

# Intent to Enroll Form



**This completed form is due APRIL 16, 2021**

- I DO intend to enroll my child in The Museum School of Avondale Estates for the 2021-2022 schoolyear. I am aware that official enrollment is contingent upon me providing all required documents before
- I DO NOT intend to enroll my child in The Museum School of Avondale Estates for the 2021-2022 schoolyear. I understand that school staff will remove my child's name from the active class roster immediately and his/her Spot will be offered to the next in line on the waitlist.

## DOCUMENTS REQUIRED FOR REGISTRATION

- Intent to Enroll form
- DeKalb County Schools Student and Household Registration documents (2 forms)
- Records Release form

All documents should be emailed to our Registrar at [tmsuploads@themuseumschool.org](mailto:tmsuploads@themuseumschool.org). If you are unable to access these documents and/or email them as instructed, please contact our Registrar at [registration@themuseumschool.org](mailto:registration@themuseumschool.org) to make other arrangements. **Please DO NOT drop off documents at the front office.**

Documents must be received by **APRIL 16, 2021** in order to proceed to complete the enrollment of your student.

## REGISTRATION

Child's Name: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

Student Grade for 2021-2022: \_\_\_\_\_ DOB: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

**ALL HEALTH INFORMATION IS KEPT STRICTLY CONFIDENTIAL**

Does your child have, or require, any of the following :

Asthma	Yes _____	No _____
Food Allergy	Yes _____	No _____
Chronic Illness	Yes _____	No _____
Prescribed Medication Taken During School	Yes _____	No _____
Other Health Impairment	Yes _____	No _____

Please specify child’s known health problems/allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* Parents will be required to complete a form documenting details regarding the administration of prescription and/or non-prescription medications. Parents must complete the form prior to any medication being administered to students by a staff member.

**504 PLAN**

In addition to an individual healthcare plan (daily medications, asthma, etc.), a student may be eligible for a Section 504 Educational Plan under the Rehabilitation Act of 1973.

Section 504 is a civil rights law that prohibits discrimination against individuals with disabilities. Section 504 requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities, regardless of the nature or severity of the disability.

The **504 Plan** is a **plan** developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment.

Find more information here:

<http://www.dekalbschoolsga.org/section-504/>  
<http://www.wrightslaw.com/law/ocr/sec504.guide.ocr.2016.pdf>

**Does your child need an Individual Health Care Plan?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Does your child currently have a 504 Plan?** Yes \_\_\_\_\_ No \_\_\_\_\_

If you “Yes”, please provide a copy with this form.

**Would you like your child to be evaluated for a 504 Plan?** Yes \_\_\_\_\_ No \_\_\_\_\_

The individualized healthcare plan (IHP) communicates nursing care needs to regular and special education educators, administrators, assistants, school personnel, and parents. The IHP is written by the school nurse (RN) for students with a health condition that require the performance of a specific treatment, such as non-routine medication treatment, health treatment, emergency action or invasive health procedure. The Health Care Plan helps to ensure that all necessary information, needs, and plans are considered to maximize the student’s participation and performance in school. The students do not need to be classified as special education or having a 504 plan in order to benefit from an individualized healthcare plan. Not all students in special education or those with a 504 plan necessarily need an IHP.

**If you checked “Yes” to any of the questions on page 2, please sign and circle the appropriate response in the box below. Parents/Guardians will be contacted by a school representative.**

<b>Parent/Guardian Name (Print)</b> _____	
<b>Parent/Guardian Signature:</b> _____	
<b>Parent/Guardian will be contacted by a school representative regarding: (circle response)</b>	
<b>INDIVIDUAL HEALTH CARE PLAN</b>	<b>504 PLAN</b>

### ACADEMIC INFORMATION

Has your child been evaluated for Special Education Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child currently have an Individualized Education Plan (IEP)? \*If “yes”, Yes \_\_\_\_\_ No \_\_\_\_\_  
please attach the IEP and any supporting documents.

Does your child receive Gifted services? Yes \_\_\_\_\_ No \_\_\_\_\_  
\*If “yes”, please attach any supporting documents.

### HOME LANGUAGE SURVEY

What language does the child/student **best** understand and speak? \_\_\_\_\_

What language does the child/student speak **most often** at home? \_\_\_\_\_

What language do **adults most often speak** with the child in your home? \_\_\_\_\_

Does the child/student speak any languages other than English? Yes \_\_\_ No \_\_\_ What language(s) \_\_\_\_\_

What is the primary spoken language of the parent? \_\_\_\_\_

## MEDIA RELEASE

- I have given permission for my child to be photographed and/or videotaped, and for images of my child to be published or included in school publications, on school website, Exhibit Night displays and promotional pieces such as brochures and news articles promoting the school.
  
- I DO NOT give my permission for my child to be photographed or videotaped.

## EMAIL ADDRESSES

Please provide email addresses for both parents or legal guardians. We will send important school information via email throughout the school year.

Parent/Legal Guardian \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

- THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE SCHOOL IMMEDIATELY IF THERE IS A CHANGE IN MY CONTACT INFORMATION.

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

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

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

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