



COMPASS CLASSICAL ACADEMY

A PUBLIC CHARTER SCHOOL

15 Elkins St. Franklin, NH 03235

Tel: 603-729-3370

Email: admin@compassclassicalacademy.com

Web: <http://compassclassicalacademy.com>

Application for Admission

Application Timeline and Process: Our open enrollment period is from November 15th to March 31st. If more students apply than Compass Classical Academy can accept, then a lottery will be conducted for spaces. Students not selected by the lottery will be put on a wait list. When openings become available, students on the waitlist will have the first chance to enroll. Applications are being accepted for grades K-12. Students must be age 5 by September 30th to enroll in kindergarten.

Student's Name: _____

First

Middle

Last

Male

Female

Date of Birth: _____ Place of Birth: _____
MM/DD/YYYY City State County

Current Grade this School Year _____ Grade Applying for: _____

Current School Name: _____

Parent/Legal Guardian 1

Parent/Legal Guardian 2

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Email Address _____

Parent/Legal Guardian 1 Signature _____

Date _____

Parent/Legal Guardian 2 Signature _____

Date _____

Student Information

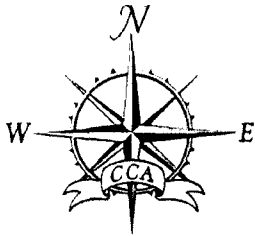
Last Name _____ First Name _____ MI _____

Home Address _____

Home Phone _____ Cell Phone _____ Gender _____

Date of Birth _____ Place of Birth _____

Student Lives With _____



Compass Classical Academy
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Video/Photo Release Form

The Compass Classical Academy Charter School would like to include photos and videos of students, teachers, and school activities on its website and for the purpose of documenting or publicizing the Compass Classical Academy's Program. This may include various social media. Though the names of faculty, staff, and administration will regularly be used, it is our policy that the full names of students will not. Occasionally, it might be necessary to use the first name of a student, but no last names, addresses, and/or telephone numbers will ever be used.

I hereby give permission for Compass Classical Academy to use photos and videos along with my child's first name on Compass Classical Academy's website and other electronic forms of communication.

I hereby ***do not*** give permission for Compass Classical Academy to use photos or video on Compass Classical Academy's website and other electronic forms of communication.

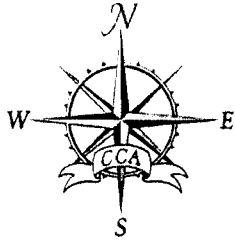
I hereby give permission for Compass Classical Academy to use photos and videos ***without my child's first name*** on Compass Classical Academy's website and other electronic forms of communication.

Child's Name: _____

Grade: ____

Parent or Guardian Signature: - _____

Date: _____



COMPASS CLASSICAL ACADEMY

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CompassClassicalAcademy.com
Admin@CompassClassicalAcademy.com

STUDENT CLASSROOM INFORMATION

We feel that it is important that our school community has the opportunity to gain experience. One of the ways to make this possible is to provide parents with the information needed to contact one another.

The information supplied on this form will be distributed to your child's grade only. This information may be used only for school-related activities and contacts for friendships outside of school.

_____ I **give my permission** to have the information provided on this form distributed to my child's grade.

_____ I prefer that my contact information **not be distributed** to my child's grade.

Indicate below the information that you would like to share.

Student's Name: _____ Grade: _____

Address: _____

Parent/ Legal Guardian #1: _____

Parent/ Legal Guardian #2: _____

Additional Address: _____

Phone Numbers:

Home: _____

Guardian #1

Guardian #2

Cell:

Signature

Other:

E-mail:

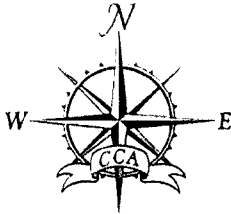
Cell: _____

Other: _____

E-mail: _____

Date

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Dear Parent or Guardian:

Each year, every school district in New Hampshire is required to report student data by race and ethnicity categories, set by the federal government, to the New Hampshire Department of Education (NHDOE). Though the NHDOE does not report individual student data to the federal government, the total number of students in various categories of each school is reported.

Recently, the federal government adjusted the student data reporting categories. With the new reporting categories, you will need to update your child's data.

Please update your child's student data, by completing the form below. If we do not receive a response from you, an employee of the district will be required to provide this information based on observation. (Note that federal regulations no longer permit districts to use a "not reported" code.)

Student's name: _____ Grade: _____

Please answer BOTH part A and B.

