CORAL ACADEMY OF SCIENCE LAS VEGAS

LOTTERY INFORMATION:
Coral Academy of Science Las Vegas (CASLV) shall not base admission on intellectual ability, measures of achievement or aptitude, athletic ability, or discriminate on the basis of ethnicity, race, religion or disability.

The application window for the upcoming school year begins November 1st. All applications that are submitted between November 1st and noon on February 28th will be included in the lottery to be held on the first business day after the February 28th deadline. Any applications received afternoon on February 28th will be subject to an additional lottery if applicable. The lottery will consist of the names of all students whose parents have completed the online interest form. If more pupils apply than the building can accommodate, all names are subject to the lottery. For each grade, names will be sorted by a software application to put the waiting list in a random order. The students then will be accepted in that order as long as there are available spots. The rest of the students will remain in the waiting list at their randomly determined position. Within three business days after the lottery, CASLV will send the results to the address provided on the online application by email and/or USPS mail. This letter will provide further information based on the results of the lottery.

This enrollment window applies only to kindergarten, and before the school year begins. Once the school year begins, if the grade is not yet full, a pupil must be enrolled and receive instruction at the time they seek enrollment. If the grade is full, the pupil’s name is placed on an enrollment waiting list and chosen from the waiting list by lottery as soon as a space becomes available. Any new application will be added to this waiting list without a wait list number until all the names in the original waitlist are used. Another lottery will be conducted to determine the waitlist order of the applicants that have applied later.

REQUIRED PAPERWORK NECESSARY FOR REGISTRATION*:
- Completed CASLV enrollment packet (attached)
- Current immunization record
- Copy of birth certificate
- Proof of address (i.e. electric, gas or water bill, or lease agreement)
- Copy of parent/guardian’s driver’s license or I.D.
- 1st – 5th grades – copy of most recent report card
- 6th – 12th grades – copy of most recent report card and transcript
- Copy of most recent IEP/504/behavior Plan – if applicable
- Required fees (see below)

*If registration paperwork is not complete (along with fees), it will not be accepted and enrollment will be delayed.

FEES:
Kindergarten – 5th grade - $175.00* non-refundable consumable material fee for each semester and a $50.00 refundable book deposit ($225.00 due before beginning of school & $175.00 due before beginning of second semester)

6th - 12th grades - $125.00* non-refundable consumable material fee for each semester and a $50.00 refundable book deposit ($175.00 due before beginning of school & $125.00 due before beginning of second semester)

*Consumable material fees are expenses directly related to the students’ non-inventoried instructional materials and participation, i.e. technology, educational software subscriptions, communal classroom materials, sport insurance, and uniform tops*.

*3 uniforms for K-5th and 2 uniforms for 6th-12th. Uniform distribution contingent on student account balance less than $50.

If you are in need of financial assistance, please contact the front office to set up a meeting with administration. Please note that in the event your child does not attend Coral Academy of Science Las Vegas after enrollment only the book deposit is refunded.
## Student Information

<table>
<thead>
<tr>
<th>Grade Applied For:</th>
<th>PreK</th>
<th>K</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
</table>

**Last Name:**

**First Name:**

**Middle Name:**

**Gender:**

**Birthdate:**

**Ethnicity:**

**Physical Address:**

**City:**

**State:**

**Zip:**

**Mailing Address:**

**City:**

**State:**

**Zip:**

**Parent/Guardian Email address:**

**First language learned by student?**

English____ ASL/Deaf____ Other____

**Language spoken by student with friends?**

English____ ASL/Deaf____ Other____

**Language used in home?**

English____ ASL/Deaf____ Other____

**Father Last Name:**

**First Name:**

**Natural / Step / Guardian / Foster**

(Please circle one above)

**Does student reside with this parent?**

Yes / No (circle one)

**Full-time / Part-time**

(circle one)

**Address:**

**City:**

**State:**

**Zip:**

**Home Phone:**

**Cell Phone:**

**Email:**

**Employer/Occupation:**

**Work Phone:**

**Days/Hours:**

**Mother Last Name:**

**First Name:**

**Natural / Step / Guardian / Foster**

(Please circle one above)

