

**Sierra Nevada Academy Charter School
21-22 Enrollment Checklist**

Please use the following checklist to ensure a COMPLETED Registration package is submitted and received:

For EACH enrolled student, the following must be completed:

- ☐ Enrollment Form
- ☐ Special Education Enrollment Form
- ☐ Academic Agreement
- ☐ Family Volunteer/Participation Agreement
- ☐ Student Success Inventory
- ☐ Expeditionary Learning Field/Activity Trip Consent
- ☐ Parent Permission for School Internet Access
- ☐ Internet Rules for Acceptable Use
- ☐ Photograph Release Form
- ☐ Parent Survey
- ☐ Student Health Questionnaire
- ☐ Who Will Pick up Your Child Form
- ☐ Library Expectation Form
- ☐ Federal Impact Aide Form
- ☐ Student ID Agreement

FOR KINDERGARTEN ONLY:

- ☐ Enhancement Agreement

Copies of the following MUST be Included:

- ☐ Parent Identification
- ☐ Proof of residence (i.e. Power Bill, WM Bill, Sewer Bill, etc.) **Phone bills will not be accepted**
- ☐ Birth Certificate
- ☐ Shot Record
- ☐ Insurance Card

Other Checklist:

- ☐ Fees Paid
- ☐ School Supplies Purchased
- ☐ Tour of School/Orientation
- ☐ Read Brochure & Parent Handbook

To be completed by Parent or Legal Guardian:

I have completed the Registration process and have turned all necessary documentation to Student Services

Signature

Date

To be completed by Student Services:

Signature

Date

Sierra Nevada Academy Charter School

Student Enrollment Form 2021-2022

(Please Print Firmly)

Date Submitted to Front Office:

Staff Initials:

STUDENT'S Last Name		First Name		Middle Name		Sex	Grade
Physical Address		City		State	Zip	Home Phone #	
Mailing Address				City		State	Zip
Social Security #		Birthdate		Birth City/State		Student Lives With:	
Ethnicity: American Indian/Alaskan Native		Asian	Hispanic	Black/African American	Caucasian	Pacific Islander	Two or More Races
Most Recent School Attended		School Address			City	State	Zip
Student speaks language other than English YES NO If YES, what language? _____ What language other than English is spoken in the home?					Does your child have an IEP or 504 plan which special services are needed? Yes No (circle one) If "Yes" please complete the following Special Education page		
Are there any court or custody arrangements we need to be aware of? YES NO If yes, please provide a copy of current court documents.							
Parent/Guardian							
FATHER'S First Name/Last Name		Circle one Guardian	Natural Foster	Have parental rights been revoked? If yes, you must supply documentation.		YES NO	
Physical Address		City		State	Zip	Home Phone	
Father's Employer		Dept.		Work Phone #		Alt. Phone # (cell, pager, etc.)	
MOTHER'S First Name/Last Name		Circle one Guardian	Natural Foster	Have parental rights been revoked? If yes, you must supply documentation.		YES NO	
Physical Address		City		State	Zip	Home Phone	
Mother's Employer		Dept.		Work Phone #		Alt. Phone # (cell, pager, etc.)	
Stepparents							
Stepfather's First Name/Last Name		Physical Address		Apt.	City	State	Zip
Stepfather's Employer		Dept.		Work #		May student be released to stepfather? YES NO	
Stepmother's First Name/Last Name		Physical Address		Apt.	City	State	Zip
Stepmother's Employer		Dept.		Work #		May student be released to stepmother? YES NO	
Local Emergency Contact Name & Relation		Address		Home Phone #		Alt. Phone # (cell, pager, ect.)	
Local Emergency Contact Name & Relation		Address		Home Phone #		Alt. Phone # (cell, pager, etc.)	
Siblings Names and Grades at SNACS:				E-mail Address (Mother):			
				E-mail Address (Father):			

MEDICAL RELEASE: When I/We cannot be located after reasonable efforts under the circumstances, the principal (or his/her designee) is authorized under NRS 129.040, but not required, to seek medical care for the above named student, in case of serious illness, accident, or other emergency requiring immediate hospitalization, medical attention, or surgery. I/We also agree to be responsible for all medical costs incurred on the student's behalf. Initial: _____

SUPPORT/VOLUNTEER AGREEMENT: I will be an active participant in my child's education at Sierra Nevada Academy Charter School. I understand that 10 hours/month of volunteer service for each family is expected, and I agree that my child may be excluded in the future if this expectation is not met. Initial: _____

Signatures of Natural Parent(s) or Legal Guardian(s):

Date: _____

Natural Parent/Guardian Name (Print)	Natural Parent/Guardian Signature
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Date Form Rec'd: _____ By: _____ IC: _____ SPED: _____ P.O.R: _____ Immunizations: _____ Birth Cert: _____ Parent ID: _____

Photo: Yes No Internet: Yes No Volunteer: _____ Pick-Up: _____ Teacher: _____ Records Req. Sent: _____

Tour Date: _____ Education Director: _____ Dean of Students: _____ Executive Director: _____

