



Additional Information: Call 989-921-1000 or visit our
website at: www.iasacademy.org

or FAX forms to 989-921-1001



International Academy of Saginaw



1944 Iowa Ave.
Saginaw, MI 48601

Telephone (989) 921-1000
Fax (989) 921-1001

iasacademy.org

Dear Parent/Guardian,

The state of Michigan requires that we have the following forms updated and filed each year. In order for your child's **enrollment** papers to be complete, please provide us with the following information:

Front & Back of Registration

Emergency & Medical Form

Parent Profile

Special Education Services questionnaire

Pesticide Application Notification Request

Photo Consent/Denial Form

Permission to Transport

**Computer Equipment Acceptable Use Agreement
iPad User Agreement**

Concussion Acknowledgement Receipt

**Parent/Student Handbook Agreement (View at
www.iasacademy.org) or IAS office**

Records Release Form

Certified, Notarized, Original Birth Certificate

2 Proofs of Residency

Immunization Record with updates

Without the above information, we cannot enroll your child. Also, please include any updated information regarding your child's legal standing (i.e. name or custodial change) or medical information.

Revised Feb 2022

International Academy of Saginaw – 2023 -2024 School Year

Emergency & Medical Form

Student Name:	Grade:
Street Address:	Date of Birth / /
City, State, Zip:	
Phone Number With Area Code:	
Mother's/Guardian's Name:	Daytime Phone #:
Father's/Guardian's Name:	Daytime Phone #:

Student will only be released to people listed above and below. Include childcare provider. In case of illness, if parents/guardians cannot be reached the below persons will be contacted in case of emergency. There must be someone who can be reached during the day on your child's emergency form.

Name	Relationship to Student	Phone Numbers w/ Area Code Daytime	
Cellular			

Date of last tetanus shot:

Allergies: Asthma

Bee Sting

Food

Medication

Other

Any known medical problem:

Any current medication student is taking:

Any other info school should know:

EMERGENCY: I give permission to International Academy of Saginaw to secure emergency medical and/or emergency surgical treatment for the minor child named above while in its care. I will be financially responsible for the emergency care and/or transportation of said minor, International Academy of Saginaw will not be liable.

Name, address & phone number of Child's Physician or Health Clinic:

Hospital and phone number preferred for emergency treatment:

Health Insurance Policy Name and Number:

Parent Signature:

Date:

Revised: Feb. 2022



International Academy of Saginaw



ENROLLMENT FORM: School Year 2023 - 2024

Student Name:	Grade:	FOR OFFICE USE ONLY: Date Received:
Date of Birth: / / Gender: Gender Identity:		
How did you learn about International Academy of Saginaw?		Student #:
Resident District:	Been Expelled: Yes <input type="radio"/> No <input type="radio"/>	UIC:
Street Address:		<input type="radio"/> Birth Certificate <input type="radio"/> Michigan Driver's License <input type="radio"/> Residence Verification <input type="radio"/> Immunizations <input type="radio"/> Vision Screening <input type="radio"/> Custody / Court Papers <input type="radio"/> Primary Phone Numbers <input type="radio"/> Email Addresses Listed <input type="radio"/> Health Appraisal - Kindergarten <input type="radio"/> Young 5s Waiver
City, State, ZIP		
Primary Phone (Required): ()		
<input type="radio"/> House/Apt <input type="radio"/> With Relatives <input type="radio"/> Hotel, Shelter, Vehicle How Long?		
Ethnicity: Hispanic / Latino: Yes <input type="radio"/> No <input type="radio"/>		
African American: ____% Caucasian: ____% Asian: ____%		
Native American/Alaskan Native: % Hawaiian/Pacific Islander: %		
Is child's native language English? If no, what is?		
Is English primary language in the home? If no, what is?		
English Language Learner: Yes <input type="radio"/> No <input type="radio"/> If yes, # of years:		
Immigrant? Yes <input type="radio"/> No <input type="radio"/> Migrant? Yes <input type="radio"/> No <input type="radio"/>		

PARENT / GUARDIAN	Mother/Legal Guardian	Father/Legal Guardian
Full Name		
Address (if different from child's)		
City, State, ZIP		
Primary Phone	()	()
Work Phone	()	()
Email Address		
Enlisted in Military?	<input type="radio"/> Active Duty <input type="radio"/> On Call	<input type="radio"/> Active Duty <input type="radio"/> On Call
Does child reside with parent	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
If needed - Is custody agreement in place? Yes <input type="radio"/> No <input type="radio"/> Pending <input type="radio"/> Foster Child <input type="radio"/>		
If Yes or a Foster Child, a copy of court documents MUST be provided for the child's records.		

