

# OPEN-ENROLLMENT CHARTER CONTRACT RENEWAL APPLICATION

*[Handwritten signature]*  
6/18/14

## Current Information in Charter School Tracking System

**Charter Holder Name:** IMAGINE INTERNATIONAL ACADEMY OF NORTH TEXAS, LLC

**Charter School Name:** IMAGINE INTERNATIONAL ACADEMY OF NORTH TEXAS

**Charter School County/District #:** 043-801

**Generation:** 14

**Maximum Approved Enrollment:** 1,300

**Grades Approved:** K,1,2,3,4,5,6,7,8,9,10,11,12

RECEIVED MAR 28 2014

**Campuses:**

043801001  
 IMAGINE INTERNATIONAL ACADEMY OF NORTH TEXAS  
 2860 VIRGINIA PKWY  
 MCKINNEY, TX 75071  
 Grade Levels Currently Served:  
 KG,01,02,03,04,05,06,07,08,09

**Geographical Boundary:**

The original charter application and amendment history reflects that the following district(s) comprise the charter school's geographic boundary:

- ALLEN ISD
- ANNA ISD
- AUBREY ISD
- BLUE RIDGE ISD
- CARROLLTON-FARMERS BRANCH ISD
- CELINA ISD
- COMMUNITY ISD
- FARMERSVILLE ISD
- FRISCO ISD
- GARLAND ISD
- GUNTER ISD
- LAKE DALLAS ISD
- LITTLE ELM ISD
- LOVEJOY ISD
- MCKINNEY ISD
- MELISSA ISD

- PILOT POINT ISD
- PLANO ISD
- PRINCETON ISD
- PROSPER ISD
- RICHARDS ISD *RICHARDSON*
- ROCKWALL ISD
- VAN ALSTYNE ISD
- WYLLIE ISD

**UPDATE TO DATA PROVIDED BY TEA**

**Grade Levels Currently Served:**

KG, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10 ✓

**Geographical Boundary:**

ALLEN ISD  
ANNA ISD  
AUBREY ISD  
BLUE RIDGE ISD  
CARROLLTON-FARMERS BRANCH ISD  
CELINA ISD  
COMMUNITY ISD  
FARMERSVILLE ISD  
FRISCO ISD  
GARLAND ISD  
GUNTER ISD  
LAKE DALLAS ISD  
LITTLE ELM ISD  
LOVEJOY ISD  
MCKINNEY ISD  
MELISSA ISD  
PILOT POINT ISD  
PLANO ISD  
PRINCETON ISD  
PROSPER ISD  
RICHARDSON ISD ✓  
ROCKWALL ISD  
VAN ALSTYNE ISD  
WYLIE ISD ✓

## Section II.

### Contact Information

The persons listed below will be contacted by agency staff if there are issues to be resolved in any of the renewal petition sections. Note that any contact information, including email addresses, provided with the renewal petition will be public information.

#### Superintendent Contact Information: ✓

Superintendent's Name:	Ann O. Carrell
Telephone Number:	214-491-1500
Fax Number:	214-491-1504
E-mail Address:	ann.carrell@imagineorthtexas.org

#### Charter Holder Board Chair Contact Information: ✓

Board Chair's Name:	Ann O. Carrell
Telephone Number:	214-491-1500
Fax Number:	214-491-1504
E-mail Address:	ann.carrell@imagineorthtexas.org

#### Petition Preparer's Contact Information:

Contact Name:	Julia Brady
Telephone Number:	214-491-1500 x 106
Fax Number:	214-491-1504
E-mail Address:	julia.brady@imagineschools.com

#### Charter School Website:

Web address:	<a href="http://www.imagineorthtexas.org">http://www.imagineorthtexas.org</a> ✓
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### Section III.

#### Website Postings

In accordance with the requirements of TEC §12.1211, an open-enrollment charter school shall list the names of the members of the governing body on the home page of the school's internet website. Provide the internet URL address where the names of the members of the governing body are listed. ✓

<http://imagineorthtexas.org>

In accordance with the requirements of TEC §12.136, an open-enrollment charter school shall post the salary of the school's superintendent or CEO on the school's internet website. Provide the internet URL address where the superintendent's salary is posted.

<http://www.imagineorthtexas.org/node/11> ✓

*Easily Found  
on School  
WEB PAGE*

In accordance with Local Government Code §140.006, an open-enrollment charter school shall post continuously on the school's internet website the annual financials of the school. Provide the internet URL address where the annual financial statements of the charter school are continuously posted.

<http://www.imagineorthtexas.org/node/11> ✓

## Section IV.

### Organizational Charts

Submit, as **Attachment 1**, the organizational chart for the charter school that specifies the administrative positions including the title and name of the individual currently in each position.

Submit, as **Attachment 2**, a chart that identifies all other entities under the direction of the charter holder. This would include entities and/or programs that the charter holder governs/manages in addition to the charter school.

## Section V.

### Admission Policy

Please be aware that any change to the terms of an open-enrollment charter that relates to the following subjects:

- grade levels,
- maximum enrollment,
- geographic boundaries,
- approved sites,
- school name,
- charter holder name,
- charter holder governance,
- articles of incorporation,
- corporate bylaws,
- management company,
- admission policy, or
- the educational program of the school

requires the commissioner of education's approval of a substantive amendment. (See §100.1033(c) Substantive Amendment, 19 TAC Chapter 100.)

- A. Specify the period during which applications for admission are accepted. *TEC, §12.117, requires that a charter school establish a reasonable application deadline for the submission of applications for admission.*

Beginning of Period (Month/Day)

11/01

End of Period (Month/Day)

03/01

- B. If the school admits students by lottery when the number of admissions applications received exceeds the number of available spaces, describe the procedures followed in conducting the lottery.

All applications received from primary geographic boundary applicants during the application period are entered into a random lottery drawing to establish waiting lists for each grade level. The lottery is open to the general public and is held at the school within fifteen days of the admissions application deadline of March 1st. The date and time of the lottery are posted on the school's website no later than March 2nd of each year. Waiting lists established for each grade level are posted publicly at the school and on the school's website immediately following the lottery.

- C. If the school utilizes a lottery when oversubscribed, are any categories of applicants exempted from the lottery?

- Yes  
 No  
 Not applicable (because lotteries are not utilized)

If "Yes" was indicated in C above, state the categories of applicants that are exempted.

- Returning students
- Siblings of returning and admitted students
- Children of school founders, teachers, and staff

**Section V. (Continued)**  
**Admission Policy**

D. If the school utilizes a lottery when oversubscribed, specify the approximate date on which a lottery will be conducted.

Approximate Date of Lottery (Month/Day)

First two weeks of March

E. If the school does not utilize a lottery when oversubscribed, but rather fills the available positions in the order in which applications were received before the expiration of the application deadline (i.e., a “first-come, first-served” admission process), describe the manner in which the school notifies the community of the opportunity to apply for admission. *TEC, §12.117, requires a charter school that uses a first-come, first-served admission process when oversubscribed to publish a notice in a newspaper of general circulation not later than the seventh day before the application deadline.*

N/A - the school utilizes a lottery when oversubscribed.

