



## **CORAL ACADEMY OF SCIENCE LAS VEGAS NELLIS CAMPUS ONLY**

### **ENROLLMENT INFORMATION:**

CASLV has a designated time frame of each registration window. If there is an extenuating circumstance prohibiting the parent/guardian from registrar in the time frame given by CASLV staff deferred registration may be granted. Upon completion of the initial lottery, all applicants will be notified whether or not they have been accepted by email, phone, and/or letter. *Parents /guardians have 72 hours to complete all required registration documents.* If all documents are not submitted by the stated deadline in the acceptance email, your students spot will be returned to the lottery at the end of the 72 hour deadline. *Once school is in session, there will be a 24 hour window to complete student registration.* Every effort will be made to contact the parent within this 24 hour deadline.

### **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.
- 1<sup>st</sup> – 5<sup>th</sup> grades – copy of most recent report card
- 6<sup>th</sup> – 12<sup>th</sup> 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 – 7<sup>th</sup> grade** - \$50.00 refundable family book deposit



# Coral Academy of Science Las Vegas

## Student Information

Grade Applied For:    PreK   K   1   2   3   4   5   6   7   8   9   10   11   12

Last Name:	First Name:	Middle Name:
Gender:	Birthdate:	Ethnicity:
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)
Physical Address:	City:	State:      Zip:
Mailing Address:	City:	State:      Zip:
Home Phone:	Cell Phone:	Email:
Employer/Occupation:	Work Phone:	Days/Hours:
Is Parent/Guardian active, reserve, or retired military? Yes / No (circle one)		Active / Reserve / Retired (Please circle one above)

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)
Physical Address:	City:	State:      Zip:
Mailing Address:	City:	State:      Zip:
Home Phone:	Cell Phone:	Email:
Employer/Occupation:	Work Phone:	Days/Hours:
Is Parent/Guardian active, reserve, or retired military? Yes / No (circle one)		Active / Reserve / Retired (Please circle one above)

<b>Emergency Contacts</b> (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:
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# Coral Academy of Science Las Vegas

## STUDENT MEDICAL INVENTORY

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

**Please circle any health conditions that apply and provide information:**

ADD/ADHD	YES	NO	If yes, Please specify:	
ALLERGIES	YES	NO	If yes, Please specify:	
ASTHMA	YES	NO	If yes, Please specify:	Mild / Moderate / Severe
BLOOD DISORDER	YES	NO	If yes, Please specify:	
CANCER/TUMORS	YES	NO	If yes, Please specify:	
DEPRESSION	YES	NO	Professional diagnosis?	Yes / No (Please Circle One)
DIABETES	YES	NO	If yes, Please specify:	
EATING DISORDER	YES	NO	If yes, Please specify:	
EPILEPSY/SEIZURES	YES	NO	If yes, Please specify:	Date of last seizure:
GLASSES/CONTACTS	YES	NO	If yes, Please specify:	
HEARING PROBLEMS	YES	NO	Uses a hearing device?	Yes / No (Please Circle One)
HEART CONDITION	YES	NO	If Yes, Activity restricted?	Yes / No (Please Circle One)
Other SERIOUS condition	YES	NO	If yes, Please specify:	

Will your child need to take any medications during school hours?	YES / NO (please circle one)
Please list the medications here:	
<b>PLEASE NOTE: Request for Medication Assistance <u>REQUIRED</u></b>	

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:
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**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:
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## 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: \_\_\_\_\_

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: \_\_\_\_\_



## 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.)

Last Name	First Name
Nickname	Grade

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 \_\_\_\_\_



**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 \_\_\_\_\_



# CORAL ACADEMY OF SCIENCE LAS VEGAS TRANSFER OF RECORDS FORM

STUDENT NAME: \_\_\_\_\_

STUDENT CAMPUS: \_\_\_\_\_

GRADE IN 2018/19: \_\_\_\_\_

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:**

- Tamarus: 702-269-3258
- Windmill: 702-722-2718
- Sandy Ridge: 702-776-8803
- Centennial Hills: 702-685-7525
- Nellis AFB: 702-643-5138
- Eastgate: 702-776-6569





**CORAL ACADEMY OF SCIENCE LAS VEGAS**  
**Credit Card Authorization Form (NELLIS ONLY)**  
*(For enrollment packets that are faxed/emailed/mailed ONLY)*

1. I understand that CASLV will shred this form after use, during registration.

I, \_\_\_\_\_, hereby authorize Coral Academy of Science Las Vegas, to charge my credit/debit card for the below charges. **(Check one or more)**

Book Deposit  
Per Enrollment - \$50

Student's Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Type of Card: (Check one)

Credit     Debit

Card Issuer: (Check one)

Visa    MasterCard    Discover

Bank Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_    CIV: \_\_\_\_\_ (3or 4-digit code located on back of card)

Card Holder Name: \_\_\_\_\_

I agree to pay the total amount according to the card issuer agreement.

X \_\_\_\_\_

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