STEPPARENT:	Stepmother or Other Guardian	Stepfather or Other Guardian
Full Name		
Address (if different from child's)		
City, State, ZIP		

Primary Phone	()	()
Work Phone	()	()
Email Address		
Enlisted in Military?	<input type="radio"/> Active Duty <input type="radio"/> On Call	<input type="radio"/> Active Duty <input type="radio"/> On Call Call
Parent/Guardian Signature: _____ Date: _____		
Please Print Name: _____		

PARENT/GUARDIAN QUESTIONNAIRE for Special Education Services

1. Have you ever attended an I.E.P.C. (Individualized Educational Planning Committee) meeting where your child/children's eligibility for Special Education was discussed?

_____ Yes

No

If yes, where/when?

2. Is your child currently enrolled in Special Education or received special services? _____

Yes

No

3. Do you have a copy of your child's current I.E.P. (Individualized Education Plan)? _____

Yes

No

4. Did your child receive any other special services such as social work referrals to other resources, counseling, tutoring, etc...?

Yes

No

~~If yes, please explain~~ _____

5. ~~Do you feel your~~ child is a candidate for Special Services?

Yes

No

~~If yes, please explain~~ _____

When is the best time to contact you by phone?

At what phone number can you be reached?

Student Name/Grade:

Signature of Parent/Guardian:

Date:

Pesticide Application Advisory

Dear Parent/Guardian:

As part of the International Academy of Saginaw's pest management program, pesticides are occasionally applied around the perimeter of the building; however, these applications are made only after hours. You have the right to be informed prior to any pesticide application made to the school grounds and/or building(s). Notification of scheduled application will be posted on the website and in the Wildcat newsletter. In certain emergencies, pesticides may be applied without prior notice; however, notification will be posted by the front door. Please complete the information below and return this form to the school office.

You may also contact the school office at (989) 921-1000 if you have any questions regarding this letter.

PESTICIDE PRIOR NOTIFICATION REQUEST

Parent/Guardian Name (please print): _____

Student's Name (please print): _____

I have read and understand where notification of scheduled and emergency pesticide application will be posted. I also understand that it is my responsibility to read notifications and follow through with my concerns.

Parent/Guardian Signature: _____

Date: _____



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Saginaw, MI 48601

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<http://www.iasacademy.org>

PHOTO POLICY

In an effort to keep the academy community up-to-date on school events, International Academy of Saginaw will, on occasion, invite local media representatives into our schools to photograph special programs and events. Media representatives register at the main office upon their arrival and are always escorted to a designated area from which they can take photos or video publication. We do not allow media representatives to interview students on school property unless they are accompanied by academy personnel.

Academy personnel will also take photos of classroom activities and/or individual students from time to time for either release to the local media or use in academy media or brochures. Identification of students is always limited to name, school, and grade.

Permission to photograph a student either individually or as part of a group is assumed, **unless** you indicated otherwise below. ***If you prefer that your student NOT be shown in any photo or video for media use or academy publication, we must have this notification on file in the school office. If you should have any questions regarding the Academy Community Relations plan, please call us at 989-921-1000.***

☐

No, I do not wish my child's picture to be used in any

newspaper or on-line publications (including classroom newsletters and THE WILDCAT Newsletter which are posted on the Academy's website).

Please Print.

Student's NAME: Grade: _____

Student's NAME: Grade: _____

Student's NAME: Grade: _____

Student's NAME: _____ Grade: _____

Parent/Guardian Signature:

Date: _____

Permission to transport for International Academy of Saginaw Field Trips

I, the undersigned parent or guardian of _____ ,
do hereby give my permission to International Academy of Saginaw to transport
said minor child for the purpose of field trips throughout the school year. I agree
that my child may be transported by means of the school's contracted bus service.