Enrollment Date: _____

**Sierra Nevada Academy Charter School
Special Education Enrollment Form 2021-2022**

Date Received: _____

Tour Date: _____

STUDENT'S Last Name	First Name	Middle Name	Gender	Grade

Is or has your child ever received tiered interventions under a districts Multi-Tiered System of Support (MTSS) for below grade level performance or growth in reading or math? **YES** **NO**

Special Education Services:

Does your child currently receive special education services? YES* NO** Parent Initial: _____	
If "YES" please complete the following questions:	
If "YES", please include a copy of your child's current IEP.	IEP Rec'd on: _____ Staff Initial: _____
If "NO" skip to the 504 Section	
Does your child have an IEP? YES NO	
If yes, what is your child's eligibility category for the IEP? (Please circle ONE of the listed Eligibility categories) **Please refer to your child's current IEP	
Developmental Delay (DD)	Emotional Disturbance (ED)
Intellectual Disability (ID)	Multiple Impairment (MI)
Specific Learning Disability (SLD)	Speech/Language Impairment
	Autism
	Health Impairment (HI)
	Orthopedic Impairment (OI)
How long has your child been receiving these services? _____	
Does your child have a 504 plan under American Disability Act? YES NO	
How long has your child been receiving these services? _____	
If "YES" please complete the following questions. If "YES", please include a copy of your child's current 504.	
If "NO" then skip to the bottom of the form.	
504 Rec'd on: _____ Staff Initial: _____	
If "YES", please describe the accommodations needed for our child under the Americans with Disabilities Act, section 504	
I affirm that the above knowledge is accurate to the best of my knowledge and understand that any and all false information can result in the disenrollment of my child from Sierra Nevada Academy Charter School.	
Parent Signature: _____	
Sierra Nevada Academy Charter School Special Education Policies	
SNACS provides services to children who have IEP's or 504 plans as determined under special education law. These children have been evaluated, and as indicated above, were determined "eligible" to receive services. The IEP team (teachers, parents, admin, and possible others) meet to develop a contract, specifying the accommodations, goals, and benchmarks for the academic year. Accommodations and modifications help children to overcome their disability and reach their potential. Enrolling at SNACS may constitute a change of placement. If a change of placement is determined necessary a meeting will be convened. Parents receive the Special Education Rights of Parents and Children packet during IEP meetings and may request a copy.	
As a parent/guardian of _____ I have read and understand the above statement:	
NRS 386.580 (4): If the Governing Body of a charter school determines that their facility is unable to provide an appropriate special education program and related services for a particular individual who is enrolled in the charter school, the governing body may request that the board of trustees of the school district of the county in which the pupil resides transfer that pupil to an appropriate school.	
Initials: _____	
Section 504 is a civil rights law which protects the rights of students with disabilities to receive a free and appropriate public education (FAPE). A student is eligible under section 504 if he/she has a mental or physical impairment that <u>substantially</u> limits one or more major life activities (ex. Learning, breathing, hearing, seeing, etc.) and is in between the ages of 3-21.	
<u>Rights under Section 504</u>	
* An education free of discrimination, harassment or retaliation based on disability.	
* Ability to file a complaint if discrimination, harassment or retaliation takes place.	
* Ability to take part and receive benefit from public education programs without discrimination.	
* Inspect and receive educational records	
* Receive written notice for identification, evaluation, re-evaluation and placement.	
* Have evaluations, educational and placement decisions based upon a variety of information sources and by persons who have knowledge of the student and disability in question, the evaluation data and placement options.	
* Request administrative review and have the right to an impartial hearing.	
As a parent/guardian of _____ I have read and understand the above statement: _____	
Signatures of Natural Parent(s) or Legal Guardian(s): _____ Date: _____	
Natural Parent/Guardian Name (Print)	Natural Parent/Guardian Signature
Education Director: _____	Dean of Students: _____ Executive Director: _____

Sierra Nevada Academy Charter School Academic Agreement 2021-2022

Sierra Nevada Academy Charter School (SNACS) brings the small school community back to the neighborhood. This process involves students and their families working with educators as partners in each student's education. Students, their families, and SNACS education team members work together to provide a personalized learning experience for each student. It is important for students and their families to understand SNACS academic, behavioral, and social expectations to ensure success. Signing this agreement stipulates a partnership to personalize and educational experience to foster student success. Each student and their family is requested to review, sign and return the Academic Agreement.

Student: I understand that:

1. ____ Sierra Nevada Academy Charter School is a choice in public education.
2. ____ It is a privilege to be enrolled in and attend SNACS. I am committed to supporting the school as a student enrolled at SNACS.
3. ____ SNACS is a four-star program with academic rigor & high expectation for all students. SNACS goal is to attain a five-star rating. I will contribute to the goal in all aspects as outlined in this agreement.
4. ____ I will respect the rights of others and myself and abide by the safe school pledge "I will support a safe school environment that is free from drugs, violence and any form of bullying for all SNACS students".
5. ____ I will follow instructions of all SNACS staff members. If I disagree with an instruction I will appropriately try to resolve the issue at an appropriate time and in an appropriate manner.
6. ____ I will arrive at school on time and attend class every day in accordance with the SNACS Attendance Policy.
7. ____ I will work toward meeting the academic standards and goals established for me and my grade by the Education Director, my teacher and my parent(s) or other appropriate family member.
8. ____ I understand that homework is an expected part of academic success and I will complete my homework and turn it in when it is due.
9. ____ I will seek assistance if I do not understand an assignment or lesson. It is my education and I am ultimately responsible for my learning.
10. ____ I will follow the SNACS Rules and Code of Conduct as outlined in the SNACS Student and Family Handbook.