Part A. **Is this student Hispanic/Latino?** (Choose only one)

_____ **No, not Hispanic/ Latino**

_____ **Yes, Hispanic/ Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your child's race to be.

Part B. **What is the student's race?** (Choose one or more)

_____ **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 tribal affiliation or community attachment.)

_____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

Parent/Guardian Signature: _____ Date: _____

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PHYSICIAN'S REPORT OF ROUTINE PHYSICAL EXAMINATION

Name: _____ Birth Date: _____
School: _____ Grade: _____

PHYSICAL EXAMINATION

Height: _____ Weight: _____ Eyes: _____
Vision: _____

Ears: _____ Hearing: _____

Nose: _____ Blood Pressure: _____

Teeth: Temporary _____
Permanent _____

Tonsils: _____ Nutrition: _____
Allergies: _____

Hemoglobin: _____

____ Glands: (specify) _____

Heart: _____

Lungs: _____

Orthopedic _____

Skin _____

Hernia: _____

Nervous System: _____

Date of last hearing and vision screening: _____

Recommendations and/or special instructions: Previous Diseases and Operations, Allergies
etc.: _____

Is this child capable of carrying a full program of school work including gymnastics and athletics?	YES	NO
Must the school program be modified to meet the needs of this child?	YES	NO
Any restrictions of use of stairs?	YES	NO
Any special seating accommodations?	YES	NO
Any rest periods?	YES	NO
other? _____		

PLEASE ATTACH IMMUNIZATION RECORD TO THIS REPORT

Date of Examination

Physician's signature

Phone Number

Health Office Emergency Information

Student Name: _____ Grade: _____ DOB _____

Emergency Contacts:

#1 _____

#2 _____

#3 _____

Home: _____ Cell: _____ Work: _____

_____ Home: _____ Cell: _____

_____ Work: _____

Home: _____ Cell: _____ Work: _____

We will make every effort to reach you via phone/cell.

Email Address: _____

I Have submitted my child's:	Yes	No
Physical dated within 1 year		
Current immunization records, Current CCA		
Medical History Form		

Health Concerns/ Disabilities/ Medical Problems:

The ultimate responsibility for medical care of a student rests with the parent/guardian. In event of an emergency, the Franklin Emergency Services (EMS) may be called to evaluate the injured/ ill student. Parents/Guardians will be notified when an emergency occurs.

I give permission for health information to be shared with members of the school staff who have responsibility for my child. I understand that it is my responsibility to notify the school nurse of any change in medical status, medications or allergies.

Parent/ Guardian Printed Name : _____

Parent / Guardian signature: _____ Date: _____

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Medical History

Student Date of Birth

Student Name

Does the student have?

Yes No

Asthma -----
Seizures -----

- -

Diabetes -----
Hearing Problems -----

- -

Vision Problems -----

- -

Does the student use?

Epi-Pen for allergic Reactions --
Inhaler at School -----

- -

Allergies

Yes No

Bees -----
Environmental -----

- -

Seasonal -----

- -

Food(s) -----

- -

Medication(s) -----

- -

List food(s) and/or Medication(s) and type of reaction.

Current Medications (Please List)

Home School

IF YOU INDICATE ABOVE THAT YOUR CHILD IS IN NEED OF AN EMERGENCY MEDICATION AT SCHOOL, WE WILL REQUIRE THESE BE MADE AVAILABLE TO US WITH A PHYSICIAN'S ORDER BY THE FIRST DAY OF SCHOOL.

May we have permission to give:

Yes No

Tylenol (pain or fever) -----
Ibuprofen -----
Tums (indigestion) -----

- -

- -

Menthol Cough Drops -----

- -

Benadryl -----

- -

May we have permission to use:

Yes No

Antibiotic Ointment -----

- -

Hydrocortisone Cream -----

- -

Orajel (for dental pain) -----

- -

Would you like to be notified AFTER -
BEFORE -

or NOT NECESSARY -

if we administer medication at school?



The State of New Hampshire requires parental permission and a doctor's order for students who need an Epi-Pen, Inhaler or prescription medications while in school.

Doctor's Name _____

Phone _____

Dentist's Name _____

Phone _____

Permission to provide Emergency Treatment

I Hereby grant to Compass Classical Academy to administer First Aid, Epinephrine (Epi-Pen), if necessary, and secure proper emergency treatment for my child in the event a parent or legal guardian cannot be contacted.

Parent/Legal Guardian Signature _____

Permission to contact student's doctor.

To confirm immunization and physical examination during the school year (August to June).

Date _____

Parent Legal Guardian Signature _____

Date _____

P_____

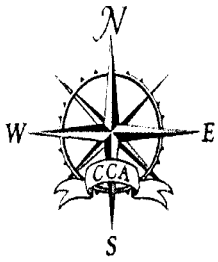
Pa_____

Date _____

I have confirmed all of the above information concerning my child and will notify Compass Classical Academy immediately of any changes.

Parent Legal Guardian Signature

Date



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Prescription Medication Order and Permission Form To be forwarded to the school nurse.

