

FOCUS LEARNING ACADEMIES & FOCUS NORTH HIGH SCHOOL



MOTTO
"Your Choice..."

VISION
The vision of Focus is to nurture success and empower students to become ethical and productive citizens.

MISSION
The mission of Focus Learning Academy is to provide a standards-based education to students in grades nine through 12 that leads to a high school diploma and prepares them for post-secondary education, specialty training or entry into the labor force.

RE-ENROLLMENT PACKET 2019-2020





Focus Schools - Columbus, Ohio

Dear Student,

We are excited you chose to join our Focus family! Here at Focus our motto is “Your Choice,” as your educational future lies in your hands.

If you have any questions about the enrollment process, please contact our offices for immediate assistance. We are happy to help you!

We are privileged to support you on your academic journey and look forward to watching you walk across the stage at YOUR high school graduation. Your success is our success.

Welcome!

Respectfully,

Focus Learning Academy Southeast Staff
Focus Learning Academy Southwest Staff
Focus North High School Staff

www.focuslearn.org

Follow us on Facebook and Twitter for school events, activities, and special information!



Focus Schools - Columbus, Ohio

RE-ENROLLMENT FORM

Office Use Only:

Re-enrollment Date _____ ES INT _____

Student Information (Confidential)

Student Name _____ Date _____
(First) (Middle) (Last)

Social Security Number _____ - _____ - _____ Grade: _____ Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy) _____ / _____ / _____ Age: _____ Birthplace: _____

Home Address: _____ County: _____

City: _____ State: _____ Zip: _____

Has your address changed since your previous enrollment at Focus? _____ Yes _____ No

Phone () _____ E-mail Address: _____

Primary Parent/Guardian Information

Name _____ Relationship _____
(First) (Middle) (Last)

Address _____ City _____ State _____

Zip _____ Email Address _____

Home Phone () _____ Work () _____ Cell () _____

Emergency Contact Information

If we are unable to reach the parent(s)/guardian(s) listed on the application, please contact the individuals listed below:

1. Name _____ Relationship _____

Home Phone () _____ Work () _____ Cell () _____

2. Name _____ Relationship _____

Home Phone () _____ Work () _____ Cell () _____

I certify that the information on this Re-enrollment form is accurate.

(Parent/Guardian/Adult Student Signature) (Relationship to Student) (Day)

(Parent/Guardian/Adult Student Signature) (Relationship to Student) (Day)

(Parent/Guardian/Adult Student Signature) (Relationship to Student) (Day)

PERSONAL INVENTORY

Student Work Information

Does the student presently work? Yes No

If **Yes**, Name of Employer _____ Supervisor _____

Address of Employer _____ Phone () _____

Student Social Information

Does the student have any children? Yes No If **Yes**, how many? _____

Will the student need assistance with daycare? Yes No Explain _____

Are there child custody issues? Yes No

Is the student currently on probation by the juvenile court system? Yes No

If **Yes**, what county? _____

Probation/Parole Officer Name _____ Phone () _____

Has the student ever been involved with Juvenile Court for truancy? Yes No

Does the student receive government aid? Yes No

Current Food Stamp Case Number (if applicable) _____

Current TANF Case Number (if applicable) _____

Why did you leave FOCUS? _____

Why are you back at FOCUS? _____

DISTRIBUTION:

To CTE Teacher. To Student Advocate.



Focus Schools - Columbus, Ohio



Focus Schools - Columbus, Ohio

PERSONAL INVENTORY

Ethnicity

- American Indian/Alaskan Native
- Hispanic
- Asian/Pacific Islander
- White, Non-Hispanic
- Black, Non-Hispanic
- Multi-Racial

Migrants or Homeless Status

Is this student, parent(s), guardian(s) or spouse a migratory worker?

- Yes
- No

Does this student have a fixed, regular or adequate nighttime residence?

- Yes
- No

Native Language

Is English this student's native language?

- Yes
- No - If **No**, what is the native language of the student? _____

What language is spoken most frequently at home? _____

How long has the student attended school in the United States? _____

I agree to the release of Focus student directory information: which includes student name, age, address, phone number and parent names.

- Yes
- No

I certify that the information on this application is accurate.