**Does student reside with this parent?**

Yes / No (circle one)

**Full-time / Part-time**

(circle one)

**Address:**

**City:**

**State:**

**Zip:**

**Home Phone:**

**Cell Phone:**

**Email:**

**Employer/Occupation:**

**Work Phone:**

**Days/Hours:**

## Emergency Contacts

(in the event parent/guardian cannot be reached)

**Last Name:**

**First Name:**

**Relationship:**

**Home Phone:**

**Cell Phone:**

**Work Phone:**

**Last Name:**

**First Name:**

**Relationship:**

**Home Phone:**

**Cell Phone:**

**Work Phone:**

**Does this child have an IEP?**

Yes / No (circle one)

**Does this child have a 504 plan?**

Yes / No (circle one)

**Does this child have a discipline report?**

Yes / No (circle one)

**Name of current school:**

---

**Coral Academy of Science Las Vegas**

---
Student Last Name:  

First Name:  

MI:  

My child **DOES / DOES NOT** (please circle one) have a health concern that will affect his/her learning/safety at school.

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>YES</th>
<th>NO</th>
<th>If yes, Please specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD/ADHD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALLERGIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASTHMA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLOOD DISORDER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CANCER/TUMORS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEPRESSION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIABETES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EATING DISORDER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPILEPSY/SEIZURES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GLASSES/CONTACTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEARING PROBLEMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEART CONDITION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other SERIOUS condition</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will your child need to take any medications during school hours? **YES / NO** (please circle one)

Please list the medications here:

**PLEASE NOTE:** Request for Medication Assistance **REQUIRED**

1) Is your child currently under a doctor's care for a health condition? **YES / NO**
2) Has your child ever had a serious injury, illness, or surgery? **YES / NO**
3) Does your child have any health conditions that prevent participation in PE or other activities? **YES / NO**

If you answered yes to one or more of the question above, please specify the condition and date below:

**IMPORTANT:** Please fill out & sign EITHER Part A OR Part B below.

**Part A (TO GRANT CONSENT):**

I hereby give consent for the following medical care providers or local hospital to be called in case of emergency:

- **Doctor:**
  - **Phone:**
- **Hospital:**
  - **Phone:**

In the event all reasonable attempts to contact me at the numbers listed above and school personnel are unable to contact me, I hereby give my consent for:

1. The administration of any treatment deemed necessary by the doctor(s) listed above.
2. If the designated preferred practitioner is unavailable, treatment by another licensed physician.
3. Transfer of the child to preferred hospital listed above, or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained before surgery is performed.

If there is any information concerning the child's medical history including allergies, medications, or physical impairments to which a physician should be alerted, please include it here:

**Signature of Parent:**  

**Date:**

**Part B (REFUSAL OF CONSENT):**

I DO NOT GIVE MY CONSENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take no action or to follow these instructions:

**Signature of Parent:**  

**Date:**
Parent/Guardian Authorization to Pick Up

As the legal parent/guardian of ______________________________________,  
Please print student name  
I hereby authorize the following person(s) to pick up my child after school.

Name: ________________________________ Relationship: _______________

Name: ________________________________ Relationship: _______________

Name: ________________________________ Relationship: _______________

Name: ________________________________ Relationship: _______________

Name: ________________________________ Relationship: _______________

Name: ________________________________ Relationship: _______________

Name: ________________________________ Relationship: _______________

Please be aware that they may need to show proper identification to the person on duty and/or to the receptionist.

Parent Name: ___________________________________________________

Signature: ___________________________ Date: ________________

Parent/Guardian Authorization to Release
(Grades 6-12 Only)

As the legal parent/guardian of ______________________________________,  
Please print student name  
I hereby give my child permission to walk off the CASLV campus WITHOUT adult supervision after school hours. I understand that students can leave the campus to wait for their parents at a designated area outside the school or to walk home, otherwise they need to be in Coral Care. It is not the responsibility of the school to maintain student safety when they are off campus. However, if any offense or disciplinary incident occurs off campus, the administration may address the issue in accordance with the student handbook if it is deemed that student safety is jeopardized at school.