Parent: I understand that SNACS provides an educational alternative for my son/daughter. I agree to support and enforce the responsibilities listed above for my son/daughter. I understand and attest that:

1. ____ I have a choice in public education. I choose Sierra Nevada Academy Charter School as a choice for my child(ren) in public education.
2. ____ It is a privilege to be enrolled in and attend SNACS. I am committed to supporting the school and my child during the experience as an enrolled student.
3. ____ SNACS is a four-star program with academic rigor & high expectation for all students. SNACS goal is to attain a five-star rating. I will contribute to the goal in

all aspects as outlined in this agreement. A five-star attendance rating is adherence to 96% or higher. I will support my child to attain this goal.

- 4.____ It is my responsibility to ensure my child's attendance in accordance with the minimum attendance policy at SNACS.
- 5.____ I acknowledge state law requires a minimum of 90% attendance during the school year for promotion to the next grade.
- 6.____ I understand students are required to bring in a signed doctor's medical excuse for health-related absences.
- 7.____ I understand students who are absent for 10 days and their whereabouts are unknown will be withdrawn.
- 8.____ I understand the discipline policy regarding habitual absences, tardiness, and/or truancy which may include consequences accordingly. Administration can recommend withdraw of a student that has habitual absences, tardiness or truancy.
- 9.____ I understand my responsibility to promote my child's positive behavior during school hours and all school-related events.
- 10.____ I have read and understand SNACS discipline policies.
- 11.____ I understand inappropriate student behavior, academics, or attendance will place my child in jeopardy of remaining at SNACS.
- 12.____ It is my responsibility to communicate with my child's teacher and principal with any concerns regarding academic, social and behavior issues. I am the parent and ultimately responsible for my child's educational experience & success.
- 13.____ I will ensure my child's homework is completed by its due date according to the homework policy set forth in the Sierra Nevada Academy Charter School Policies and Procedures.
- 14.____ I will ensure my child reads every day and works to achieve his/her reading goals in the Renaissance Accelerated Reader program as outlined on his/her Personal Learning Plan.
- 15.____ A battery of initial assessments will be administered for each student. Results of such assessments will be utilized to tailor the Personalized Learning Plan (PLP) according to my child's needs in academics, social, and behavior. All information regarding academics, social, and behavior assessments are available to me during conferences and by appointment.
- 16.____ It is my responsibility to read my child's weekly classroom newsletter, school newsletters.
- 17.____ It is my responsibility to monitor my child's progress and grades as portrayed in Infinite Campus. I will seek additional information from my child's teacher(s) if I do not understand something in Infinite Campus.
- 18.____ It is my responsibility to monitor SNACS events on the website and review the site weekly for updated school and classroom information.
- 19.____ I will notify the school of all health related information, including known allergies, and keep my personal address, phone numbers, and emergency contacts updated in my child's records.
- 20.____ I will make every attempt to attend SNACS' social, promotional, educational, and extracurricular activities including parent teacher conferences.
- 21.____ I agree to volunteer a minimum of 10 hours, in some defined capacity, towards SNACS on behalf of my child(ren). I recognize volunteer work is vital to my child's success at SNACS.

22. ____ I agree to keep other student records confidential if I see or hear anything as a result of my volunteerism.
23. ____ It is my responsibility to provide or coordinate safe transportation to and from school for my child.
24. ____ I understand SNACS premises are under surveillance. Video surveillance is used in establishing safety and security, and for educational purposes as determined applicable by administration. I will do everything in my ability to help my child maintain the academic proficiency, social and behavior expectations established by the school and each classroom teacher.

Student Signature

Parent/Guardian

Date: _____

Parent/Guardian

Grade: _____

Homeroom Teacher: _____

**Sierra Nevada Academy Charter School
21-22 Family Volunteer/Participation Agreement**

Family Name _____

Grade: _____

School and Family Collaboration is a key component of our school's vision and mission statement. Without the past efforts of the school and its families working in a strong partnership, we would not have the foundation we enjoy today. For this partnership to continue, the school commits to providing the best education for your child within the limits of its available resources, and the expertise of the staff. However, the school cannot act alone. Family involvement is key to your child's success. Your involvement in your child's education sends a loud message to your child that what he/she is doing very important. Your role in the success of Sierra Nevada Academy Charter School and in the educational success of your child has two components: your personal commitment to your child's education and your active support of the school as a parent volunteer. Simply put, we cannot possibly do our job as educators without your support of the school and its mission. We need you and your child needs you.

Our definition of family involvement means that each parent/guardian actively communicates the importance of a good education to his/her child. You demonstrate that education is a priority in your home when:

- Your child attends school daily unless sick
- Your child arrives to school on time prepared to participate and learn
- Your child completes homework assignments and hands them in on time
- Your child follows school rules, showing respect to teachers, staff, parent volunteers and fellow students
- You attend parent-teacher conferences, social events, seminars and school meetings.