F. If the school has a separate process for re-enrollment, state the process and the timeline to be used.

Parents of returning students are asked to complete an Intent To Return form by the first week of February each year to indicate their intent to attend the school for each upcoming school year.

G. State the procedures for processing applications received once the application deadline has passed.

All applications received on or after March 2nd from primary or transfer boundary applicants are added in order of receipt to the bottom of the established lottery-based primary boundary waiting lists for each grade level. If the lottery-based primary boundary waiting list is exhausted for any grade level during the year, additional applicants from both boundaries are admitted in order of receipt of applications.

H. Describe the information that an applicant must provide in order to be considered for admission. *Applicants may not be required to provide copies of transcripts or other academic records until after they are offered admission and are enrolling. Furthermore, a student may not be precluded from enrolling due to the charter school's failure to receive information required for enrollment from the student's parent or guardian or previous school. See TEC, §25.002.*

Student's name, date of birth, grade entering for the upcoming year, address, zoned district/campus, and name and grade of any currently enrolled sibling(s) at the school. Parent's name, main and alternate phone number, and email address. Name and grade of any additional siblings applying for admission.

## Section V. (Continued)

### Admission Policy

- I. The charter holder certifies that the non-discrimination statement required by TEC, §12.111(a)(6) is printed in the school's admission policy. *TEC, §12.111(6) requires that a charter school's admission policy include a statement that the school will not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend.*

Yes

No

- J. Does the admission policy either require or permit the school to exclude from admission all students with documented histories of a criminal offense, a juvenile court adjudication, or discipline problems under TEC Chapter 37, Subchapter A as authorized by TEC, § 12.111(a)(6)?

Yes ( The school excludes such students or reserves the right to exclude such students from admissions.)

No (The school does not deny admission to such students based on their documented histories of misconduct.)

#### Submit

- A current copy of the admission policy that incorporates the information provided in the above answers to questions A through H and any other relevant information (**Attachment 3**);
- A blank copy of the current admission application, i.e., the information requested when the student first seeks admission (**Attachment 4**); and
- A blank copy of the current enrollment form(s), i.e., the information required once an applicant has been offered admission and is registering for enrollment (**Attachment 5**)



Section VI. ✓

**Special Education Assurances**

The charter holder certifies it has policies and procedures in place that ensure implementation of all federal laws and regulations, Texas laws, State Board of Education (SBOE) and commissioner of education rules related to students with disabilities and further certifies any future amendments to the laws, regulations, and rules will be incorporated and implemented.



Signature of Charter Holder Board Chair  
*(Must sign in blue ink)*

3/26/14

Date

Ann O Carrell

Printed Name of Charter Holder Board Chair

## Section VII.

### Serving Students at Residential Facilities Assurances

**If the charter school is not currently approved to serve students at residential facilities, do not provide a signature and indicate N/A on the signature line.**

If operating a charter school campus on the site of a residential facility (RF) or serving students residing in or receiving services from an RF, the charter holder certifies by signing the assurance that:

***Compliance with Special Education Requirements:*** The charter holder assures that it will comply with all of the requirements for the provision of educational services to students with disabilities as mandated by the Individuals with Disabilities Education Act, as amended, the Texas Education Code, and federal and state special education regulations. The charter holder acknowledges that state and federal special education requirements require, among other things, it provide a free and appropriate public education (FAPE) in the least restrictive environment (LRE) to students with disabilities residing in RFs. The charter holder further assures that it will provide, or seek the provision of, a FAPE to students with disabilities, which may require it to contract with outside service providers or another local educational agency to provide necessary services and supports to students with disabilities.

***Geographic Boundaries:*** The charter holder assures that it will accept students who reside in the school district(s) that are within each campus's geographic boundaries regardless of the presence or absence of a disability or admission to or participation in an RF program.

***Admissions Criteria:*** The charter holder assures that its admissions criteria will not be based on the presence or the absence of a disability; or on gender; national origin; ethnicity; religion; academic; artistic or athletic ability; or the home district the child would otherwise attend.

***School Choice:*** The charter holder assures that parents/legal guardians (or adult students) will be advised that they may choose to enroll their child in either the charter school or the local public school district and that the elected choice will be documented in writing and filed for purposes of review or audit by the Texas Education Agency (TEA), an external auditor, or an other entity.

***Residential Facilities Monitoring (RFM) System:*** The charter holder assures that it understands that, pursuant to 19 Texas Administrative Code (TAC) §97.1072, there is a specific system for monitoring school districts and charter schools serving students with disabilities who reside in RFs. The charter holder further assures that it understands it will be required to report data related to students with disabilities residing in RFs in TEA's data collection system known as *RF Tracker* and it may be subject to RFM intervention activities and on-site visits based upon a review of the data reported on a random selection or other means of selection.

***Training:*** The charter holder assures that all personnel involved with serving students with disabilities residing in a RF and personnel involved with reporting data in *RF Tracker* will receive training on the RFM system. Please contact your regional Educational Service Center for information regarding the required RFM system training.

Section VII. (Continued)

Serving Students at Residential Facilities Assurances

The charter holder assures this assurance document has been shared with, and understood by, the RF board and that the RF board has acknowledged its understanding of all federal laws and regulations, Texas laws, State Board of Education (SBOE) and commissioner of education rules related to charter schools serving students at residential facilities and further certifies that any future amendments to the laws, regulations, and rules will be incorporated and implemented.

N/A

Signature of Charter Holder Board Chair  
*(Must sign in blue ink)*

N/A

Date

N/A

Printed Name of Charter Holder Board Chair

**Please write N/A in the signature line  
if the charter does not serve students at residential facilities.**

Section VIII.

**Bilingual/ESL, Section 504, and Dyslexia Assurances**

TEC, Chapter 29, Subchapter B, TEC §12.104(b)(2)(G), and 19 TAC §§89.1201-.1265 require charter schools to identify limited English proficient students based on state criteria and to provide an appropriate bilingual education or English as a second language program conducted by teachers certified for such courses.

A. The charter holder certifies it has policies and procedures in place to ensure it complies with the legal and regulatory requirements concerning identifying and providing appropriate educational services to limited English proficient students.

Yes

No

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794, prohibits discrimination on the basis of disability in any program receiving federal financial assistance. A recipient that operates a public education program or activity shall provide a free, appropriate public education to qualified individuals.

B. The charter holder certifies it has policies and procedures in place to ensure it complies with the legal and regulatory requirements concerning identifying and providing appropriate educational services to students protected by Section 504.

Yes

No


TEC §38.003, TEC §12.104(b)(2)(K), 19 TAC §74.28 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794, require charter schools to identify students with dyslexia or related disorders and to provide appropriate educational services.

C. The charter holder certifies it has policies and procedures in place to ensure it complies with the legal and regulatory requirements concerning identifying and providing appropriate educational services to students with dyslexia or related disorders.

Yes

No

I further certify that any future amendments to the laws, regulations, and rules will be incorporated and implemented.



Signature of Charter Holder Board Chair  
(Must sign in blue ink)

3/26/14

Date

Ann O Carrell

Printed Name of Charter Holder Board Chair

Section IX.

