INTELLICOR INTERNATIONAL ACADEMY

4301 Shamrock Drive
Charlotte, NC 28215
Tel/Fax: 704-290-2000
www.IntellicorAcademy.org

FAMILY ENROLLMENT FORM 2019-2020

Family Intellicor ID:
For Office Use Only

Father's Information

Father's Legal Last Name	Father's Legal First Name	Father's Legal Middle Name	Deceased ☐ Yes ☐ No
Address		City, State, Zip Code	County
Employer		Email	
Home Phone ( )		Cell Phone ( )	

Mother's Information

Mother's Legal Last Name	Mother's Legal First Name	Mother's Legal Middle Name	Deceased ☐ Yes ☐ No
Address		City, State, Zip Code	County
Employer		Email	
Home Phone ( )		Cell Phone ( )	

Stepparent Information

(Check if applicable) ☐ **Stepparent** ☐ **Legal Guardian** ☐ **Sponsor Information**

Legal Last Name	Legal First Name	Legal Middle Name	Deceased ☐ Yes ☐ No
Address		City, State, Zip Code	County
Employer		Email	
Home Phone ( )		Cell Phone ( )	

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Emergency Contact Information (Please, provide information for contacts, other than parents)			
Legal Last Name	Legal First Name	Relationship	Phone ( )
Can this person pick up your children from school? ☐ Yes ☐ No			
Legal Last Name	Legal First Name	Relationship	Phone ( )
Can this person pick up your children from school? ☐ Yes ☐ No			
Legal Last Name	Legal First Name	Relationship	Phone ( )
Can this person pick up your children from school? ☐ Yes ☐ No			

Children's Enrollment List			
This application is to enroll my following children:			
Student Name	**Entering Grade Level**	**Starting Academic Year**	**Student Intellicor ID** *Office Use Only*

Master Consent	
Initials _____	**Photography & Video Clips** Photographs & Videos Clips may be taken during school events and activities as a means of documenting and archiving events. Photographs & Videos Clips will be used as deemed necessary by Intellicor staff and volunteers. I understand while participating in this activity, my child may be photographed and/or videotaped. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. I also provide permission for the release by the school of my child's name, grade, school name and honors my child has received for public announcement of recognition of my child's accomplishments.
Initials _____	**Cell Phones & Electronic/Mobile Devices** *Maintaining the integrity of the learning environment is the top priority.* • Students will **NOT** be permitted to have Cell Phones & Electronic/Mobile Devices in their possession on school properties, except with a teacher/staff permission that is subject to principal's approval, for Instructional purposes. • If a student breaks this rule, then the device will be confiscated and placed in the principal's office and needs to be collected by a parent. • When teacher requests students to bring along their cell phone and/or electronic/mobile device, it is to be used for the approved activity strictly. At other times, it is to be kept with the teacher or an administrative staff until dismissal time. Students are **Not** allowed to use it until they are literally dismissed and off school facility.

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Initials _____	**Counseling, and Advising Services** As part of school activities, students will participate in counseling sessions (in relation to academics and otherwise). Because counseling is based on a trusting relationship between counselor and client, the counselor will keep information shared by the client confidential except in certain situations in which an ethical responsibility limits confidentiality. Parents/guardians will be notified under the following circumstances: 1. The student reveals information about hurting himself/herself or another person. 2. The student or another person may be in physical danger. By initialing this section, I give my informed consent for my child to participate in counseling. I understand that anything that my child shares will be kept confidential except in the above-mentioned cases.
Initials _____	**Assessments** As part of school admissions, students will participate in assessments (in relation to academics and otherwise). Decision for student placements will be revisited after Admission Assessment results. Upon registration, students will be placed at North Carolina public school age equivalent for grade level. Students will be re-evaluated and placed in the appropriate grade level based on the academic achievement, up to two grades or as necessary.
Initials _____	**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM: (**This is a standard template.**)** I HEREBY ASSUME ALL OF THE RISKS OF MY FAMILY'S (PARENTS AND CHILDREN) PARTICIPATION IN ANY/ALL ACTIVITIES ASSOCIATED WITH **INTELLICOR INTERNATIONAL ACADEMY (IIA)**, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by IIA, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in IIA activities, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in IIA activities. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the IIA staff, sponsors, and organizers of IIA activities in which I may participate, and that it will govern my actions and responsibilities at said IIA activities. In consideration of my application and permitting me to participate in IIA activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from IIA activities, THE FOLLOWING ENTITIES OR PERSONS: **INTELLICOR INTERNATIONAL ACADEMY (IIA)** and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in IIA activities, whether caused by the negligence of release or otherwise. I acknowledge that IIA and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that IIA activities may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during IIA activities. I understand while participating in IIA activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the IIA holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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Initials _____	**Medical Notice** The undersigned acknowledges that as a part of this Release he or she shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in school activities. The undersigned authorizes his/her son/daughter to be transferred and admitted to any hospital or medical facility for diagnosis and treatment if deemed necessary.
Initials _____	**Transportation** It is the responsibility of the parent(s) to provide transportation to and from school.

	Attendance
	- I acknowledge that I am legally-responsible to bring my child to school every school day.
	- I acknowledge that if my child accumulates more than 10 unexcused absence days, he/she will not qualify to be promoted to the next grade level, regardless of academic performance.
	- Excused unattendance is only granted for medical reasons and family emergencies. It is subject to principal's approval.
	- I acknowledge the following unexcused unattendance codes:
	  o Unexcused Tardy is worth of %10 of an unexcused absence day. Tardiness will start at 8:05 am.
	  o Unexcused Early Departure/Dismissal is worth of %10 of an unexcused absence day
	  o Unexcused Half Absence (arriving after lunch or leaving before lunch) is worth of %50 of an unexcused absence day
	- Absence Recovery: To remove an unexcused absence, it is the responsibility of the parent to request from the teacher an Absence Recovery Form. The child needs to complete the work requested by the teacher, for an absence to be recovered (removed).
	- Arrivals and Dismissals are strictly from the teacher or an administrator, from the designated area.

Initials _____	**Financial Agreement** I acknowledge that I am responsible to pay the total amount of fees and tuition for all my enrolled children at Intellicor.
Initials _____	**Discipline** Intellicor Administration has full discretion in the discipline of my child. ***Intellicor does not use corporal punishment.*** Intellicor Administration reserves the right to dismiss any student who does not respect Intellicor spiritual, academic or behavioral standards. I acknowledge that Intellicor benchmarks CMS Code of Student Conduct. I am aware of and approve Intellicor Discipline Policy (Disruptive Behavior Management Plan).

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. I FURTHER UNDERSTAND THAT FAILURE TO DO ANY AND/OR ALL OF THE ABOVE WILL RESULT IN IMMEDIATE DISCIPLINE AND REEVALUATION OF MY PLACEMENT AND/OR REMOVAL FROM INTELLICOR AS REGULARLY ENROLLED STUDENT.

This consent will be on file throughout the time that your child attends Intellicor International Academy. You may revoke this consent at any time through completion of the proper paperwork with school administration.

Required Parent/Legal Guardian Signature

I, _____ (Parent/Guardian/Legal Custodian) hereby swear of affirm that the above information is true and accurate.

Signature:_____ **Date:** _____