Family involvement, as it relates to your active support of the school and its mission, can be accomplished in a variety of ways. We encourage each family to discover its service niche within the school. Please refer to the list below for some ideas, but remember that you are not restricted to the ideas on the list. We encourage thinking "outside the box". We all benefit the most when each parent is contributing a service that they enjoy, or are especially good at it. Sierra Nevada Academy Charter School requires that each family invest **ten (10) hours** per month to fulfill its mission. We do not want families to see family involvement as a burden, but rather as an opportunity and a privilege. Materials or monetary donations will be calculated at the rate of \$5.00 for every one-hour requirement. If you volunteer in this capacity, please turn in your receipts so that we may properly credit your volunteer account. Your support is important to us and we truly depend on family participation to accomplish our goals. Please partner with us to make this the best school that it can be for your child.

Examples of Ways You Can Volunteer

Classroom Helper	Curriculum Support (making kits, etc.)	Nutrition & Kitchen Helper
Crosswalk Duty AM & PM	Recess Duty Monitor Helper	Safety Patrol AM & PM
Landscaping	Grounds & Maintenance	Trade (plumbing, etc.)
Professional Services (DJ, etc.)	Front Office Reception	ELOB Day Helpers (see list)
Event Helper (organizing, etc.)	Fundraising Helper	Reading Helper
Other: _____		

Please note that if you wish to volunteer in a classroom or around students, you **MUST** complete a **Volunteer Application** and submit a set of fingerprints

I want my child, _____ to be a successful student at Sierra Nevada Academy Charter School and I want the school to flourish as well. I am willing to support my child in the ways noted above and to support the mission of the school through my active participation as a parent volunteer. I understand that should I fail to meet the volunteer requirement; my child may be excluded from future enrollment.

Parent Signature

Date:

Sierra Nevada Academy Charter School
School Success Inventory

Please help us to be able to provide the best educational program to your child by answering the following questions. All information provided is confidential.

Child's Name _____ Birth Date _____ Grade: _____

Address _____ City _____ State _____ Zip _____ Phone _____

Father's Name _____ Birth Date _____

Highest Grade Completed _____ Occupation (be specific) _____

Mother's Name _____ Birth Date _____

Highest Grade Completed _____ Occupation (be specific) _____

List Household members (including self) and relationship to child:

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

With whom has the child been living for most of the past year?

___ Father ___ Mother ___ Both ___ Other (Please specify) _____

Language(s) other than English primarily spoken at home: _____

Have any family members had difficulty in school? _____

___ Father ___ Mother ___ Both ___ Other (Please specify) _____

What was the difficulty? _____

Has your child attended more than one school during any school year? ___ Yes ___ No

If your child has been home-schooled, do they have previous public school experience?

If you are enrolling your child in Kindergarten, did they attend pre-school or day care before?

___ Yes ___ No

Is your child dealing with any family stresses such as death, divorce or other?

___ Yes ___ No If yes, please describe: _____

Briefly state why you desire to have your child attend Sierra Nevada Academy Charter School.

Student Name: _____ Grade: _____

Sierra Nevada Academy Charter School
Parent/Legal Guardian Consent For
Expeditionary Learning Field/Activity Trips

During the school year, the teachers at Sierra Nevada Academy Charter School (SNACS) will schedule Expeditionary Learning Field Trips, which will take the students on educational experiences away from campus. Parents will be notified of these Expeditionary Learning Field Trips by written notices sent home with the student as they are scheduled. This notification will tell the nominal cost (if any) for each student as well as the place, date and time of the field trip. If you do not wish for your child to participate, it is your responsibility to communicate this **in writing** to the teacher.

Sierra Nevada Academy Charter School encourages you to participate and chaperone these expeditionary learning activities and/or field trips. Sierra Nevada Academy Charter School relies on transportation from Washoe County School District's bus service. You are liable if you chaperone a class and want to transport your child(ren).

Sierra Nevada Academy Charter School will take all normal precautions to ensure student safety on all Expeditionary Learning Field and Activity Trips. Please make sure your child has a SNACS fieldtrip shirt to wear during each trip.

Please sign the consent form for SNACS to allow your child to participate in Expeditionary Learning Field and Activity Trips

I hereby consent to your taking my child _____ on Expeditionary Field Trips and activities during the school year. I hereby expressly relieve, indemnify, save and hold harmless SNACS, the SNACS's Board of Governance, Washoe County School District, the Board of Trustees of the District and all agents or employees thereof from and against any and all liability or claims arising from injury or damage suffered or incurred by said child as a result of the acts, omissions or conduct of any person other than the negligence of SNACS, Washoe County School District or personnel.

I may transport my own child(ren) to/from field trip destination, however, I understand that the liability for that transportation is my own and I accept that liability.

I further agree to assume the responsibility of seeing that my child cooperates and confirms to the fullest extent with the school directions and instructions of the school officials in charge.