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Statement of Non-Discrimination: It is the policy of the Focus to provide equal opportunities in all of its educational programs and operations and in all areas of employment practice, and to ensure that there shall be no discrimination against any employee or applicant or student on the basis of age, race, color, religion, disability, sex, national origin or ancestry. Focus is an Equal Opportunity Employer.

INTERVENTION FORM

Student Name _____ Date _____
(First) (Middle) (Last)

Have you received special education services in the past?

- Yes
- No
- Unknown

Do you have a current or active Individual Educational Program (IEP)?

- Yes
- No
- Unknown

Please list all prior high schools the student has attended:

1. Name of school _____
City _____ State _____ Individual Education Program (IEP)? Yes No
2. Name of school _____
City _____ State _____ Individual Education Program (IEP)? Yes No
3. Name of school _____
City _____ State _____ Individual Education Program (IEP)? Yes No

IEP Students Only:

Please obtain a copy of your IEP and Evaluation Team Report (ETR) from your prior school and give to the Dean of Students at Focus.

DISTRIBUTION

To EC



Focus Schools - Columbus, Ohio

REQUEST FOR STUDENT RECORDS

Name of School _____ Dates Attended _____

Address _____ City _____

State _____ Zip _____ Phone () _____ Fax () _____

Name of School _____ Dates Attended _____

Address _____ City _____

State _____ Zip _____ Phone () _____ Fax () _____

Name of School _____ Dates Attended _____

Address _____ City _____

State _____ Zip _____ Phone () _____ Fax () _____

You are authorized to release the following records for:

Student's Name _____ Date of Birth (mm/dd/yy) _____

Specific data to be released:

- Copy of the birth certificate Health Records IEP, MFE
 Permanent/cumulative records Directory information

* Send official transcripts by mail with signature and seal

Reason for Request:

- Enrollment at Focus
 To aid in present and future educational decisions
 Other: If student owes fees, please send unofficial copy transcript

Student Signature

Date

Parent/Guardian Signature

Date

If you are unable to send official transcripts due to previous obligations that the student may have incurred, please forward Ohio Proficiency Test and/or Ohio Graduation Test scores and unofficial copy of student's transcripts.

Please send requested records to the address checked below:

Focus North High School, 4807 Evanswood Dr., Columbus OH 43229, (614) 310-0430 - [IRN# 012529]

Focus Learning Academy East, 4480 Refugee Road., Columbus, OH 43207, (614) 269-0150 - [IRN# 142935]

Focus Learning Academy Southwest, 190 Southwood Ave., Columbus, OH 43207, (614) 545-2000 - [IRN# 142927]

Important information:

This student has been entered into the SOES website effective _____. Please withdraw the day prior to this enrollment date.



***Purpose:** To enable parent(s)/guardian(s)/foster caregiver(s) to authorize the provision of emergency treatment for students who become ill or injured while under school authority when a parent/guardian/foster caregiver cannot be reached. This information will be shared with staff and emergency care providers if needed.*

Student Name _____ Date of Birth (mm/dd/yy) ____/____/____

Home Address _____ E-mail _____

City _____ State _____ Zip _____

Parent/Guardian/Foster Caregiver with whom student resides _____

Home Phone () _____ Work () _____ Cell () _____

Please list any food allergies. _____

Emergency Contact Information

In the event you cannot be reached, list two (2) local people you authorize the school to release your ill or injured child.

1. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work () _____ Cell () _____

2. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work () _____ Cell () _____

Medical History

Does student have any allergies? Yes No If Yes, what? _____

Does student have any medical conditions? Yes No If Yes, what? _____

Does the student currently take any medications? Yes No If Yes, what? _____

I hereby certify that this student is up to date on all required immunizations. _____

signature



OPTION II: Consent for Treatment

I hereby give consent for the following medical care provider to be notified:

Doctor _____ Phone () _____

Dentist _____ Phone () _____

Specialist _____ Phone () _____

Hospital _____ Phone () _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the above named doctor or, in the event designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of a licensed physician or dentist, shows in the necessity for such a surgery.

Print Parent/Guardian/Foster Caregiver Name

Parent/Guardian/Foster Caregiver Signature

Date

OPTION II: Refusal to Consent for Treatment

I **DO NOT** give my consent for emergency medical treatment for my child.

In the event of illness or injury requiring emergency treatment, I wish the school to take the following action:

Print Parent/Guardian/Foster Caregiver Name

Parent/Guardian/Foster Caregiver Signature

Date

