Student Application
3939 N. 88th St., Milwaukee, WI 53222
(414) 465-1302
2017-2018 School Year

1. One application is required for each child you enroll
2. Complete all the information on the forms
3. Please attach copies of the following and return with completed application form:
   Child's current immunization, Copy of birth certificate, IEP (for special education students only)

Capitol West Academy is a tuition free public charter school serving students in grades K4 through 8.

Student information (please print)

1. Name _____

2. Address _____City _____State_____Zip_____

3. Date of Birth _____/_____/_____ My child will be in grade _____ in **August 2017.**

4. School previously attended _____ City and state of school _____

5. Type of School: ☐Public ☐Parochial ☐Home School

6. Has your child been expelled from a previous school? ☐Yes ☐No

7. How did you hear about us? ☐flier ☐friend ☐family ☐mail ☐newspaper ☐radio

This information requested in items 9-13 will NOT be used for selection purposes. It will assist the school in evaluation of the effectiveness of its recruitment.

8. Gender: ☐Male ☐Female

9. Ethnic Background: ☐African-American ☐Asian-American ☐Caucasian ☐Hispanic-American

   ☐Native-American ☐Other _____

10. What language is spoken at home? _____What is the child's language? _____

11. Has your child ever participated in either of these programs? ☐ESL ☐Bilingual

12. Are Special Education Services needed? ☐Yes ☐No

13. Does your child have an IEP? ☐Yes ☐No

Family Information (please print)

14. Parent / Guardian Name _____

15. Home Phone _____ 16. Work Phone_____

17. Who does the student live with? ☐Mom ☐Dad ☐Relative ☐Foster parent ☐Other_____

18. Are any brothers or sisters planning to apply to Capitol West Academy? ☐Yes ☐No

Please list the names and grades and indicate if they are applying or attending:

Brother or sister's name _____ ☐applying ☐attending Grade for 2017 _____

Brother or sister's name _____ ☐applying ☐attending Grade for 2017 _____

Brother or sister's name _____ ☐applying ☐attending Grade for 2017 _____

Brother or sister's name _____ ☐applying ☐attending Grade for 2017 _____

You must fill in a separate application for each child applying.

Parent / Guardian Signature _____ Signature Date _____/_____/_____

Please return the completed application to Capitol West Academy. For more information, please call (414) 465-1302. Thank you!

Mission Statement

Capitol West Academy provides a safe, nurturing educational environment where children, with the support of their families and the community, learn and grow to be successful life long learners and productive citizens.

118.13 Pupil discrimination prohibited. (1) No person may be denied admission to any public school or be denied participation in, be denied the benefits of or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.

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Student Enrollment

Student Last Name _____ First Name_____ MI _____
Grade in Fall _____ Gender _____
Date of Birth _____ Ethnicity _____

For your child's safety, please take a moment to provide us with your most current contact information. These are numbers we must have to reach you in the event of an emergency.

Who does the student reside with? ☐Mom ☐Dad ☐Foster parent ☐Other _____

Guardian name: _____
Address: _____
City_____ State _____ Zip_____
Home phone: _____
Work phone: _____days and hours _____
Cell phone: _____
Email: _____

Guardian 2 name: _____
Address (if different): _____
City_____ State _____ Zip_____
Home phone: _____
Work phone: _____days and hours _____
Cell phone: _____
Email: _____

Other contact name and relationship: _____
Home phone: _____
Work phone: _____days and hours_____
Cell phone: _____
Email: _____

Birth Certified by: _____ (birth certificate, etc.)

Immunization Record certified by: _____ (doctor records, health dept.) Attach copy

Parent / Guardian Signature _____ Signature date_____/_____/_____

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Special Services

Capitol West Academy is fully committed to providing quality education to all of our students, including those with special needs. We need your help, so please complete this page with care.

1. Student's home language _____
2. Does this student require Bilingual Education Service? ☐Yes ☐No
3. Does this student require English as a Second Language Services? ☐Yes ☐No
4. Has your child been screened for special education by the public schools? ☐Yes ☐No
5. Has your child ever received special education services? ☐Yes ☐No
6. Does your child have a current Individual Education Plan (IEP)? ☐Yes ☐No

If your child has an Individual Education Plan (IEP), a copy of this plan must be received prior to entering school.

7. Please indicate which of the following services your child has and/or still receives. (Check all that apply)

☐Speech and language
☐Occupational therapy
☐Physical therapy
☐Counseling
☐ Inclusive services
☐ Resource room
☐ Self-contained classroom
☐ Visually impaired
☐ Deaf or hard of hearing
☐ Adaptive physical education

8. Does your child take any medication for any medical reason (ADHD, Diabetes, etc.)?
☐Yes ☐No If yes, what medication is taken? _____

9. Does your child wear glasses? ☐Yes ☐No

10. Do you have any other special concerns that we should be aware of? _____

_____

Because we are legally obligated to provide your child with all services on their IEP, it is extremely important that you inform us whether your child has an IEP. Your signature indicates that all information on this form is true and accurate.

Please sign below that you understand this and have provided full and accurate information.

Parent / Guardian Signature _____ Signature date_____/_____/_____

Child's Name _____ Grade _____

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Health Information

Has your child had any major illness/ injuries/ operations/ hospitalizations? ☐Yes ☐No

Please describe symptoms/ situation _____

_____

Does your child have any allergies? If so, describe: _____

_____

Symptoms are ☐Mild ☐Moderate ☐Severe ☐Delayed ☐Life Threatening

Medication used _____

You must bring medication to the school nurse including written doctor's orders (Benadryl, Epi-pen, and Tylenol). Complete the Parent / Guardian Medication or Procedure Consent Form as well.

The school office must have an up to date record of the student's immunizations.

Immunizations provided? ☐Yes ☐No

Overall, is the child in good health? ☐Yes ☐No

Please list any gym restrictions: _____

How many days has the child missed from school in the last year due to:

_____Illness _____Injury _____Other:_____

Parent / Guardian Signature _____Date_____/_____/_____

Child's Name _____ Grade _____

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Permission to Release Records

I give permission to Capitol West Academy to request transcripts and information from the schools my child has attended for the purpose of appropriate school planning. Previous schools have permission to release requested records. I am assured that every effort will be made to protect the privacy of my child and his family.

_____ _____

Parent/Guardian Signature Date

Last School Attended:_____

Address:_____

Please send copies of the items checked below for _____
Child's Name

Forward this information to the records department at Capitol West Academy at 3939 N. 88th St., Milwaukee, Wisconsin 53222.

- Academic Records/Educational Status
- Medical Records
- Personality Evaluations
- Social History
- Standardized Achievement Test Scores
- Psychological Evaluation
- M-Team Report/IEP
- Immunization Record
- Speech Language therapy reports
- Occupational therapy reports
- Other information that may be of value in planning an appropriate educational program for this child.

Donna Niccolai - Weber
Executive Director, Capitol West Academy

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Charter School Evaluation

As part of the contract with University of Wisconsin-Milwaukee, CWA must cooperate with UWM research efforts. By signing this form you are agreeing for CWA to cooperate with UWM research efforts to maintain the highest academic standards. These research efforts do not expose any specific child, but rather is a measurement of the schools teaching strategies and the outcomes of the strategies used. By signing this form you are also agreeing as the parent or legal guardian to participate in an evaluation or research process that may include responding in interview or questionnaire form about the performance of the Charter school.

_____ _____

Parent/Guardian Signature Date

Donna M. Niccolai-Weber
Executive Director, Capitol West Academy