Parent/Legal Guardian Signature

Date

Parent Permission to Use the
Sierra Nevada Academy Charter School Internet Access

I am the parent or legal of _____. In giving permission for my son/daughter to use the Sierra Nevada Academy Charter School (SNACS) network to access the Internet, I understand and agree, for myself and for my son/daughter that:

1. I have gone over with my child the Internet "Rules of Acceptable Use" on the reverse side and he/she will comply with these rules.
2. SNACS encourages use of the Internet's valuable information and educational resources in an age-appropriate manner consistent with SNACS curriculum objectives; however, the Internet contains some materials that may be inaccurate, incomplete, outdated, or offensive to some individuals, and some that may be considered inappropriate for children.
3. SNACS and its employees are not liable for any direct or indirect, incidental, or consequential damages due to information gained and/or obtained via use of SNACS access, including without limitations, access to other networks.
4. SNACS does not warrant the functions of the SNACS network or any of the networks accessible through SNACS access points will many of the specific requirements you may have, or that the SNACS access will be error free or uninterrupted. SNACS will not be liable for any direct or indirect, incidental, or consequential damages (including lost data, information or profits) sustained or incurred in connection with the use, operation, or inability to use SNACS access.
5. In consideration for the privilege of using the SNACS network access and in consideration for having access to the public networks, I hereby release SNACS and its staff, administrators, operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use, or inability to use, the SNACS access including, without limitation, the type of damages identified in paragraphs 4 and 5 herein.
6. The Internet can be an exciting adventure for children. I understand that I can obtain additional information about Internet use from SNACS or a library.
7. If my child violates this agreement in any way, I understand that he/she may lose his/her Internet access privileges, temporarily or permanently, and may receive other consequences as outlined in the Discipline Policy. I may be held financially liable for any damage that my child causes to SNACS computer hardware or software. Unlawful activities may result in criminal prosecution.

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

05/06

Sierra Nevada Academy Charter School Student Internet Rules of Acceptable Use

I understand that it is a privilege to use the SNACS network to access any public or other network such as the Internet. I understand and agree with the following:

1. The privilege to use the SNACS network to access public and other networks may be revoked by SNACS at any time for abusive conduct or violation of the conditions of use below. This includes, but is not limited to: 1) the placing, transmission or deliberate access of obscene, abusive, or otherwise offensive, objectionable or unlawful information on the network, 2) the improper access, transferring or sharing of accounts, misappropriation or misuse of information or files of other uses, and 3) the use of obscene, abusive, or otherwise offensive or objectionable language in any form using SNACS access. SNACS reserves the right to determine what constitutes abusive conduct or violation of SNACS policies.
2. SNACS has the right to review any material stored in SNACS files to which other SNACS users have access, and to edit or remove any material which they, in their sole discretion, believe may be unlawful, obscene, abusive or otherwise objectionable. I hereby waive any right of privacy which I may otherwise have in and to such material.
3. All information and services contained at Internet access points in the SNACS network is placed there for general informational purposes and is, in no way, intended to refer to, or be applicable to, any specific person, case, or situation.
4. I am using this service at my own risk. SNACS is not able to monitor or control all information accessible through the Internet and cannot be held responsible for all content.
5. Files downloaded from the Internet may contain computer viruses. SNACS is not responsible for damage to my disk or computer, or any loss of data, damage, or liability that may occur from my use of SNACS computers.
6. I will not attempt to modify or tamper with SNACS's computer hardware or software, introduce viruses, or install or run any unauthorized program.
7. I will not attempt to gain unauthorized access to other computers or networks, violate the acceptable use policies of any network to which I connect, or improperly read, copy, misappropriate, alter, misuse, or destroy any information or files on any SNACS computer.
8. I will not use this access to operate an on-line business, distribute commercial advertising or represent myself as another person.
9. I will not use this access to operate an on-line business, distribute commercial advertising, or represent myself as another person.
10. If I violate this agreement in any way, I understand that I may lose my Internet access privileges temporarily or permanently and that other consequences may be enforced as described in the SNACS Discipline Policy. I may be held financially liable for any damage that I cause to SNACS computer hardware or software. Unlawful activities may result in criminal prosecution.
11. I have read the Internet Rules of Acceptable Use contained herein and agree to abide by their provisions. I agree that violations of the agreement may result in revocation of my public network access and related privileges.

Student Name: _____

Student Signature: _____ **Date:** _____

Sierra Nevada Academy Charter School

& SNACS Preschool

Photograph Release Form

We have taken educational photographs of your child working/playing in the classroom and on the school grounds. We utilize such photographs for education related and marketing publications such as displays, posters, newsletters, Infinite Campus, graduation, slide shows, billboards, yearbook, the website and for publication for professional and family journals. Please sign and return the release form as soon as possible to acknowledge your approval. Thank you in advance.

- ☐ I hereby confer on Dr. Kimberly Regan & Sierra Nevada Academy Charter School/SNACS Preschool the right and permission with respect to the photographs that he/she has taken of my minor child in which he/she may be included with others.
- A) To Copyright the same in Dr. Kimberly Regan and Sierra Nevada Academy Charter School/ SNACS Preschool name or any other name that he/she may select;
 - B) To use, re-use, publish and re-publish the same in whole or part, separately or in conjunction with other photographs, in any medium now or hereafter known and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade.
- ☐ I hereby release and discharge Dr. Kimberly Regan and Sierra Nevada Academy Charter School/ SNACS Preschool from all and any claims and demands ensuing from or in connection with the use of the photographs including any and all claims for libel and invasion of privacy.
- ☐ I **DO NOT** release consent for my child to be photographed or used in media (i.e. commercials, Facebook, newspapers, etc.) for promotion, illustration, advertising or trade.