I understand that I will be notified well in advance of each excursion and will
be given the opportunity to volunteer as a chaperone. If it is not my desire that my
child attend any given field trip, I will notify my child's teacher immediately upon
receipt of the notification.

Further, I hereby attest that International Academy of Saginaw has been
given my permission to arrange for emergency transport and medical care for my
child as may be deemed necessary. This permission may be found on the

“Emergency Medical Form” already on file in the school office. I am to be held responsible for any charges arising from such care.

Student Name: _____ Grade: _____

Agreed to by _____ Date: _____

International Academy of Saginaw

Computer/Internet Acceptable Use Agreement

Parents and Students: This agreement outlines the rules for responsible use of the Internet at International Academy of Saginaw, and is in compliance with the federal Children's Internet Protection Act (47 USC 254 (h) and (l)). IAS has installed on its computers and computer network a technology protection measure that protects against Internet (which, as used in this policy, includes the World Wide Web) access by both adults and minors¹ to material which is: obscene: child pornography², or; harmful to minors³. Please read this carefully. In order for your child to utilize the school's computers and software, or to access the Internet, we require that this agreement be signed and returned to school.

1. International Academy of Saginaw will provide each student with training in the proper use and care of computer equipment, the Internet, and software.
2. The use of school computers and Internet access is a privilege, which may be withheld if the student damages, is irresponsible, or malicious in their use.
3. The school has the right to remove any material from school computers that the staff deems as inappropriate or not in keeping with our educational mission. Students will not install unauthorized software on school computers.
4. Each student is responsible for proper behavior while using computers and/or the Internet. The same rules and behaviors identified in the Code of Conduct apply to computer usage.
5. The school has the right to monitor all activity, e-mail correspondences, and material transmitted or received by students on school computers.
6. Students are not permitted to transmit or publish any defamatory, abusive, profane, threatening, or illegal material.
7. Students must respect all copyright laws that protect software owners, artists, and writers.
8. Security is a high priority at International Academy of Saginaw. Using someone else's logon ID or password is prohibited. Trespassing in another's files without written permission is prohibited.
9. International Academy of Saginaw will take appropriate measures to protect students from accessing inappropriate information and from receiving or engaging in inappropriate communications. However, due to the unregulated and ever-changing nature of the Internet, we assume no liability for any damages a user may incur as a result of Internet access.
10. The International Academy of Saginaw staff and Board of Directors are solely responsible for deciding what constitutes appropriate use and defines acceptable content.
11. Violation of this agreement may result in disciplinary action including loss of computer privileges, Internet access, or financial restitution for equipment damage, or other disciplinary action as determined by the school. Users are subject to all applicable local, state, and federal laws.

Please read completely, and then sign this agreement.

¹ Individuals under the age of eighteen (18) years.

² Any visual depiction, including any photograph, film, video, picture, or computer or computer-generated image of picture, whether made or produced by electronic, mechanical, or other means, of sexually explicit conduct, where: 1) the production of such visual depiction involves the use of a minor engaging in sexually explicit conduct; 2) such visual depiction is, or appears to be, of a minor engaging in sexually explicit conduct; 3) such visual depiction has been created, adapted, or modified to appear that an identifiable minor is engaging in sexually explicit conduct; or 4) such visual depiction is advertised, promoted, presented, described, or distributed in such a manner that conveys the impression that the material is or contains a visual depiction of a minor engaging in sexually explicit conduct.

³ Any communication, picture, image, graphic image file, article, recording, writing, or other matter of any kind that: 1) taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion; 2) depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals, and 3) taken as a whole, lacks serious literary, artistic, political or scientific value to minors.