Parent Name: ___________________________________________________

Signature: ___________________________ Date: ________________
TRANSFER OF RECORDS FORM

STUDENT NAME: ________________________________________________

STUDENT CAMPUS: ______________________________________________

GRADE IN 2017/18: ___________ DATE OF BIRTH: ___________________

PARENT/LEGAL GUARDIAN:
Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act. Final Rule on Education Records, Federal Register, June 17, 1976 Vol. 11 No. 110 Page 21673)

LAST SCHOOL ATTENDED: _________________________________________

ADDRESS: _____________________________________________________

PHONE #: ______________________________________________________

FAX #: _________________________________________________________

Please forward the following records:

✓ Cumulative/Permanent Student Records
✓ Health Records
✓ Special Education/IEP/504 Records – If Applicable
✓ Grades to date of withdrawal
✓ Disciplinary records
✓ Transcript
✓ Testing records – including CRT/SBAC and HSPE/EOC Scores

Last day of attendance at your school: ________________________________

For office use only:

Dates Records Requested: ________________ Date Records Received: ____________

____________________________________________________________________

FAX TO:
☐ Centennial Hills: 702-685-7525   ☐ Nellis AFB: 702-643-5138
CONSENT AND RELEASE FORM

As a part of the school’s promotion of school activities or recognition of student achievement, staff members or the news media may photograph or video individual students or groups of students, while they are engaged in school activities. Your child’s photographic image, name, video may thereafter appear in publications, newspapers or newscasts.

Student Information (Please complete a new form for EACH student.)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nickname</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My child has permission to be (circle “yes” or “no” for each. If nothing is marked we will assume permission is granted):

Yes   No   1. Photographed, interviewed, and/or identified for CASLV school yearbook.
      Listed with her/his name: (Please Circle:   Yes   No)

Yes   No   2. Photographed, interviewed, and/or identified for CASLV electronic and/or printed publications, including but not limited to school brochures, printed ads, and/or school newsletters.
      Listed with her/his name: (Please Circle:   Yes   No)

Yes   No   3. Filmed and or photographed by newspapers, television and radio stations, Magazines, news releases/articles and photographs submitted to external media regarding the school and/or its programs and activities.
      Listed with her/his name: (Please Circle:   Yes   No)

Yes   No   4. I understand that if my child participates in any sports, clubs, extracurricular activities, etc. with the knowledge that their name, image, and/or interview may be used in internal and/or external electronic and/or printed publications changing your selection above to “yes.” *

*By circling “No” you acknowledge that if a photo opportunity is presented, your child will be asked to sit out.

☐ Yes ☐ No. By checking this box and signing this agreement, I agree to receive automated phone and email messages to my phone numbers and email addresses that I provided on my child’s records. I understand that at any time I can unsubscribe to receiving automated service. Automated phone calls will be used for such instances as absences and school wide emergency messages (such as school closure). We asked that if you choose to unsubscribe at any time during the school year that you notify the office staff of CASLV.

Parent/Guardian Signature ___________________________ Date ___________________________
CASLV Handbook Agreement

**Cell Phones**
Cell phones should be turned off while in school; students can only use cell phones at school solely before and after school and only outside the building. Students using or appearing to use cell phones in the building or at inappropriate times will have their cell phone confiscated. Parent must pick up the cell phone at the front office if it has been confiscated. If a student has his/her cell phone confiscated a total of three times, he/she will receive an afterschool detention. The Administration has the right to search through cell phone content if inappropriate activity is suspected.

I understand the cell phone policy of Coral Academy of Science Las Vegas.