To be filled out by parent/guardian:

Date: _____

I hereby give my permission to my son or daughter's physician/nurse practitioner _____ to release information to Compass Classical Academy concerning medication(s) prescribed for my child, _____, Date of Birth _____ and for my above-named son or daughter to take the medication as prescribed at school. I will notify the school nurse if there are any changes in medication time or dosage, or if the medication is stopped.

Signature of Parent or Guardian _____



To be filled out by healthcare provider:

Medication _____ Dosage _____

Directions _____

Beginning Date _____ Ending Date _____

Reason for giving _____

Signature of healthcare provider _____

Phone number of healthcare provider _____ Fax _____



To be signed by parent/guardian and healthcare provider (For rescue inhalers, Epi-Pens, and diabetic supplies only):

I hereby give permission for (name of student) _____ to carry his/her own (name of medication) _____ for his/her

(circle one) Asthma Diabetes Mellitus Allergy

Signature of Parent _____

Signature of healthcare provider _____



No medication will be given at school until the school receives this completed form with the prescribed

medication in a container appropriately labeled by the pharmacy or physician.

All medication brought to school, with the exception of rescue inhalers, Epi-Pens, or diabetes supplies, must be kept in the Health Office.





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RESIDENCY AFFIDAVIT AND AGREEMENT

I attest that I am the legal guardian of the child/children listed below:

Name	DOB _____
_____	DOB _____
Name	DOB _____
_____	DOB _____
Name	

Name	

and that I and the above-named child/ children are legal residents of and reside in the Town of _____

Our physical address is: _____

I have been residing at this address since _____, I intend that I shall continue as a resident of that town during this school year.

I agree that, immediately upon any change in my residency or the residency of my child/ children, I shall inform the Director of Compass Classical Academy.

The facts set forth in this residency affidavit are true and complete. I understand that providing misleading or false information about residency is a criminal offense.

_____	_____
Date	Printed Name

	Signature

STATE OF NEW HAMPSHIRE
COUNTY OF _____

On this _____ day of _____, 20__, personally appeared the above-named is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

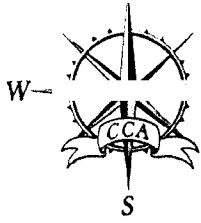
Before me,

[]

Seal

Notary Public/ Justice of the Peace

J.
-
A



Compass Classical Academy

REQUEST FOR RECORDS

As the legal parent or guardian of _____, I hereby authorize the release of **all educational school records** for the purpose of enrollment in Compass Classical Academy.

Records to be sent to: Compass Classical Academy
 A Public Charter School
 570 W. Main St. Tilton,
 NH 03276

Attn Beverly Learned

Type of information to be released:

Records including, but not limited to:

- **Discipline Records**
- **Academic Files**
- **Report Cards**
- **Progress Notes**
- **Medical Record**
 - o **Special Education Records if applicable**
 - o **IEP**
 - o **Psychological Reports**
 - o **Psycho-educational testing - Speech and Language Evaluation - Occupational Therapy Evaluations, Academic Testing**
 - o **Psycho-Social Evaluations**

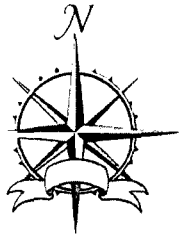
Records requested from: School Name _____
 Address _____
 Phone _____
 FAX _____

Last day of school at above _____ First day of school at Compass _____

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian



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The Extended Day Program: A useful and enjoyable option for your child

Are you interested in enrolling your Compass Classical Academy student in an Extended Day Program? We have a flexible option for your daily needs.

Our staff will be operating an Extended Day Program starting with the first day of school and for each day of school through the end of the school year. This after school program will include a homework club (an opportunity to work on and get help on homework) and also an opportunity to get exercise (outdoors weather permitting).

The morning program will run from 7:00 AM - 7:45 AM, and the after school program will run from 3:15 PM to 5:30 PM each day that school is held.

We have kept the cost low because our purpose is to offer convenience to our parents and to provide a fun and safe place for your children to spend their nonschool hours when you are unable to be there.

Thank You,
Compass Classical Academy



Cost:

AM Program (7:00 AM - 7:45 AM)	PM Program (3:15	\$5 per child per day
PM - 5:30 PM)		\$10 per child per day
Both AM and PM		\$70 per child per week

Please make checks out to Compass Classical Academy at the end of each week.

I am interested in enrolling my child in the AM program. I

_____ am interested in enrolling my child in the PM program. I am

_____ interested in enrolling my child in both programs.

Student's Name _____

Parent/Guardian's Signature _____

Please return this form to Compass Classical Academy as soon as possible and prior to the first day you desire to have your child take part in this program.