International Academy of Saginaw Student Pledge

for iPad/ Chromebook Use

- I will use the iPad/Chromebook in ways that are appropriate and educational.
- I will use appropriate language when using emails, journals, wilds, blogs, or any other forms of communication. I will not create, or encourage others to create, discourteous or harmful content. I will not use electronic communication to spread rumors, gossip, or engage in any activity that is harmful to other people.
- I will take good care of the iPad or chromebook
- I will never leave the iPad/chromenook unattended and will always know where the iPad/chromebook is.
- I will not deface ray iPad/ chromebook in any way.
- I will always wash my hands before using the iPad/chromebook
- I will always use two hands when carrying the iPad/ chromebook
- I will make sure to have an adult plugs the iPad/chromebook in when it needs to be charged
- I will only use apps and programs my teacher has instructed me to use.
- I will not have liquids or food around the iPad/chromebook
- I will be responsible and make smart learning choices when using the iPad/chromebook
- Students and Parents agree that any inappropriate use of the iPad/chromebook will result in school discipline that may include the loss of iPad/chromebook use and school suspension. Inappropriate use includes but is not limited to:
 - * visiting inappropriate or unauthorized sites
 - * sending inappropriate or unauthorized emails
 - * possessing inappropriate pictures and/ or media files
 - *cheating
 - * installing unapproved apps
- I understand that although the school works hard to provide safe access on the network, it is impossible for IAS to restrict access to all controversial materials, and I will not hold the school responsible for materials accessed on the network. I also agree to report any inappropriate iPad/chromebook use to the teacher or school administrator.
- I will return iPad/ Chromebook in good working order along with all chargers/covers that were signed out to me at the end of each school year.

By signing below, we agree to the expectations and procedures as detailed above.

Parent Signature

Student Signature

Date

Date



Parent/Athlete

Parent/Athlete Concussion

Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "rattling your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports *one or more* symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Did You Know?

- *Most* concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss)
Of consciousness should be taken seriously!

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed Student-Athlete Signature Date

Parent or Legal Guardian Printed Parent or Legal Guardian Signature Date

TO PARENTS WHO ARE NEW TO IAS:

The State of Michigan recently passed a Concussion law (Public Acts 342 and 343), which pertains to all grade levels at all public schools for not only their sports programs, but also for all physical education classes and camps. This law requires all public schools to collect forms to ensure that the parents of all participating students are made aware of the nature and possible dangers of concussions.

We have attached an information sheet for you to read and to keep with other important papers in the event you may need to refer to it in the future. After you have read the sheet, please sign the form below and return to our office. To learn more, go to www.cdc.gov/concussion.

International Academy of Saginaw thanks you for working together with us to keep your children as safe as possible in our school setting.

~~RECEIPT OF CONCUSSION INFORMATION ACKNOWLEDGEMENT~~

As attested by my signature below, I acknowledge that I have received and reviewed the educational material pertaining to **concussions** for parents and students as provided by **International Academy of Saginaw**, and understand Michigan Law, Public Act 342 and 343, effective June 30, 2013.

Student's Printed Name

Parent or Guardian's Printed Name

Student's Signature

Parent or Guardian's Signature

Date

Date

Please submit a signed form for each child enrolled with our Academy, as we must keep one in each student's file for as long as they are actively enrolled with us.



International Academy of Saginaw



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Saginaw, MI 48601

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RECORDS RELEASE

Date:

Please release the cumulative files, including CA-60, Health Records, Social Work Records, Psychological Records and/or Special Education Records, Medical, Disciplinary, Suspension or Expulsion of:

Name of Student:

Date of Birth:

Records being requested from: _____

School/Address: _____

Send Records To: International Academy of Saginaw
1944 Iowa Ave.
Saginaw, MI 48601

Parent Signature:

Please view at www.iasacademy.org or IAS office

Parent/Student Handbook Agreement

I _____ /of the _____ children

(Parent/Guardian)

(Family Name)

have read and understand the International Academy of
Saginaw Parent/Student Handbook. We agree to abide by the
policies, especially the Code of Conduct, the Dress Code and
the Attendance Policy of the International Academy of
Saginaw as stated in this handbook.

Date: _____

(Parent/Guardian Signature)

(Student Signature)

(Student Signature)

(Student Signature)

(Student Signature)

(Student Signature)

Please return completed form to the office.

Thank you.