**Student & Parent Handbook**
I have reviewed the foregoing CASLV Student/Parent Handbook located on the CASLV website. I understand that it is a source of information and a set of guidelines for implementation of school policies and procedures. I understand that CASLV can unilaterally rescind, modify, or make exceptions to any of these policies, or adopt new policies, at any time with reasonable notice. I also understand that the provisions of this Handbook will control over any contrary statements, representations or assurances made by any supervisory personnel except those made in writing by the Executive Director or his or her designee.
I understand and agree to all elements contained within the Student Conduct and Discipline section of the handbook and acknowledge that consequences for students who do not abide by the conduct code can include expulsion. CASLV reserves the right to refer a student to the Board for Expulsion and that the Board's decision to expel is FINAL.

I understand that it is my responsibility to understand the school policies and procedures and to request clarity from school personnel if I do not.

Date: _____/_____/______

Student’s Full Name ____________________________________________

Signature______________________________________________________ Date of Birth _____________

Parent/Guardian’s Full Name ____________________________________________

Signature________________________________________________________
**FINANCIAL POLICY – 2017/2018**

**Invoices/Payments**
I understand that invoices for all charges **will not** be sent. Parents/guardians are responsible for keeping records and making payments on time.

**Consumable Material Fees**

**Grades K-5**

<table>
<thead>
<tr>
<th>Semester</th>
<th>New Students</th>
<th>Returning Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>$225 ($175 for First Semester; $50 book deposit) – due at enrollment</td>
<td>$175 – due in May for the following school year</td>
</tr>
<tr>
<td>Second</td>
<td>$175 – due in January</td>
<td>$175 – due in January</td>
</tr>
</tbody>
</table>

**Grades 6-12**

<table>
<thead>
<tr>
<th>Semester</th>
<th>New Students</th>
<th>Returning Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>$175 ($125 for First Semester; $50 book deposit) – due at enrollment</td>
<td>$125 – due in May for the following school year</td>
</tr>
<tr>
<td>Second</td>
<td>$125 – due in January</td>
<td>$125 – due in January</td>
</tr>
</tbody>
</table>

I understand that in the event my child does not attend Coral Academy of Science Las Vegas after enrollment and/or payment of the Consumable Material Fee, only the book deposit* may be refunded, unless the parent notifies the school registrar 10 business days prior to the school’s first day.

*Refunds dependent upon Administrative review of student account balance.

**Returned Checks**
A $25 NSF charge is applied to all returned checks.

**Past Due Accounts**
- Parents agree to a conference with the school administrator. Sufficient effort to pay all debt, as determined by the school administration, is mandatory and failure to do so may result in the involvement of a collection agency.
- If your child(ren) qualifies for free or reduced lunch please see your site office staff for a Financial Assistance Application.

**I have read, understand, and agree with the above information and requirements.**

----------------------------------
Parent/Guardian Name – Please Print          Student’s Name
----------------------------------
Parent/Guardian Name – Signature          Student’s Grade

---
www.coral.academy | admissions@coralacademylv.org
STUDENT RESIDENCY QUESTIONNAIRE

Student Name______________________________________________________________

Birth Date____/____/_______ Age_______ □ Male □ Female

This form is intended to address requirements of the McKinney-Vento Act, Title x, Part C of the No Child Left Behind Act.

1. Is your current residence a temporary living arrangement? □ Yes □ No
2. Is your living arrangement due to loss of housing or economic hardship? □ Yes □ No
3. Is your current residence inadequate for meeting physical and psychological needs? □ Yes □ No

If you answered YES to any of the questions, please complete the remainder of this form.

If you answered NO to all of the questions, you may stop here.

Where does the student stay at night? (Please check one box.)

□ In a motel/hotel
□ In a shelter
□ With more than one family in a house, mobile home, or apartment (doubled-up)
□ In a car, park, campsite, or location not usually used for sleeping accommodations (unsheltered)

Address:________________________________________________________ Phone:_______________
Street     City     Zip

Parent/Guardian Name_______________________________________________________

I declare under penalty of perjury under the laws of the State of Nevada that the information provided here is true and correct.

Parent/Guardian Signature_________________________________________ Date______________

OR

Unaccompanied Youth Signature_________________________________________ Date______________

For Office Use Only

I hereby certify that the above named student qualifies for rights and services under the McKinney-Vento Act.

McKinney-Vento Liaison Signature_________________________________________ Date______________