I have read the foregoing and fully understand the contents hereof. I represent that I am the parent/legal guardian of _____.

(student name)

Date: _____

Grade: _____

Parent or Legal Guardian (print): _____

Parent or Legal Guardian (signature): _____

Parent Survey

Student's Name: _____ Birthdate: _____ Grade: _____

Mothers Name: _____ Phone : _____ E-Mail: _____

Fathers Name: _____ Phone: _____ E-Mail: _____

Other person completing form: _____

**Parents- Please complete this form to your best effort. It allows us to get to know your child and build a learning environment around their personal needs. This information will be shared with immediate staff only. Thank you! ☺

1. How did you learn about SNACS?

2. Why would you like to enroll your child at SNACS?

3. What can we do to help make your experience pleasurable and rewarding?

4. Does your child have siblings? **Yes or No**

5. If yes, please list names and ages:

6. What hobbies does your child enjoy?

7. What kinds of activities does your family participate in together?

8. What are your child's academic strengths?

9. What are your child's academic weaknesses?

10. What academic goals do you have for your child?

11. How will you aid your child in meeting these goals?

12. How can SNACS aide your child in meeting these goals?

13. Are you able and willing to read with/to your child at least 20 min. per day? **Yes or No**
14. Do you have appropriate grade level books to read with your child each day? **Yes or No**
15. If no, do you need assistance in obtaining these books?
-
16. What kind of books does your child enjoy reading? Does he/she have a favorite book?
-
17. Do you have a computer at home? **Yes or No**
18. Do you have internet access at home where you child can access online homework? **Yes or No**
19. Have you visited our web site www.snacs.org? **Yes or No**
20. Have you ever had an Infinite Campus (parent portal) account to access your child's online file (i.e. grades, attendance, missing work)? **Yes or No** If yes, is it currently active? **Yes or No**
21. Do you need assistance in using Infinite Campus? **Yes or No**
22. Does your child have any allergies or health conditions we should be aware of? **Yes or No**
If yes, please explain: _____
23. Has your child attended another school/district in the past? **Yes or No**
If yes, please list when and where: _____
-
24. Has your child had a positive or negative experience related to school? (please explain)
-
25. What can we do to help your child have a smooth transition into SNACS?
-
26. How often will you be available to volunteer in your child's classroom?
-
27. What types of volunteer activities interest you?
-
28. Do you have any special talents/interests you can use for volunteering? **Yes or No**
If yes, please explain: _____
29. Is there any other helpful information we should know to better support your child's success with SNACS?
-
-

Thank you for choosing Sierra Nevada Academy Charter School to guide your child's success.

Sierra Nevada Academy Charter School

Student Health Questionnaire

Your child's learning depends upon good health
So that we may be aware of any health concerns that your child may have, please complete the following.

Name: _____ Date: _____ Grade: _____

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Last Physical Exam Date: _____ Dr. _____

Last Dental Exam Date: _____ Dr. _____

Hospital Preference: _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING?

Allergies	No ___ Yes ___	Specify _____
Anorexia/Bulimia	No ___ Yes ___	Specify _____
Asthma	No ___ Yes ___	Mild/Moderate/Severe (circle one) Specify _____
Blood Disorder	No ___ Yes ___	Specify _____
Cancer	No ___ Yes ___	Specify _____
Depression	No ___ Yes ___	Specify _____
Diabetes	No ___ Yes ___	Takes Insulin No ___ Yes ___
Ear Infection	No ___ Yes ___	Date of last Ear Infection _____
Epilepsy or Seizures	No ___ Yes ___	Date of Las Seizure _____
Heart Condition	No ___ Yes ___	Specify _____
Insect/Bee Sting Allergy	No ___ Yes ___	Local Reaction _____ Generalized Reaction _____
Kidney Disease	No ___ Yes ___	Specify _____
Migraines	No ___ Yes ___	Specify _____
Orthopedic Problems	No ___ Yes ___	Specify _____
Ulcers	No ___ Yes ___	Specify _____
Other	No ___ Yes ___	Specify _____

HAS YOUR CHILD EVER HAD THE FOLLOWING ?

Serious Illness	No ___ Yes ___	Date: _____ Specify _____
Serious Injury	No ___ Yes ___	Date: _____ Specify _____
Surgery (operations)	No ___ Yes ___	Date: _____ Specify _____

DOES YOUR CHILD HAVE THE FOLLOWING ?

Trouble Seeing Close Work	No ___ Yes ___	Wear Glasses	No ___ Yes ___
Trouble Seeing Distance	No ___ Yes ___	Wear Contacts	No ___ Yes ___
Trouble Hearing	No ___ Yes ___	Wear Hearing Aid	No ___ Yes ___.

Does your child have a condition that prevents participation in physical activities in recess (.e. running, contact sports)?