**Fingerprinting and Criminal Record Check Assurance**

The charter holder certifies it is in compliance with TEC §12.120, and confirms that no individual is serving in any capacity if he or she has been convicted of a misdemeanor involving moral turpitude; a felony; an offense listed in TEC §37.007(a); or an offense listed in Article 62.001(5) Code of Criminal Procedures; unless the individual is eligible to be employed in a position in a school district under TEC §12.120 (a-1).

Additionally, the charter holder confirms all current fingerprinting and criminal record checks are available for all employees, including contract employees; volunteers who indicated in writing their intention to serve; board members; and officers of the charter holder who are not on the board, in compliance with TEC §§12.1059, 22.0832-22.0835.

  
\_\_\_\_\_  
Signature of Charter Holder Board Chair  
(Must sign in blue ink)

3/26/14  
\_\_\_\_\_  
Date

Ann O Carrell  
\_\_\_\_\_  
Printed Name of Charter Holder Board Chair

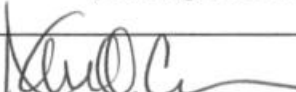
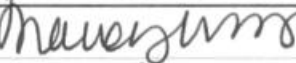
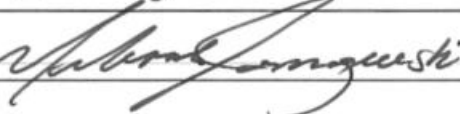
Section X.

Certificate of Acknowledgement

This section requires at least a majority of the governing body of the charter holder to certify it has had an opportunity to review the completed renewal petition and has authorized, during an open meeting, submission of the petition to the commissioner of education for consideration of renewal of the charter.

CERTIFICATE OF ACKNOWLEDGEMENT

The undersigned members of the governing body of the charter holder hereby acknowledge that they have had an opportunity to review the completed renewal petition and have authorized its submission, during an open meeting, to the commissioner of education for consideration of the renewal of the charter:

Typed Name (Type name next to corresponding signature)	Signature (Must sign in blue ink)	Date*
ANN CARRELL		3/26/14
NANCY INTRATOR		3/26/14
DEBORAH TOMASZEWSKI		3/26/14

\*Members are to sign the acknowledgement during an open meeting; therefore, the date next to each signature must reflect the date of the meeting.

ATTACHMENT 1

IMAGINE INTERNATIONAL ACADEMY OF NORTH TEXAS

ORGANIZATIONAL CHART

ATTACHMENT 1

ORGANIZATIONAL CHART

Texas Education Agency/Texas State Board of Education

Imagine International Academy of North Texas, LLC  
Board of Managers  
Chief Executive Officer/Superintendent  
Name: Ann Carrell

Central Administration Officer/Head of School  
Name: Julia Brady

Upper School Director  
(Campus Administration Officer)  
Name: Preston Emerton

Administrative Coordinator  
(Business Manager)  
Name: Gene Zhu

Lower School Director  
(Campus Administration Officer)  
Name: Angela Farrell

Upper School Staff/Personnel  
(Grades 6-12)

Administrative  
Staff/Personnel

Lower School Staff/Personnel  
(Grades K-5)



ATTACHMENT 2

IMAGINE INTERNATIONAL ACADEMY OF NORTH TEXAS

ALL OTHER ENTITIES UNDER CHARTER HOLDER

ATTACHMENT 2

**ALL OTHER ENTITIES UNDER CHARTER HOLDER**

No other entities are under the direction of the charter holder.

ATTACHMENT 3

IMAGINE INTERNATIONAL ACADEMY OF NORTH TEXAS

ADMISSION POLICY

## 400.20. ADMISSIONS & ENROLLMENT

The governing body (“Board”) of Imagine International Academy of North Texas adopts the following policy which shall be effective on the date that the policy is adopted by the Board.

### Section 1. Admissions

Section 1.1. Non-Discrimination Policy. Imagine International Academy of North Texas’s admissions and enrollment shall be free from discrimination based on sex, national origin, ethnicity, religion, disability, academic, artistic, athletic ability, or the district the child would otherwise attend under state law.

Section 1.2. Admission Application Deadline. The Imagine International Academy of North Texas admission application period is from November 1<sup>st</sup> through March 1<sup>st</sup>.

Section 1.3. Non-resident Transfer Students. Students who reside outside Imagine International Academy of North Texas’s approved primary geographic boundaries may be admitted once all eligible, resident students who submitted a timely application are enrolled, according to the school’s charter.

Section 1.4. Exclusion from Admission. Imagine International Academy of North Texas reserves the right to exclude from admission a student who has a documented history of a criminal offense, a juvenile court adjudication, or discipline problems under the Education Code, Chapter 37, Subchapter A.

### Section 2. Enrollment

Section 2.1. Eligibility. The Central Administration Officer (“CAO”), or CAO’s designee, shall establish procedures that ensure that appropriate measures are taken to verify, on enrollment, that a student is entitled to enroll in Imagine International Academy of North Texas. Areas to be verified include, but are not limited to, a student’s residency and grade level.

Section 2.2. Enrollment Documentation. Upon a student’s enrollment, the CAO, or CAO’s designee, shall ensure that a bona fide effort is made to secure all records and required documentation pertaining to the student.

Section 2.3. Establishing Identification. Any of the following documents are acceptable for proof of identification and age: birth certificate; driver’s license; passport; school ID card, records, or report card; military ID; hospital birth record; adoption records; church baptismal record; or any other legal document that establishes identity.

ATTACHMENT 4

IMAGINE INTERNATIONAL ACADEMY OF NORTH TEXAS

ADMISSION APPLICATION

News About Us Admissions Primary Years Middle Years Diploma Years Parents Staff Advancement



QUICK LINKS  
ManageBac Login  
TxConnect Login  
School Calendar



### Application For Admission for 2014-2015 School Year

*The Imagine International Academy of North Texas does not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend.*

One application must be completed for **EACH STUDENT** interested in attending the school. Applications received on or after March 2nd, 2014 will be placed on our waiting lists in order of when they are received.

#### Student Information

Student's First Name: \*

Student's Last Name: \*

Student's Date of Birth: \*

Grade Entering in Fall 2014: \*

Street Address: \*

City: \*

State:

Zip: \*

Zoned Public School District \*

Zoned Public School Campus: \*

Does the student have a sibling currently enrolled in the school? \*  Yes  No

Currently Enrolled Sibling's First Name: \*

Currently Enrolled Sibling's Last Name: \*

Grade Sibling Currently Enrolled In: \*

#### Parent/Guardian Information

Parent/Guardian First Name: \*

Parent/Guardian Last Name: \*

Parent/Guardian Main Phone Number: \*

Parent/Guardian Alternate Phone Number: \*

Parent/Guardian Email Address: \*

Sibling Information (Additional Application Required Per Child)

