



Global Village Academy STUDENT REGISTRATION

5720 State Rd. Parma, OH 44134 ♦ Phone: (216) 767-5956 ♦ Fax: (216) 767-5653 ♦ office@gva.school ♦ www.globalvillageacademy.net

Registration Packet

Parents or legal guardians must register their children prior to being admitted into Global Village Academy.
Please complete and/or provide copies of the following documents:

1. **Annual Non-refundable \$225 School Fee:** Due immediately to secure your child's seat
2. **Registration Forms:** Attached papers must be filled out completely
3. **Signed Parent/Student Handbook Agreements:** Will be provided once registration documents are completed
4. **Birth Certificate:** Copy of student's original Birth Certificate, plus an English translation (*if not in English*)
5. **Social Security Card:** Copy of student's Social Security card to verify number (*if student has one*)
6. **Driver's License:** State ID, Driver's License, or Passport of parent/guardian registering student
7. **Proof of Residency:** Must provide at least **one of the following documents**.
The document must include parent's/guardian's full name, full address of residence, and a date.
 - a) Current deed, mortgage, lease, or property tax bill
 - b) Home owner's or renter's insurance declaration page
 - c) Utility bill or receipt of utility issued within 90 days of enrollment
 - d) Paystub issued to the parent within 90 days of enrollment that indicates the address of residence
 - e) The most recent bank statement issued to the parent that indicates the address of residence
8. **Physical Examination:** signed by the child's physician, including the following
 - a) Vision Screening
 - b) Hearing Screening
 - c) Current Immunization Record
 - d) Allergy Information
9. **Court Order of Custody (*if applicable*):** Stamped, certified copy establishing custody or guardianship
10. **Transcripts/Records Request (*if applicable*):** Completed and signed for transfer students

As the parent or legal guardian of the child being registered, you have a continuing responsibility to inform Global Village Academy of any change of residence, email address, phone number, or legal custody.

Age Limitations:

Kindergarten: Student must be **five years old** on or before **August 1st** in the school year they are enrolling.
First Grade: Student must have successfully completed Kindergarten.

Global Village Academy is an equal opportunity provider and employer.



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Instructions: Please print using a **black or blue ballpoint pen**. Complete all pages, sign and date the last page.

STUDENT INFORMATION

1. Legal *Last* Name _____ Legal *First* Name _____
2. Legal *Middle* Name _____ 3. Grade _____ 4. Gender: Female Male
5. Birthdate (*Month/Day/Year*) _____ 6. City of Birth _____
7. Social Security #: _____ - _____ - _____ 8. Mother's Maiden Name _____
9. Citizen Status: US Citizen Resident Alien Non-Resident Alien Refugee Other _____
10. Race/Ethnic Category: Is the student Hispanic/Latino? Yes No
11. Racial Group (*check one or more of the following*):
 White Black Asian Native American or Alaskan Native Native Hawaiian or Other Pacific Islander
12. Home Address _____ Apt # _____
City _____ State _____ Zip _____
13. GVA Language and Cultures Class Choice (*select ONE*): Ukrainian Spanish

LANGUAGE USAGE SURVEY

Per Ohio Law: If a language other than English is indicated, your student will be referred for an English language proficiency assessment to determine if they qualify for English Language Learner services. Answers to these questions ensure your child receives the education services to succeed in school.

14. In what language(s) would your family prefer to communicate with the school? _____
15. What language did your child learn first? _____
16. What language does your child use the most at home? _____
17. What languages are used in your home? _____
18. In what country was your child born? _____
19. Has your child ever received formal education outside of the United States? Yes No
 - If yes, how many years/months? _____
 - If yes, what was the language of instruction? _____
20. Has your child attended school in the United States? Yes No
 - If yes, when did your child first attend a school in the US (*Month/Day/Year*)? _____
21. Any additional information to help us understand your child's language experiences and educational background:



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FAMILY INFORMATION

Parent/Legal Guardian #1

22. Legal *Last* Name _____ 23. Legal *First* Name _____

24. Relationship to student _____ 25. Email Address _____

26. Home Address (*if different from student*) _____ Apt # _____

City _____ State _____ Zip _____

27. Primary Phone No. _____ Type: Home Cell Work

28. Secondary Phone No. _____ Type: Home Cell Work

29. Employment _____

30. Member of the Armed Forces on active duty or full-time National Guard? Yes No

Parent/Legal Guardian #2

31. Legal *Last* Name _____ 32. Legal *First* Name _____

33. Relationship to student _____ 34. Email Address _____

35. Home Address (*if different from student*) _____ Apt # _____

City _____ State _____ Zip _____

36. Primary Phone No. _____ Type: Home Cell Work

37. Secondary Phone No. _____ Type: Home Cell Work

38. Employment _____

39. Member of the Armed Forces on active duty or full-time National Guard? Yes No

Additional Information

40. Parents are: Married Divorced Separated Never Married Other _____

41. Student Lives With (*check one*):

Mother & Father Mother ONLY Father ONLY Mother/Stepfather Father/Stepmother

Grandparent(s) Ward of Court Other _____

42. *If applicable*, Court Ordered Placement/Legal Custody Arrangements (*must provide copies of legal documents*):

