



## SMART ACADEMY ENROLLMENT PACKET

Communities In Schools of Wake County’s (CIS Wake) SMART Academy program provides various support services and enrichment experiences to meet your child’s academic, health and human service needs, all designed to enhance your child’s academic experience. Your permission is required for your child’s general participation and for CIS Wake to track and report all required student data. Please sign below to grant permission for your child's participation in the program.

**I hereby grant permission for my child to participate in the following programming for the Academic Year spanning (August 2015-August 2016):**

1. Permission for my student(s) to participate in the following sites and programs :

**SMART ACADEMY SITES:**

- SMART Academy @Chavis
- SMART Academy @Capitol Park
- SMART Academy @ Rolesville Middle

**PROGRAMS:** (Check all that applies)

- SMART Weekend
  - Saturdays 9:00a-12:00p
  - Sundays 3:00p-6:00p
- SMART Summer (Ages 4-18) (Chavis & Capitol)
- SMART Evening (Chavis only)
- SMART EOG (Chavis only)

- 2. Release of confidential information to CIS Wake by Wake County Public School personnel to include, but not limited to my student(s): *CASE 21 data, report cards, attendance, EOG test scores and data, progress report, PEP/IEP overview, etc...* as needed.
- 3. SMART staff may use my student(s) data for tracking and reporting student data and outcomes.
- 4. Conducting of interviews, tests, and questionnaires for student or project evaluation purposes.

**Parent Name (Please Print):** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_

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

### Student Information

**Student Name #1:** \_\_\_\_\_

**Student ID (Lunch) #:** \_\_\_\_\_

**Student Name #2:** \_\_\_\_\_

**Student ID (Lunch) #:** \_\_\_\_\_

## Parent Contact Information

Parent/Guardian's name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## Student 1: Profile

Student Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Female Male

School: \_\_\_\_\_ Track: \_\_\_\_\_ Grade \_\_\_\_\_

### Ethnicity:

- € African American                      € Multi-Racial                      € Other: \_\_\_\_\_  
€ Asian American                      € Native American  
€ Hispanic/Latino                      € White

1. Does your child have an IEP (Individualized Education Plan)?     Yes     No
2. Does your child(ren) qualify for free and/or reduced lunch?     Yes     No
3. Is your child a RHA resident, including scattered sites?     Yes     No
4. What subject(s) is your student's greatest strength?     Math     Reading     Science     Social Studies
5. What subject(s) is most challenging for your student?     Math     Reading     Science     Social Studies

## Student 2: Profile

Student Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Female Male

School: \_\_\_\_\_ Track: \_\_\_\_\_ Grade: \_\_\_\_\_

### Ethnicity:

- € African American                      € Multi-Racial                      € Other: \_\_\_\_\_  
€ Asian American                      € Native American  
€ Hispanic/Latino                      € White

1. Does your child have an IEP (Individualized Education Plan)?     Yes     No
2. Does your child(ren) qualify for free and/or reduced lunch?     Yes     No
3. Is your child a RHA resident, including scattered sites?     Yes     No
4. What subject(s) is your student's greatest strength?     Math     Reading     Science     Social Studies
5. What subject(s) is most challenging for your student?     Math     Reading     Science     Social Studies

**Student Health Information**

Please mark **X** under the appropriate response.

	<b>Student #1:</b>	<b>Student #2:</b>
Does your student...	Name: _____	Name: _____
a) take any prescription medication? <b>If yes, please list below.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) have an allergy to bee stings? <b>If yes, will he/she bring a kit for counteracting the sting?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
d) have any other allergies, including food? <b>If yes, please list below.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) have asthma? <b>If yes, will he/she bring an inhaler?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
f) have ADD/ADHD ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) have epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) require medication while participating? <b>If yes, you must fill out the separate Medicine Administration form.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) have any other disabilities, learning impairments, restrictions of any kind, or special circumstances that we should be aware of? <b>If yes, please describe below.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ALLERGIES:** if you checked "yes" for allergies above, please describe what he/she is allergic to (please list child name and allergy): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESTRICTIONS:** if you checked "yes" for any other disability, learning impairment, restriction, or special circumstance, (please list child name and describe restriction):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information given above is complete and accurate to the best of my knowledge. I give permission for a Communities In Schools of Wake County staff to seek emergency care for my child in my absence.

**Signature of Parent/Guardian** \_\_\_\_\_

**Emergency Contact Information:** I authorize the following person(s) to be contacted and give my permission to turn my child over to this person(s) in case of an emergency and I cannot be reached.

**PRIMARY:**

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Phone:** (cell) \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Email:** (please print legibly): \_\_\_\_\_

**SECONDARY:**

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Phone:** (cell) \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Email:** (please print legibly): \_\_\_\_\_

**MEDICAL:**

**Name of doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital preference:** \_\_\_\_\_

**Insurer:** \_\_\_\_\_

## Acknowledgements & Consents

### Photograph/Web Permission Form

I hereby give my consent for my child to be photographed and/or videotaped for use by Communities In Schools of Wake County (CIS Wake) in the production of any and all media for marketing purposes. This may include usage of my child's image on video materials produced for broadcast circulation as well as for the organization's printed materials, website and/or social networking tools such as Facebook.

I consent for the use of my child's photograph or video image or likeness to be used in any materials that may produce for educational purposes. I consent for the usage of my child's first name only. In giving my consent for my child's photograph or video to be used by CIS Wake, I waive any current and future claims against the organization, financial and otherwise.