Name of Sibling #1 (if applying for 2014-2015 school year): \*

First Name/Last Name or N/A

Grade Sibling #1 Entering in Fall 2014: \* - Select -

Name of Sibling #2 (if applying for 2014-2015 school year): \*

First Name/Last Name or N/A

Grade Sibling #2 Entering in Fall 2014: \* - Select -

Name of Sibling #3 (if applying for 2014-2015 school year): \*

First Name/Last Name or N/A

Grade Sibling #3 Entering in Fall 2014: \* - Select -

Name of Sibling #4 (if applying for 2014-2015 school year): \*

First Name/Last Name or N/A

Grade Sibling #4 Entering in Fall 2014: \* - Select -

Does the student have a documented history of any criminal offense, juvenile court adjudication, or disciplinary problems? \*  Yes  No

If admitted, may we post your child's last name and first initial on the school website to notify you of admission? \*  Yes  No

Certification Statement: \*  Yes  No

I, the undersigned, hereby certify that, to the best of my knowledge and belief, the answers to the foregoing questions and statements made by me in this application are complete and accurate, and I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

Parent/Guardian Signature: \*

**ATTACHMENT 5**

**IMAGINE INTERNATIONAL ACADEMY OF NORTH TEXAS**

**ENROLLMENT FORM**



Mailing Address:  
2860 Virginia Parkway  
McKinney, Texas 75071



Fax: 214.491.1504  
Phone: 214.491.1500  
Email: info@imaginorthtexas.org

## IMAGINE INTERNATIONAL ACADEMY OF NORTH TEXAS

*World-Class College Preparatory Education*

www.imaginenorthtexas.org

### STUDENT ENROLLMENT CHECKLIST

2013 – 2014 SCHOOL YEAR

#### STUDENT INFORMATION

ENTERING GRADE FOR 2013-2014 SCHOOL YEAR						DATE OF BIRTH		
<input type="checkbox"/> K	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>	<input type="checkbox"/> 4 <sup>th</sup>	<input type="checkbox"/> 5 <sup>th</sup>	____ / ____ / ____		
<input type="checkbox"/> 6 <sup>th</sup>	<input type="checkbox"/> 7 <sup>th</sup>	<input type="checkbox"/> 8 <sup>th</sup>	<input type="checkbox"/> 9 <sup>th</sup>	<input type="checkbox"/> 10 <sup>th</sup>		MM	DD	YYYY

PLEASE COMPLETE AND RETURN THIS CHECKLIST WITH YOUR FORMS

#### REQUIRED FORMS

- |   |          |
|---|----------|
| <input type="checkbox"/> Student Registration Form                              | Page #2  |
| <input type="checkbox"/> Special Services Information                           | Page #3  |
| <input type="checkbox"/> Student Release Authorization Form (must be notarized) | Page #5  |
| <input type="checkbox"/> Student Medical Information Form                       | Page #6  |
| <input type="checkbox"/> Student Medical Care Authorization Form                | Page #7  |
| <input type="checkbox"/> Home Language/Family Survey                            | Page #8  |
| <input type="checkbox"/> Race/Ethnicity Questionnaire                           | Page #9  |
| <input type="checkbox"/> Media Release Form                                     | Page #10 |
| <input type="checkbox"/> Student Directory Information Release Form             | Page #12 |
| <input type="checkbox"/> Tell Us About Your Child                               | Page #13 |
| <input type="checkbox"/> Educational Background                                 | Page #14 |
| <input type="checkbox"/> Field Trip Permission Form                             | Page #15 |
| <input type="checkbox"/> Student Records Request Form                           | Page #16 |

#### ADDITIONAL DOCUMENTATION REQUESTED FOR STUDENT TO BE ENROLLED

- Copy of student's Birth Certificate
- Copy of student's Social Security Card
- Copy of parent's/guardian's Driver's License or State ID
- Proof of Residency within school boundaries (current gas, water, or electric utility bill, lease agreement, or contract)
- Current immunization records or notarized exemption affidavit
- Copy of student transcript or most recent report card
- Copies of state testing results from previous school year(s) – TAKS/STAAR or other comparable state test
- Copies of any previous assessment results for the student
- Copies of any Special Education/Speech/Special Services/GT/504 documentation, if applicable

#### TO BE PROVIDED AND RETURNED TO THE SCHOOL PRIOR TO START OF INSTRUCTION

- |   |   |
|---|---|
| <input type="checkbox"/> Receipt of Parent-Student Handbook | <input type="checkbox"/> Parent/Student/Faculty Agreement |
| <input type="checkbox"/> Receipt of Student Code of Conduct | <input type="checkbox"/> Technology Use Agreement         |

Student ID #: \_\_\_\_\_

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

**STUDENT REGISTRATION FORM**

**2013 – 2014 SCHOOL YEAR**

Please type or print legibly.

**STUDENT INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME
-----------	------------	-------------

DATE OF BIRTH	GENDER	NICKNAME (IF ANY)
---------------	--------	-------------------

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Male  Female

CURRENT HOME ADDRESS	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER
----------------------	--------------------	------------------------

CURRENT MAILING ADDRESS (If Different From Home)	CITY / STATE / ZIP	STUDENT EMAIL ADDRESS (Required for Upper School Students)
---	--------------------	---

ZONED SCHOOL DISTRICT	ZONED SCHOOL NAME	LAST SCHOOL ATTENDED
-----------------------	-------------------	----------------------

ENTERING GRADE LEVEL	HOMESCHOOLED?
----------------------	---------------

K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  
 6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>

Yes  No Curriculum Used:

**FAMILY INFORMATION**

STUDENT LIVES WITH: (CHECK ALL THAT APPLY)

Both Parents  Mother  Father  Foster Parents  Stepmother  Stepfather  Other (specify) \_\_\_\_\_

NAME (MOTHER/LEGAL GUARDIAN)	NAME (FATHER/LEGAL GUARDIAN)
------------------------------	------------------------------

HOME ADDRESS	HOME ADDRESS
--------------	--------------

CITY	STATE	ZIP	CITY	STATE	ZIP
------	-------	-----	------	-------	-----

HOME PHONE	MOBILE/PAGER	HOME PHONE	MOBILE/PAGER
------------	--------------	------------	--------------

EMAIL ADDRESS	EMAIL ADDRESS
---------------	---------------

EMPLOYER	WORK PHONE	EMPLOYER	WORK PHONE
----------	------------	----------	------------

SIBLING NAME / DATE OF BIRTH / CURRENT GRADE	SIBLING NAME / DATE OF BIRTH / CURRENT GRADE
--	--

Student ID #: \_\_\_\_\_

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

## SPECIAL SERVICES INFORMATION

In order to best meet your child's educational needs, please inform us of any special services your child has received:

### STUDENT INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH
		____ / ____ / ____ MM DD YYYY

### SERVICES PROVIDED

HAS YOUR CHILD PREVIOUSLY BEEN ENROLLED IN ANY OF THE FOLLOWING SPECIAL SERVICES PROGRAMS?

- Speech    Occupational Therapy    Physical Therapy    Learning Disability \_\_\_\_\_  
*(please list)*
- ESL    Gifted/Talented    Migrant/Immigrant    Dyslexia    Other: \_\_\_\_\_  
*(please specify)*

HAS YOUR CHILD BEEN PREVIOUSLY TESTED OR EVALUATED FOR SPECIAL EDUCATION SERVICES?