No ___ Yes ___ Specify _____

Does you child have any Medical or Physical Restrictions?

No ___ Yes ___ Specify _____

Does your child take medication? No ___ Yes ___ Specify _____

Will your child need to take medication during school?

No ___ Yes ___ Specify _____

How will the medication be administered? Self Parent Other: _____

****Please avoid, if possible, medicating your child with prescribed medications and/or over the counter medications during school hours. If this is unavoidable a parent/guardian must administer the medication to the child directly as school personnel are not permitted to administer medications. If your child MUST take a self-administered medication during school hours a "Medication Permission Form" must be signed by both the prescribing Physician and Parent/Guardian and turned into the front office with the medication. Students are NOT permitted to carry ANY medications on their person unless it is arranged with Administration in advance****

Sierra Nevada Academy Charter School Student Pick-up Information

Sierra Nevada Academy Charter School follows a strict dismissal procedure to ensure the safety of all children enrolled within our SNACS family. Regular dismissal is at 2:45pm and early release days dismissal is at 11:00am. On the designated times for the appropriate school day, all "walkers" are permitted to leave campus. Those identified students are authorized by their parent/guardian to walk or ride their bike home. They must leave the premises immediately upon dismissal. Parents are advised to make sure that their child(ren) is home within a certain time period after school to assure their safety. All other students being picked up will be called to the front office/loading zone as they are dismissed. If a parent is directing a student to go to another location other than in front of the main building for pick up, the school will not be responsible. Instructing children to wait for a ride in the front of McCarran Mart/Sinclair Gas Station or Sneakers Bar and Grill, where they have no supervision, makes them a target for an accident or child abduction. Following the dismissal procedure will prevent such a tragedy from occurring.

SNACS is responsible for its students for up to 30 minutes before & after school, or until they are in the custody of a parent/guardian, or other authorized person. It is imperative that each student is picked up by a person authorized to pick them up. Children who have not been picked up by 11:15am / 3:00pm will be escorted to the after school program for direct supervision and parents will be responsible to pay a drop-in fee of **\$15.** _____ (Initial)

In the event that a parent is going to be late to pick their child(ren) up from school, the school must be notified. If the school does not receive notification, every effort will be made by front office staff to contact a parent or emergency contact. If no contact can be made by 3:45 p.m., the proper law enforcement agency will be notified. _____ (Initial)

It is the parent/guardian's responsibility to keep the pick-up form updated. Phone calls will not be accepted to change the form. Any changes to the information on the form must be done in person.

Name of Child: _____ Grade: _____

How will your child leave campus? Please circle ALL that apply:

*Be Picked Up

*Walk Home

*Ride Bike/Scooter/Skateboard Home

*Go to after school program (Educare)

Emergency Contacts may only pick your child up from school in the case of an emergency when you cannot be reached. Please complete the following information if you want to allow others (aunts, uncles, grandparents, and friends) to pick your child up from school just to help you out. These people should be ready to show identification in order for Sierra Nevada Academy Charter School to release your child to them.

I give my permission to Sierra Nevada Academy Charter School to release my child to the following people:

Name of Person

Relationship to Child

Phone #

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand the importance of the Dismissal Procedure and will follow the procedure myself, make sure that my child follows the procedure, and make sure that those picking my child up follow the procedure

Parent/Guardian Signature

Date

Sierra Nevada Academy Charter School

Library Expectations and Policies

The purpose of this policy is to establish reasonable conduct and principles for student behavior in the S.N.A.C.S. Library and to ensure proper procedure.

1. All students in grades Kindergarten through 8th are expected to maintain a quiet environment in the library. In the library, students are expected to:
 - Use your inside voice.
 - No food or drink is permitted in the Library.
 - Raise your hand if you need something.
 - Be a "5 STAR" student by displaying a positive attitude at all times.
2. When checking out books, students are expected to:
 - Use their I.D. cards to check out books. **Students in Kindergarten are allowed to check out one book at a time. Students in first grade and above are allowed to check out two books at a time.*
 - Books are not to leave the Library without being properly checked.
 - All books have a check out time of 7 calendar days. **If a books needs to be out longer, inform the Librarian to "renew" the book.*
 - Books are expected be brought into the Library during the class Library/AR time.
3. Damaged Books:
 - Any damaged book is expected to be returned to the Library.
 - Damaged books are expected to be replaced with a book of equal or greater value that is accepted into the Accelerated Reading (AR) program.
4. Lost Books:
 - All lost books are to be reported to the Librarian.
 - A student will be required to pay for the lost book or replace it with a book of equal value that is accepted Accelerated Reading (AR) program.
5. Returning Books:
 - Library books are to be checked in, in a reasonable amount of time.
 - Books checked out for longer than 30 days will be considered lost if the Librarian is not notified.
 - All books MUST be checked in with the Librarian before placing it back on the shelf. No Exceptions.
 - Students are to replace books back on the shelf when previewing. **Replace the book on the shelf in the proper color coded area (All bindings have color reference)*
6. No headsets/ear phones or electronic devices in the Library except for reading devices.

I have read and understand the above mentioned expectations and policies.

