____

5. What language does your child speak most of the time? English Spanish Other _____

6. Is your child a member of a migrant family (moved within the last 36 months to obtain temporary or seasonal employment)? Yes No

Please complete the following information so we can provide the best learning environment for your child.

7. During the last 2 years, has your child received services by a Special Education provider (resource room teacher, speech and language pathologist, occupational therapist or social worker) **or** received accommodations through a 504 plan? Yes No

If **YES**:

- 1) Please provide a copy of the Individual Education Plan (IEP) for services delivered any time during that period.
- 2) Check all that apply:

Special Education Classroom- Has received this service in the past Currently receives this service

Speech - Has received this service in the past Currently receives this service

- Please list any additional services (outside of an IEP) your child has received (such as reading, math, tutoring) _____



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Consent for Release of Confidential Records

I, _____, Parent/Guardian of _____ (Child's Name)

Do hereby authorize:

_____ (Previous School)
_____ (Previous School)
_____ (Previous School)
_____ (Previous School)
_____ (Previous School)

to release all requested school records to Queen's Grant Preparatory High School . This information shall include observations, psychological, medical, and educational evaluations.

I hereby acknowledge that this consent is truly voluntary and is valid for a period not to exceed one year.

I further acknowledge that I may revoke this consent, in writing, at any time except to the extent that action based on this consent has been taken.

Parent/Guardian Signature

Date

Please forward records as soon as possible to:

Guidance Department
ATTN: Christine Amaral
Queen's Grant High School
10323 Idlewild Road
Matthews, NC 28105
(704) 545-0736

Thank you,

Christine Amaral, Registrar



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Photo/Video Release Form

I, _____, hereby consent and authorize Queen's Grant Preparatory High School to photograph/videotape _____ for publication used in connection
(Name of Student)

with public relations and/or the dissemination of information regarding agency programs i.e. newsletter, photo albums, display board etc.

I release Queen's Grant Preparatory High School from any and all claims, which may arise from such publication.

Parent/Guardian Signature

Date

Textbook Policy

I, _____, have read and understand that I am responsible for the cost of damages or nonreturned textbooks issued to _____.
(Name of Student)

Parent/Guardian Signature

Date

Home Language Survey

1. What is the first language you learned to speak? _____

2. What language do you speak most often? _____

3. What language is spoken most often in your home? _____

Parent/Guardian Signature

Date



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Internet Acceptable Use Policy

Queen's Grant Preparatory High School offers an electronic communications network (hereinafter the "QGPHS network") that allows students internal access to QGPHS information resources and external access to the Internet. Access to the QGPHS network and the Internet is provided to students solely to support student education, research, and career development. Use of the QGPHS network is a privilege, not a right. Therefore, students who violate any part of this policy or its accompanying regulations shall be subject to cancellation of their privilege to use the QGPHS network and possible disciplinary actions.

The Internet connects thousands of computers, computer networks, and individual subscribers around the world. Through the QGPHS network, students may have access to information and news, some of which may include advertisements, public domain information, and information in university libraries, the Library of Congress, and other research institutions. Students may also create individual web pages and help to create and maintain school web pages.

The QGPHS network is not a public access service or a public forum. QGPHS retains the right to place restrictions on material accessed or transmitted by students. Further, students should have no expectation of privacy for any information created, transmitted, recorded, stored, or posted on or through the QGPHS network. QGPHS employees may access student accounts, e-mail messages, or web pages at any time in order to assure that the system has not been used for inappropriate purposes. Students shall be directed not to access information that does not have an educational purpose, is obscene, advocates or condones unlawful or dangerous acts, or advocates or condones violence or discrimination towards other people. QGPHS will use filters that, within the limits of technology, control and screen out information that is inappropriate, obscene, pornographic, or harmful to minors. Further, teachers and other staff will monitor student activity while using the QGPHS network. However, despite the filtering of information and monitoring by teachers and staff, students might access information that parents consider objectionable. Parents should instruct their child(ren) regarding any additional parental restrictions on information that is allowed to be accessed. However, QGPHS is not able to accept responsibility for enforcing restrictions imposed by parents. Before students are given access to the Internet from QGPHS computers or otherwise allowed to use the QGPHS network, they must accept the terms of the "Student Internet Use Agreement." This Agreement defines the educational objectives and guidelines for use, informs minor users that their online activities are subject to monitoring and sets forth unacceptable uses that may lead to revocation of access and possible legal action. Parents of students younger than age 18 who do not want their children to use the QGPHS network and/or to access the Internet at school must notify the school in writing. QGPHS shall not be responsible for damages or any injuries suffered as a result of a student's use of the QGPHS network.

Anyone who becomes aware of suspicious or inappropriate use of data, QGPHS network, or computer system abuse, or breaches of security should alert a teacher or other supervisory staff as soon as possible. Any person who accidentally accesses sites that violate this policy should report such sites to the appropriate teacher or other staff member.

I, _____, have read and understand the Internet Acceptable use policy. By signing, I give permission for my student to use the internet as outlined in the above policy.

Parent/Guardian Name

I, _____, have read and understand the Internet Acceptable use policy. By signing, I will use the internet as outlined in the above policy.

Student Name

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Student)



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Authorization to Administer Medication

Student Name: _____ Birthdate: _____

In order to help protect your child's health, your consent and written authorization from a licensed healthcare provider are required when it is necessary for your child to receive either prescription or non-prescription medicines at Queen's Grant Preparatory High School. No medications will be given to your child at school until this authorization has been received. A separate form is required for each medicine. New authorization forms are required every year at the beginning of school, whenever the dose or directions change, or when a new medicine is prescribed. It is your responsibility to provide all medicines to be given at school. Each medicine must be in an appropriately labeled original container from the pharmacy or healthcare provider's office. Most pharmacies will provide an extra container for school use upon request. A completed authorization is also required for the administration of non-prescription medicines at school.

PARENT OR GUARDIAN'S PERMISSION: I give permission for my child to receive the medicine described below during school hours. I understand that it is my responsibility to purchase and supply this medicine. On behalf of my child, I absolve Queen's Grant Preparatory High School and their agents and employees from any and all liability whatsoever that may result from my child taking this medicine at school.

Parent/guardian signature: _____ Date: _____

Contact numbers: _____
(pager or mobile, work, home telephone #s)

FOR LICENSED HEALTHCARE PROVIDER USE ONLY: (Please write legibly using lay terms.)

Medication prescribed: _____ Strength/dose: _____

Specific directions: [include exact amount to give, at what time and/or how often, relationship to meals, specific indications, e.g. if prn (as needed)]

Purpose of medication: _____

Relationship to meals, if applicable: _____

How often and at what time (hour): _____

Specify side effects or adverse reactions: _____

Other instructions (including emergency situations): _____

Please check all appropriate items. If either of the first two items is checked, page 2 of this form must be completed.

- Please allow this student to self-administer this medication while at school during school hours.
- This student should carry the medication with him/her at all times during the school day, while at school-sponsored events, or while in transit to or from school or school-sponsored activities.
- This medication is to be used for emergencies only.
- It is necessary for this student to receive this medication during school hours in order to maintain or improve health and to benefit from school attendance. Please notify the principal and/or school nurse and parents/guardians if there are any problems.

Healthcare provider signature: _____ Provider's last name (Print): _____

Practice name/address: _____

Phone: _____ Fax: _____ Date: _____