- Yes    No   If yes, please attach copies of any testing and evaluations previously performed.

DOES YOUR CHILD CURRENTLY HAVE AN INDIVIDUALIZED EDUCATION PLAN (IEP)?

- Yes    No   If yes, please attach a copy of the current IEP.

DOES YOUR CHILD CURRENTLY HAVE A 504 ACCOMODATION PLAN?

- Yes    No   If yes, please attach a copy of the current 504 Accommodation Plan.

HAS YOUR CHILD EVER FAILED A GRADE, A STATE ASSESSMENT SUCH AS TAKS, OR BEEN DESIGNATED "AT RISK" OF DROPPING OUT OF SCHOOL?

- Yes    No   If yes, please list grade, year(s), and reason: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER WITHDRAWN YOUR CHILD FROM PUBLIC SCHOOL FOR ANY REASON?

- Yes    No   If yes, please explain: \_\_\_\_\_

### LAST SCHOOL ATTENDED

NAME OF SCHOOL	PHONE NUMBER	CITY/STATE/ZIP

I hereby certify that the student identified in these records resides within the boundaries of the Imagine International Academy of North Texas and I understand that falsified records may result in the removal of my student from the school.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name *(please print)*

\_\_\_\_\_  
Parent/Guardian Signature

Student ID #: \_\_\_\_\_

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

## STUDENT RELEASE PROCEDURES

All parents/guardians are required to provide a list of persons authorized to pick up their child from the school. The names of authorized persons should be listed on the following page.

### NORMAL RELEASE PROCEDURES

Students will be released only to authorized persons listed on the second page of this form. Any changes to the authorized persons list must be in writing and delivered to the school by the parent or legal guardian. Changes will not be effective until written notification has been received.

At the beginning of the school year, please let the student's teacher know who will be picking up your child on a regular basis. If someone else will be picking up your child, please make an effort to notify the school in advance. The school will only release your child to someone authorized by you, and only after first verifying the person's identity through their driver's license or other photo identification.

### EMERGENCY RELEASE PROCEDURES

In case of an emergency, or if any unforeseen conditions require that a child be released to a person not listed as an authorized person on the Student Release Authorization Form, the parent must contact the school prior to pick-up time and specifically designate the person to whom the child may be released.

The parent must also provide the school with the last four digits of the parent's social security number which will be used to identify the person who is to pick up the child.

Before the child is released, the person picking up the child must:

1. Present a driver's license or other picture identification for verification,
2. Provide the last four digits of the parent's social security number for verification, and
3. Sign a release form in the school's main office.

### CHANGES TO LIST OF AUTHORIZED PERSONS

During the school year, if any changes need to be made to the list of persons authorized to pick up your student, a new Student Release Authorization Form must be completed and provided to the school.

### NOTARIZATION OF STUDENT RELEASE AUTHORIZATION FORM

**The Student Release Authorization Form (on the next page) must be signed before a Notary Public, with proof of identification provided.**

### COURT ORDERS

If there are court orders which restrict access of any person to your child, you must provide the school with a copy of the order.

---

Student ID #: \_\_\_\_\_

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

### STUDENT RELEASE AUTHORIZATION FORM

#### EMERGENCY CONTACT INFORMATION

In case of an emergency, or if I cannot be contacted to pick up my child, I authorize the following person(s) to pick up my child.

MOTHER/GUARDIAN NAME	LAST 4 DIGITS OF SS#	FATHER/GUARDIAN NAME	LAST 4 DIGITS OF SS#

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT

HOME PHONE	WORK PHONE	MOBILE/PAGER

ADDRESS	CITY / STATE / ZIP

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT

HOME PHONE	WORK PHONE	MOBILE/PAGER

ADDRESS	CITY / STATE / ZIP

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT

HOME PHONE	WORK PHONE	MOBILE/PAGER

ADDRESS	CITY / STATE / ZIP

IF DIVORCED, NAME OF MANAGING CONSERVATOR	CUSTODY PAPERS ON FILE?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby permit the school to release my child to the above-named persons upon my written or telephoned request.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Date                      Parent/Guardian Name *(please print)*                      Parent/Guardian Signature

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_                      \_\_\_\_\_  
 Notary Public Signature                      Date Commission Expires

Student ID #: \_\_\_\_\_

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

## STUDENT MEDICAL INFORMATION FORM

In order to help us meet your child's needs while at school, please provide us with the following information:

### STUDENT INFORMATION

LAST NAME	FIRST NAME	GRADE	DATE OF BIRTH
			____ / ____ / ____ MM      DD      YYYY

### MEDICAL HISTORY

PLEASE CHECK ALL THAT APPLY:

- Asthma     Allergies (food or otherwise)     Chicken Pox     Vision Impairment     Heart Condition  
 Diabetes     Seizures     Hearing Impairment     ADD/ADHD     Scoliosis     Other: \_\_\_\_\_

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION?

- Yes     No    If yes, please provide details below:

MEDICATION NAME	DOSAGE/FREQUENCY
-----------------	------------------

Note that all medications, prescription or otherwise, must be dispensed through the school nurse.

IS YOUR CHILD ALLERGIC TO ANY FOODS OR OTHER SUBSTANCES?

- Yes     No    If yes, name food(s) or substances to be avoided, and what our procedure should be if a reaction occurs.

DOES YOUR CHILD HAVE ANY PHYSICAL CONDITIONS WE SHOULD BE AWARE OF?

- Yes     No    If yes, please describe, and provide information on what precautions or procedures must be taken.

### HEALTH SCREENING

The school is required by state law to provide screening for vision, hearing, scoliosis, and acanthosis marker (diabetes) to be performed by state-certified examiners. Do you give your permission to have your child screened for these conditions?

- Yes     No

I hereby authorize school employees to administer prescription, as well as non-prescription medication, when provided by me under the following provisions: (1) The school has received a written request to administer the medication from the parent, legal guardian or other person having legal control of the student, and (2) When administering the medication, it is in the original container and properly labeled. I give authorization for the school to call the family physician, if necessary, and to follow the recommendations of the physician. I understand that students may not possess any medication, prescription or otherwise, on school property without prior written approval from the school..