Student Name Printed

Grade

Date

Teacher

Student Signature

Parent/Guardian Signature

Date

Sierra Nevada Academy
FEDERAL IMPACT AID

The following information will help Sierra Nevada Academy to complete its application for certain federal funding.

PRINT STUDENT'S NAME: _____
 LAST FIRST M.I.

BIRTHDATE: _____ GRADE _____

Please check one of the letters if the information below applies to your student.

STUDENT LIVES ON THE FOLLOWING:

- _____ A. Pyramid Lake Paiute Reservation
_____ B. Reno/Sparks Indian Colony, 98 Colony Rd., Reno
_____ C. Reno/Sparks Indian Colony-Eagle Valley (Hungry Valley)

Please check one of the letters if the information below applies to one or both parents, stepparents, or guardians.

ON FULL TIME MILITARY DUTY:

- _____ D. Navy/Marine Corps Reserve Training Center (Circle: Navy or Marines)
- _____ E. Naval Air Station, Fallon
- _____ F. Armed Service Recruiting Center (Circle one of the following: Army Navy Air Force Marines)
- _____ G. Circle one of the following: Army Navy Air Force Marines Coast Guard

Please check one of the letters if the information below applies to your student.

STUDENT LIVES IN ONE OF THE RENO HOUSING AUTHORITY COMPLEXES:

- _____ H. Essex Manor
_____ I. Hawk View Apartments
_____ J. Mineral Manor
_____ K. Myra Birch Manor
_____ L. Stead Manor

PLEASE BRING YOUR NAME AND HOME ADDRESS IF ANY OF THE INFORMATION ABOVE APPLIES TO YOU AND SIGN WHERE INDICATED.

Parent/Guardian's Last Name	Parent/Guardian's First Name
-----------------------------	------------------------------

Street Number	Street Name	City	Zip
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Parent/Guardian's Signature
Date

____ PLEASE CHECK IF NONE OF THE INFORMATION LISTED ABOVE APPLIES.

PLEASE RETURN TO THE ENROLLING SECRETARY AT YOUR STUDENT'S SCHOOL

Student ID Card Agreement

I understand that my son or daughter will receive and is expected to wear a SNACS lanyard and student ID card every day. In the near future this card will be used to purchase lunch and/or check out books in the library. Students will receive their current year ID cards after fall pictures each school year. All returning students are to use their last years ID until the new IDs are received. All students will be expected to wear their ID cards on Count Day. I understand that if my son or daughter should lose his/her lanyard and/or ID card there will be a \$10 replacement fee.

Student Signature

Date

Parent/Guardian Signature

Date



Washoe County
School District

WASHOE COUNTY SCHOOL DISTRICT HOME LANGUAGE SURVEY

ID #

School:

Complete ONLY if your child is NEW to Washoe County School District

Washoe County School District requires schools to determine the language(s) spoken by each student and at home. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested.

Student's Name _____
Last First Grade Date of Birth

1. **What was the first language spoken by the student? (First Language)** _____
2. **What is the language most often spoken in the home? (Home Language)** _____
3. **What is the language most often spoken by the student with friends (Language with Friends)?** _____
4. **Has your child ever received English as a Second Language (ESL/ELL) services?** ☐ Yes ☐ No

Parent/Guardian Signature _____ Date _____

Distrito Escolar del Condado de Washoe Encuesta de idioma en el hogar

Complete SÓLO si su niño/a es NUEVO/A en el Distrito Escolar del Condado de Washoe.

El Distrito Escolar del Condado de Washoe requiere que las escuelas determinen el/los idiomas hablado/s en la casa de cada estudiante. Esta información es esencial para que las escuelas provean una instrucción significativa para todos los estudiantes. Solicitamos su cooperación para ayudarnos con este importante requisito.

Nombre del estudiante _____
Apellido Nombre Grado Fecha de nacimiento

1. **¿Cuál fue el primer idioma que habló el estudiante? (Primer idioma)?** ☐ Inglés ☐ Español
2. **¿Cuál es el idioma que más se habla en el hogar? (Idioma del hogar)** ☐ Inglés ☐ Español
3. **¿Cuál es el idioma que más habla el estudiante con amigos? (Idioma con amigos)** ☐ Inglés ☐ Español
4. **¿Ha recibido su hijo/ alguna vez servicios de inglés como segundo idioma (ESL / ELL)?** ☐ Sí ☐ No

Firma del padre o guardián _____ Fecha _____

Secretaries and Registrars:

Answer to question 1. = Enter the language indicated in the "First Language" field on the Demographics Tab in IC.
Answer to question 2. = Enter the language indicated in the "Home Language" field on the Demographics Tab in IC.
Answer to question 3. = Enter the language indicated in the "Language with Friends" field on the Demographics Tab in IC.
Answer to question 4: ELL teacher or assessment techs enter Y or N on the English Language Initial Assessment Log.

NOTE: If two languages are indicated such as English and Spanish, enter the language other than English in the field.

FILING: The white copy of this form is to be filed in the student's cumulative folder. Because the ELL teacher is responsible for filing the yellow copy in the ELL folder, give the yellow copy to the ELL teacher. If your school does not have an ELL teacher, file the white copy in the cumulative folder and send the yellow copy to the ELL Office.