Joint Custody Mother ONLY Father ONLY Guardian Foster Parent



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SIBLINGS

43. Please list any siblings.

<i>Sibling Name</i>	<i>Age</i>	<i>Gender</i>	<i>School (if in school)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACTS

In an emergency, the parents/guardians listed on the previous page will be called first. By listing a name or names in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

Emergency Contact #1

44. Full Name _____ 45. Relationship to Student _____

46. Home Address _____ Apt # _____

City _____ State _____ Zip _____

47. Primary Phone No. _____ Type: Home Cell Work

48. Secondary Phone No. _____ Type: Home Cell Work

Emergency Contact #2

49. Full Name _____ 50. Relationship to Student _____

51. Home Address _____ Apt # _____

City _____ State _____ Zip _____

52. Primary Phone No. _____ Type: Home Cell Work

53. Secondary Phone No. _____ Type: Home Cell Work



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PREVIOUS SCHOOL INFORMATION

54. School Name _____ 55. Grades & Years Attended _____

56. Address _____ 57. City _____ 58. State _____

59. Special Programs and Services:

- Does your student have a current Individualized Education Plan (IEP)? Yes No
- Does your student have a current Section 504 Plan? Yes No
- Does your student have a Reading Improvement Monitoring Plan (RIMP)? Yes No
- Is your student in a Talented and Gifted Program? Yes No
- Is your student in an English as a Second Language or ELL Program? Yes No

60. General Standing Questions:

- Has your student ever been retained? Yes No What grade level? _____
- Has your student ever skipped a grade? Yes No What grade level? _____
- Has your student ever been suspended? Yes No When? _____
 - Please Explain: _____
- Is your student now under expulsion or scheduled for an Expulsion Hearing? Yes No
 - Please Explain: _____

STUDENT MEDICAL INFORMATION

School staff need to know if your student has a medical condition for which they may require assistance during the school day. Remember to advise the school of any changes in information.

61. Doctor's Name (optional) _____ 62. Phone No. (optional) _____

63. Preferred Hospital _____

Emergency Medical Services (EMS) makes the final decision for site of best available care when serious illness, accident or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

64. Any current medical conditions: Yes No

Allergies _____

Life Threatening? Yes No

Asthma

Heart Disease

Seizure Disorder

Diabetes: Type I Type II

65. Any other special health needs the school should be aware of? _____



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REGISTRATION AGREEMENT

By signing this form, I agree that all the information provided in this registration packet is true. I certify that the student's name listed on the first page is his/her legal name and that I/we have legal custody. I will notify Global Village Academy immediately of any changes that may occur.

Student Name _____ Gr _____

Parent Name (PRINT) _____

Parent Signature _____ Date _____

Global Village Academy recognizes the diversity and worth of all individuals and groups and their roles in society. It is the policy of the Global Village Academy Board of Education that there will be no discrimination or harassment of individuals or groups on the grounds of age, color, creed, disability, marital status, national origin, race, religion, sex or sexual orientation in any educational programs, activities or employment.



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REQUEST FOR TRANSFER FOR STUDENT RECORDS

RECORDS OF: _____ / ____ / ____
Student Name *Grade* *Date of Birth*

Address *City* *State* *Zip*

RELEASED FROM: _____
School/Agency

Address

City, State, Zip

Phone: _____ Fax: _____

RELEASE TO: **Global Village Academy**
Attn: Registrar
5720 State Road
Parma, OH 44134-2594
Phone: (216) 767-5956 FAX: (216) 767-5653

Please include all items listed below:

- ____ Transcripts/Academic Grades (current and prior years)
- ____ Standardized Test Scores (State Tests, MAPS, etc.)
- ____ IEP/ETR or 504 Plan
- ____ Reading Improvement Monitoring Plan
- ____ Records of Interventions/Extra Services (LEP, Title I, etc.)
- ____ Other, please specify _____

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and I understand that I have the right to receive a copy, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Signature

Relationship

Date