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name *(please print)*

\_\_\_\_\_  
Parent/Guardian Signature



Student ID #: \_\_\_\_\_

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

## STUDENT MEDICAL CARE AUTHORIZATION FORM

In order to provide appropriate care for your child in case of a medical emergency, please complete the following:

### STUDENT INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH ____ / ____ / ____ MM DD YYYY
PARENT/GUARDIAN NAME	PRIMARY PHONE NUMBER	MOBILE/PAGER NUMBER
PARENT/GUARDIAN NAME	PRIMARY PHONE NUMBER	MOBILE/PAGER NUMBER
PRIMARY PHYSICIAN	TELEPHONE NUMBER	
PREFERRED HOSPITAL	TELEPHONE NUMBER	

PLEASE LIST ANY FACTS CONCERNING YOUR CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS TAKEN, AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED IN CASE OF EMERGENCY:

### EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN (IN ORDER OF PRIORITY)

LAST NAME	FIRST NAME	RELATIONSHIP
HOME PHONE	WORK PHONE	MOBILE/PAGER
LAST NAME	FIRST NAME	RELATIONSHIP
HOME PHONE	WORK PHONE	MOBILE/PAGER

I, the undersigned, do hereby authorize officials of this school to contact directly the person(s) named on this form, and to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while at school or participating in school-related activities. In the event the physician, parents, or other persons named on this form cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of aforesaid child. I will not hold the Imagine International Academy of North Texas financially responsible for the emergency care and/or transportation of aforesaid child. I give permission for the release of confidential information regarding my child's specific health problems to third parties, other than school officials, as required to facilitate medical care and/or treatment of my child. I certify that I am a parent with legal control of the child, the child's legal guardian, or have other court ordered control of the child. I understand that I must notify the school in writing to change any information on this form or to revoke any consent given herein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name *(please print)*

\_\_\_\_\_  
Parent/Guardian Signature

Student ID #: \_\_\_\_\_

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

## HOME LANGUAGE / FAMILY SURVEY

The state of Texas requires schools to collect the following information to better serve your child through supplemental programs:

### STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH ____ / ____ / ____ MM DD YYYY	PLACE OF BIRTH/COUNTRY OF ORIGIN	PHONE NUMBER
CURRENT ADDRESS		CITY / STATE / ZIP

### STUDENT BACKGROUND

WHAT LANGUAGE IS SPOKEN IN YOUR HOME MOST OF THE TIME?  
¿CUÁL ES EL IDIOMA QUE MAS SE HABLA EN SU HOGAR?

WHAT LANGUAGE DOES YOUR CHILD SPEAK MOST OF THE TIME?  
¿CUÁL ES EL IDIOMA QUE HABLA MÁS SU NIÑO(A)?

PLEASE COMPLETE THE FOLLOWING CHART OF YOUR CHILD'S HISTORY OF SCHOOLING:

Grade	School Year Completed	Inside/Outside USA	Location (City/State/Country)
Pre-K	<input type="checkbox"/> All <input type="checkbox"/> Partial	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Kindergarten	<input type="checkbox"/> All <input type="checkbox"/> Partial	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
1 <sup>st</sup> Grade	<input type="checkbox"/> All <input type="checkbox"/> Partial	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
2 <sup>nd</sup> Grade	<input type="checkbox"/> All <input type="checkbox"/> Partial	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
3 <sup>rd</sup> Grade	<input type="checkbox"/> All <input type="checkbox"/> Partial	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
4 <sup>th</sup> Grade	<input type="checkbox"/> All <input type="checkbox"/> Partial	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
5 <sup>th</sup> Grade	<input type="checkbox"/> All <input type="checkbox"/> Partial	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
6 <sup>th</sup> Grade	<input type="checkbox"/> All <input type="checkbox"/> Partial	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
7 <sup>th</sup> Grade	<input type="checkbox"/> All <input type="checkbox"/> Partial	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
8 <sup>th</sup> Grade	<input type="checkbox"/> All <input type="checkbox"/> Partial	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
9 <sup>th</sup> Grade	<input type="checkbox"/> All <input type="checkbox"/> Partial	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

HAS YOUR FAMILY MOVED WITHIN TEXAS, OR ACROSS STATES, TO FIND WORK IN AGRICULTURE OR FISHING WITHIN THE LAST THREE YEARS?

Yes  No

IF YES, PLEASE INDICATE AREA BELOW:

Agriculture (planting/harvesting)  Fishing  Ranches/Farms  Forestry  Processing plants  Other:

WHERE IS THE STUDENT CURRENTLY LIVING?

Permanent housing  With another family or person due to loss of housing, economic hardship, or natural disaster  
 Other temporary living situation (please describe): \_\_\_\_\_

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature



Student ID #: \_\_\_\_\_

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

## RACE/ETHNICITY QUESTIONNAIRE

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting, as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC). School staff and parents/guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting. Please answer both parts of the following questions on the student's or staff member's ethnicity and race.

*United States Federal Register (71 FR 44866).*

### STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
_____	_____	_____
_____ / _____ / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
MM / DD / YYYY		

### PART ONE. ETHNICITY:

#### IS THE PERSON HISPANIC OR LATINO?

- Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino

### PART TWO. RACE:

#### WHAT IS THE PERSON'S RACE?

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origin in any of the original peoples of the Far East, South East Asia or the Indian Subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand & Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander** - A person having origin in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Name (please print)

\_\_\_\_\_

Parent/Guardian Signature

Student ID #: \_\_\_\_\_

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

## MEDIA RELEASE FORM

During the school year, our school may receive requests from local news media to interview, photograph, and/or film our students for newspaper publications and television or radio broadcasts. We would also like to showcase our students and their achievements on our school website and in school-related publications. We value your child's participation and ask for your permission to include him or her. Please indicate by checking the box(es) below whether your child has permission to participate.

### STUDENT INFORMATION

LAST NAME	FIRST NAME	GRADE	DATE OF BIRTH
			____/____/____ MM DD YYYY

### PERMISSION PROVIDED

#### CHECK ALL THAT APPLY:

- YES, I give my permission to have my child interviewed and photographed/videotaped by the news media.
- YES, I give my permission to have my child's name and photograph printed by the news media.
- YES, I give my permission to have my child videotaped by the school for school use only and not for use by any outside agency or media. Videos may be viewed by the general public.
- YES, I give my permission to have my child's name, photograph, or videotape to be used on the school's website and in school publications.
- YES, I give my permission to have the school feature my child's schoolwork (art, essays, etc.).
  
- NO, I do not want my child to be interviewed and photographed/videotaped by the news media.
- NO, I do not want my child's name and photograph printed by the news media.
- NO, I do not want my child videotaped by the school.
- NO, I do not want my child's name, photograph, or videotape to be used on the school's website or school publications.
- NO, I do not want my child's schoolwork featured by the school.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name *(please print)*

\_\_\_\_\_  
Parent/Guardian Signature

Student ID #: \_\_\_\_\_

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

## STUDENT DIRECTORY INFORMATION RELEASE INFORMATION

Imagine International Academy of North Texas will provide notice in the Parent-Student Handbook to the parents of each student at the beginning of each school year, or upon enrollment of the student after the beginning of a school year, (1) a written explanation of the provisions of the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Sec.1232g) regarding the release of directory information about the student and, (2) written notice of the right of the parent to object to the release of directory information about the student under the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Sec.1232g).

### Notice

Certain information about school students is considered directory information and will be released to anyone who follows the procedures for requesting the information, unless the parents or guardian objects to the release of the directory information about the student.

If you do not want the Imagine International Academy of North Texas (IIA-NT) to disclose directory information from your child's education records without your prior written consent, you must notify the school in writing by the end of the first 10 days of instruction. You may utilize the form on the next page for this purpose.

For limited school-sponsored purposes, IIA-NT designates the following information as directory information: student's name, address, telephone number, email address, date and place of birth, photograph, honors and awards received, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, enrollment status, grade level, and most recent educational institution attended.

Directory information identified only for limited school-sponsored purposes will remain otherwise confidential and will not be released to the public without the consent of the parent or eligible student.