I, the undersigned, hereby authorize the Communities In Schools of Wake County and its agents or contractors to use any image taken of my child during the program without compensate on or prior notification.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> I authorize the usage of my student(s) photo/video. | <b>Student #1</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Student #2</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> I do not wish for my student(s) photo to be taken.  | <input type="checkbox"/> Yes <input type="checkbox"/> No                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                      |

Parent Initials: \_\_\_\_\_

### Volunteers

Your student may have the opportunity to work with volunteers under direct supervision of the SMART Academy Program. All volunteers will participate in a training session and pass a background check.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> My student <b>has permission</b> to work with a volunteer.           | <b>Student #1</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Student #2</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> My student <b>does not have permission</b> to work with a volunteer. | <input type="checkbox"/> Yes <input type="checkbox"/> No                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                      |

Parent Initials: \_\_\_\_\_

## Computer & Internet Use Policy

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During the Graduation Coach program, students may have supervised access to computers and the internet. CIS Wake implements policies and/or procedures prohibiting the transmission of any material in violation of any U.S. or State regulation or Wake County School board policy, including, but not limited to, copyrighted, threatening, or obscene material.

CIS Wake's staff discusses rules regarding safe and appropriate use of the Internet and social media (Facebook, Twitter, etc.) and upholds measures to block inappropriate websites. All students are expected to exercise good judgment, use the computer resources in an appropriate manner, and adhere to this policy and all applicable laws and regulations. Access to the computers is automatic but is considered a privilege and can be revoked if a student repeatedly and intentionally fails to follow these guidelines.

Students may have access to electronic devices during programming. They may have access to the Internet and a variety of applications. They must only use the devices under the teacher's supervision. No unauthorized applications, music, etc. may be downloaded onto devices and all damages or issues must be reported to the teacher. Under CIS Wake guidelines, all incidences of theft will undergo police investigation.

**Please sign below with your student to show that you have discussed appropriate computer use policies.**

\_\_\_\_\_  
Parent/Guardian's Signature                      Date

\_\_\_\_\_  
Student #1 Signature                                      Date

\_\_\_\_\_  
Student #2 Signature                                      Date

### **Title XIII - Children's Online Privacy Protection Act (COPPA) of 1998, Children's Internet Protection Act (CIPA) of 2013**

With students **under the age of 13**, CIS Wake's 21st Century Community Learning Center must have direct parental consent for e-mail, social media, and/or Internet communication for compliance with Title XIII – Children's Online Privacy Protection Act of 1998. Under the Children's Internet Protection Act of 2013, if the program purchases specific software for use in the program, parents will be notified and given access to the software provider's online privacy policies which outline the provider's policies regarding the collection, use, or disclosure of personal information.

**For the parents of students under 13, please select one of the lines below:**

- My student **has my permission** to use the computer under the supervision of program staff.*
- My student **does not have my permission** to use the computer under the supervision of program staff.*

**Parent Initials:** \_\_\_\_\_

\_\_\_\_\_  
*I also understand that except for action already taken based on my consent, I may revoke any aforementioned consent regarding photographs and websites, volunteers, transportation, computer and internet usage and volunteers, at any time.*

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

\_\_\_\_\_  
Parent /Guardian's Signature

\_\_\_\_\_  
Date



**APPLICATION FOR NEED-BASED ASSISTANCE**

Each school year, a variety of opportunities are available for students from families with limited financial resources. If your household income falls below the ranges specified below and you would like your child to be considered for participation in CIS Wake / SMART Academy programming, please complete this form and return it to the appropriate CIS Wake designee. *Income verification will be requested.*

- Only students with a signed, completed form on file will be considered for need-based opportunities.

**Parent / Guardian Name (Please print):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Child's (Student's) Name (Please print):** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade/track:** \_\_\_\_\_ **Student/Lunch ID#:** \_\_\_\_\_

**Check the option that best matches your household size and yearly income:**

- There are 2 people in our household and our yearly income is less than \$29,101 (or less than \$2,426 per month).
- There are 3 people in our household and our yearly income is less than \$36,612 (or less than \$3,051 per month).
- There are 4 people in our household and our yearly income is less than \$44,123 (or less than \$3,677 per month).
- There are 5 people in our household and our yearly income is less than \$51,634 (or less than \$4,303 per month).
- There are 6 people in our household and our yearly income is less than \$59,145 (or less than \$4,929 per month).
- There are 7 people in our household and our yearly income is less than \$66,656 (or less than \$5,555 per month).
- There are 8 people in our household and our yearly income is less than \$74,167 (or less than \$6,181 per month).
- My family does not match any of the above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*NOTE: Household size and income is collected solely for the purpose of determining each student's eligibility to participate in various CIS Wake / SMART Academy programming. The information you provide is confidential, will be disclosed only to CIS Wake, and will be kept in a secured location. The forms will be destroyed at the end of the year. At no time will the form or the data be shared with unauthorized persons. If you have questions, please contact LaToya Montague at 919-525-2845.*

**For Office Use Only:**

**Income verified:** Yes NO **Dates Effective:** \_\_\_\_\_

**Verifier (Please Print):** \_\_\_\_\_ **Verifier's Signature:** \_\_\_\_\_

**Income verification document provided:**

- Pay stubs
- Free and/or Reduced Lunch Notification
- Medicaid
- Raleigh Housing Authority Lease
- Other: \_\_\_\_\_