Student ID #: \_\_\_\_\_

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

## STUDENT DIRECTORY INFORMATION RELEASE FORM

### STUDENT INFORMATION

LAST NAME	FIRST NAME	GRADE	DATE OF BIRTH
			____ / ____ / ____ MM DD YYYY

### RELEASE OF INFORMATION

#### IMAGINE INTERNATIONAL ACADEMY OF NORTH TEXAS PARENT/STUDENT DIRECTORY

For the purpose of parent communication, the Imagine International Academy of North Texas and/or Imagine Parents in Partnership may assemble a parent/student directory listing parent/student contact information (name, address, phone number, email) by grade. Participation is strictly voluntary.

- Yes**, my contact information may be included in a parent/student directory.
- No**, my contact information may not be included in a parent/student directory.

#### RELEASE OF STUDENT INFORMATION FOR LIMITED PURPOSES

Parents can choose to allow the release of directory information for limited school-sponsored and/or Imagine Parents in Partnership-sponsored purposes (such as student recognition activities, yearbook or student newspaper, printed programs for extra-curricular activities, email newsletters, publications, etc.).

- Yes**, my student's directory information may be released only for the type of limited purposes listed above.
- No**, I do not want ANY of the directory information released, even for limited purposes. I understand that this means my student will not be included in positive publicity about his/her achievements or the school yearbook.

#### RELEASE OF DIRECTORY INFORMATION TO THIRD-PARTIES

Except as noted above, I direct the school NOT to release my student's directory information without my prior written consent to any third party.

- I do not want ANY of the directory information released to third parties.

#### SECONDARY STUDENTS (GRADES 7-12 ONLY)

Federal Law requires schools receiving assistance under the Elementary And Secondary Education Act of 1965 (20 U.S.C. section 6301 et seq.) to provide military recruiters, or an institution of higher education, on request, with the name, address, and telephone number of a secondary student, unless the parent has advised the school that the parent does not want the student's information disclosed without the parent's prior written consent.

- DO NOT RELEASE:** I choose to object to the release of the directory information for my student to a military recruiter or institution of higher education.

**THIS FORM MUST BE RETURNED TO THE SCHOOL NO LATER THAN  
10 DAYS FOLLOWING THE START OF INSTRUCTION**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name *(please print)*

\_\_\_\_\_  
Parent/Guardian Signature

Student ID #: \_\_\_\_\_

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

**TELL US ABOUT YOUR CHILD**

**STUDENT INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL	GRADE LEVEL

PARENT/GUARDIAN NAME	PARENT/GUARDIAN EMAIL	PHONE NUMBER	ALT. PHONE

**GETTING TO KNOW YOUR CHILD (Attach additional pages as necessary)**

**MY CHILD LEARNS BEST WHEN:**

**IN NEW SITUATIONS, MY CHILD TENDS TO:**

**MY CHILD GETS ANXIOUS WHEN:**

**WHAT YOU NEED TO KNOW ABOUT MY CHILD IS:**

**MY CHILD LIKES TO:**

**MY CHILD DOES NOT LIKE TO:**

**WHAT I WISH FOR MY CHILD AT YOUR SCHOOL FOR THE UPCOMING SCHOOL YEAR IS:**

**MY CHILD HAS THE FOLLOWING DIETARY, ACTIVITY, OR CELEBRATION RESTRICTIONS:**

Student ID #: \_\_\_\_\_

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

## EDUCATIONAL BACKGROUND

### STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	GRADE LEVEL
PARENT/GUARDIAN NAME	PARENT/GUARDIAN EMAIL	PHONE NUMBER	ALT. PHONE

### SPANISH PROFICIENCY

#### MY CHILD (CHECK ALL THAT APPLY):

- Has no previous experience with learning Spanish
- Has some previous experience with learning Spanish. Please describe: \_\_\_\_\_
- Speaks Spanish at home, but is not fluent in reading and/or writing
- Fluently speaks, reads, and writes Spanish
- Is bilingual

### MATHEMATICS PROFICIENCY (MIDDLE SCHOOL STUDENTS)

#### MY CHILD:

- Is ready to take Algebra I in 7<sup>th</sup> grade
- Has taken Algebra I in 7<sup>th</sup> grade
- Is ready to take Algebra I in 8<sup>th</sup> grade
- Is ready to take Algebra I in 9<sup>th</sup> grade
- Is currently taking: \_\_\_\_\_

### MUSIC PROFICIENCY

#### MY CHILD (CHECK ALL THAT APPLY):

- Can harmonize
- Has been in a choir of some kind before
- Has singing experience with a group or as a soloist
- Is familiar with singing Solfege or the number system
- Plays an instrument by ear/plays an instrument (including voice) – list instrument/skill: \_\_\_\_\_
- Other musical skills: \_\_\_\_\_

### ART PROFICIENCY (MIDDLE SCHOOL STUDENTS)

#### MY CHILD (CHECK ALL THAT APPLY):

- Has taken Middle School Art I
- Has taken Middle School Art II
- Has taken Middle School Advanced Art
- Other: \_\_\_\_\_

### HIGH SCHOOL CREDIT

#### MY CHILD:

- Has taken Health for high school credit already
- Has taken PE for high school credit already

Student ID #: \_\_\_\_\_

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

## FIELD TRIP PERMISSION FORM

### STUDENT INFORMATION

LAST NAME	FIRST NAME	GRADE	DATE OF BIRTH
			____ / ____ / ____ MM DD YYYY

From time to time during the school year, the Imagine International Academy of North Texas ("School") will plan field trips for students to enhance their educational and social development. All trips will be chaperoned by teachers and volunteer parents and/or other approved adults.

I understand that my child is not required to participate in these field trips, and that such participation is voluntary, although recommended.

I understand that transportation for School field trips may be provided by contracted bus service and/or volunteer parents.

I affirm the medical information, waiver, and authorizations listed in the Student Release Authorization Form, Student Medical Information Form, and Student Medical Care Authorization Form, as provided to the School. I understand that if my child's medical history or any associated information has changed, I must provide the School with updated forms.

As a parent or guardian, I understand that the School and its staff will do everything possible to prevent any accidents. However, I fully understand that some activities on field trips involve inherent risks to students, regardless of all feasible safety measures that may be taken by the School.

In consideration of the School's agreement to allow my child to participate in School field trips, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in any field trip. I expressly waive all claims for medical expenses, loss of services, or other claims, and agree to indemnify and hold harmless the School, its board, officer, employees, and agents from all claims made against it or them on behalf of my child. I understand that the School, its board, officers, employees, and agents are not waiving any legal rights or governmental immunity which they possess under Texas or other applicable law.

In the event it becomes necessary for the School staff in charge to obtain emergency care for my child, I hereby give permission for such emergency medical care, and acknowledge that neither the School staff nor the School itself assumes financial liability for expenses incurred due to an accident, injury, illness, and/or unforeseen circumstances.

**YES, I give permission for my child to participate in field trips conducted by the Imagine International Academy of North Texas for the upcoming school year.**

**NO, I do not give permission for my child to participate in field trips conducted by the Imagine International Academy of North Texas for the upcoming school year.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name *(please print)*

\_\_\_\_\_  
Parent/Guardian Signature



Student ID #: \_\_\_\_\_

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

## STUDENT RECORDS REQUEST FORM

CONFIDENTIAL

The student listed below will be attending the Imagine International Academy of North Texas for the 2013-2014 school year. Please mail or fax the information listed below to us as soon as possible. Thank you.

**Mailing Address:**

Imagine International Academy of North Texas  
2860 Virginia Parkway  
McKinney, TX 75071

Fax: 214-491-1504  
Phone: 214-491-1500  
Email: [admissions@imaginenorthtexas.org](mailto:admissions@imaginenorthtexas.org)

### STUDENT INFORMATION

LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH
		<input type="checkbox"/> M <input type="checkbox"/> F	____ / ____ / ____ MM DD YYYY
PRIOR DISTRICT NAME	COUNTY DISTRICT #	CAMPUS NAME	PRIOR CAMPUS PHONE NUMBER

### RECORDS REQUESTED

PLEASE SEND US ALL OF THE FOLLOWING:

- Date of enrollment at your school and most recent grade placement
- Withdrawal date and grades to date, including any credit earned in each subject
- Discipline Records
- Immunization/Health Records
- Honors/Gifted Placement Records
- Special Education Records
- Testing Results (TAKS, STAAR, MAP, SAT-10, ITBS, etc.)
- ESL/Bilingual Records and Home Language Survey

### DISCIPLINARY HISTORY

This student (check all that apply):

- Has a documented history of a criminal offense.
- Has a documented history of a juvenile court adjudication.
- Has a documented history of disciplinary problems.

PARENT/GUARDIAN LAST NAME	PARENT/GUARDIAN FIRST NAME	DATE	SIGNATURE
DATE REQUESTED	SCHOOL REPRESENTATIVE NAME	SCHOOL REPRESENTATIVE SIGNATURE	



**PARENT/STUDENT HANDBOOK ACKNOWLEDGEMENT**

**Imagine International Academy of North Texas  
2013-2014 Parent/Student Handbook & Code of Conduct  
Acknowledgement Form**

*Please sign and date this page, remove from the handbook, and return it to the School office.  
Failure to sign this form does not release a student or parent from their responsibility to  
abide by the published rules and procedures contained in this Handbook.*

**PARENT/GUARDIAN AGREEMENT**

As a parent/guardian of a child attending the Imagine International Academy of North Texas, I have read and agree to comply with the published rules and procedures outlined in the 2013-2014 Parent/Student Handbook. I recognize that the Imagine International Academy of North Texas is an open enrollment public charter school of choice, and I have voluntarily chosen to enroll. I understand that failure to comply with the rules and procedures outlined in the Parent/Student Handbook may jeopardize my student's eligibility to attend the Imagine International Academy of North Texas.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT AGREEMENT**

I understand that the Imagine International Academy of North Texas is a school of choice. After talking with my parents/guardians, I have chosen to attend the Imagine International Academy of North Texas. As a student at the Imagine International Academy of North Texas, I agree to accept responsibility for following the rules and procedures as described in the Parent/Student Handbook.

Name of Student: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

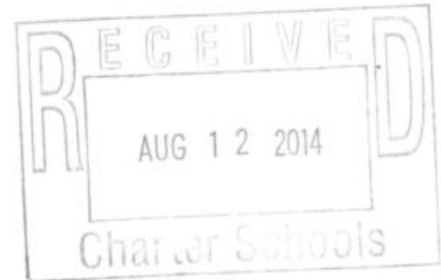
Name of Student: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Charter Renewal Contract

June 30, 2014

Mrs. Ann Carrell, Board Chair and Superintendent  
Imagine International Academy of North Texas, LLC  
2860 Virginia Parkway  
McKinney, Texas 75071



Re: Charter Renewal Contract for Imagine International Academy of North Texas (CDN 043801)

Dear Mrs. Carrell:

I am pleased to inform you that the charter renewal is approved for Imagine International Academy of North Texas with a contract ending date of July 31, 2024. After renewal, the charter contract shall consist of the following:

- the representations and assurances made by the charter holder in the original request for application under the standard application system, including all revisions made during the contingency process;
- the original contract for charter, as signed by the charter holder and the State Board of Education;
- any condition, amendment, modification, revision, or other change to the charter approved by the State Board of Education or the commissioner of education, including any prior renewal documents with revisions based on contingency responses;
- the final renewal application received in spring 2014, on file with the Division of Charter School Administration, including any revisions required by the agency and any amendments to the charter made through the renewal application; and
- all statements, assurances, commitments, and representations made by the charter holder in its application for charter renewal and its attachments or related documents, to the extent that these documents are consistent with those listed above.

By accepting these renewal terms, the charter holder represents that it understands that the charter holder, including any and all governance, at whatever level whether appointed or elected, employees, agents, and volunteers, shall fully cooperate with every Texas Education Agency investigation and/or sanction deemed necessary by the commissioner based on authority and responsibility given to the commissioner in state or federal law. This means that Texas Education Agency staff may conduct confidential interviews of charter school personnel and contractors outside the presence of representatives of the charter school's administration and board and that failure to timely reply with reasonable requests for access to site, personnel, documents, or other materials and/or items is a material violation of the contract for charter.

By accepting these renewal terms, the charter holder represents that it is understood by all parties that, if the charter holder loses its 501(c)(3) tax exempt status for any period of time, through action of the Internal Revenue Service or any other action which renders the charter holder no longer an "eligible entity" within the meaning of TEC §12.101(a), the charter contract shall be rendered void, and it shall automatically return to the Texas Education Agency without any other action having to be taken by the commissioner.

Note that this contract is contingent upon legislative authorization and that the contract and the funding under state and federal law may be modified or even terminated by future legislative acts. Furthermore, state and federal laws and rules may periodically be adopted, amended, or repealed, and all such changes applicable to the charter holder or its charter school(s) may modify this contract, as of the effective date provided in the law or rule. Nothing in the charter contract shall be construed to entitle the charter holder to any privilege or benefit, including any funding, but in accordance with state and federal laws in effect and as they may in the future be amended. A contract term that conflicts with any state or federal law or rule is superseded by the law or rule to the extent that the law or rule conflicts with the contract term.

**To acknowledge acceptance of this renewed contract, the chair of the charter holder board must sign below and return the entire original document to:**

**Texas Education Agency  
Division of Charter School Administration  
William B. Travis Building, Room 5-107  
1701 North Congress Avenue  
Austin, Texas 78701-1494**

The charter holder should keep a copy of the document for its files. Please contact the Division of Charter School Administration at (512) 463-9575 with any questions.

Sincerely,



Michael Williams  
Commissioner of Education

MW/rs

I the undersigned hereby certify that the governing body of the charter holder has accepted and agreed to the charter renewal agreement for Imagine International Academy of North Texas as outlined in the foregoing letter and has authorized me to sign below.

Agreed and Accepted:



Mrs. Ann Carrell  
Board Chair, Imagine International Academy of North Texas, LLC

7/22/14  
Date