

VERITAS ACADEMY
INDIANA'S FIRST CHARTER SCHOOL

530 E. Ireland Rd. Bldg. B South Bend, IN 46614

Phone: 574.287.3230 Fax: 574.287.2643

www.veritasacademy.us

April 11, 2016

Dear Veritas Families,

Enclosed are the forms that you need to complete and to return to the school office, along with the annual school fees. Any student(s) who will be enrolling into Veritas Academy for the first time must complete the online enrollment in addition to the enclosed forms.

The **non-refundable** annual fee, per student, is allocated to the following categories:

- Book Fee: \$105.00 - This is based on costs for the rental of textbooks and workbooks. This fee may be waived/adjusted if the family is found eligible for free or reduced-priced meals. **(This fee may change depending on the actual cost of books for the 2016-2017 school year.)**
- Material Fee: \$55.00 - This fee is for items such as art supplies, classroom supplies, and other materials such as bulletin board paper, construction paper, and writing paper.
- Technology Fee: \$75.00 - This fee is to cover cost of insurance on laptops for students and technology supplies.

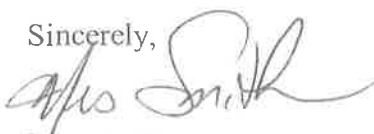
Financial assistance is available to families meeting certain eligibility criteria. Information regarding eligibility and the procedures for requesting assistance is available and included in the enrollment packet. Students will not be denied enrollment due to financial inability. Veritas Academy will work with families to develop a semi-annual, quarterly or monthly payment plan.

All documents must be turned into the school office no later than **Friday April 22, 2016**. As the only Charter school in the South Bend area with an "A" rating from the Indiana Department of Education, we are experiencing a great volume of families inquiring about our school. Waiting lists have already developed in certain grades and spots cannot be held. Failure to return the necessary documents could result in the forfeiture of your child(ren)'s spot for the 2016-2017 school year.

Please notify the school office immediately of any change to physical address, E-mail address, phone numbers or place of employment as these are our means of communication with parents.

If you have any questions or concerns, please contact Ms. Brook, Administrative Assistant.

Sincerely,



Mrs. Smith

A Public School of Choice for Empowering Excellence, Achievement, and Community

Veritas Academy's educational mission is to provide its students with a strong academic curriculum and cultural opportunities in a supportive, innovative, and challenging environment that fosters academic success and good citizenship.

Veritas Academy

2016-2017 Admission Check List

For Students Entering via Lottery

This checklist is provided to assist you in completing the application admission to Veritas Academy.

1. Complete and return the following information to the school no later than: Friday, April 22, 2016.

- Registration Form
- Birth Certificate
- Immunization Record
- Request for School Records Authorization Form
- Authorized Pick Up List & Emergency Contact List
- Medical Authorization and Consent Form
- Authorization and Consent Form
- Signed Parent/Student Handbook Acknowledgment Form – To be given at start of the school year
- Signed Network/Internet User Agreement Form
- Free and Reduced Lunch Information and form
- Parent Background Check Form- *to be completed at orientation*
- Parent Cooperative Participation Survey - *to be completed at orientation*
- Textbook/materials/activity fees. Make checks payable to Veritas Academy.
- CHIRP form (Immunization form)
- Special Education Service form
- Home Language Survey form=K and transferring from out of state.
- On-line Student Application
- Gym & University t-shirt order form w/fee

*Free and reduced lunch forms are updated in January of each year. New forms will be sent home with students.

Please complete and submit the required information by Friday, April 22, 2016 or contact the school to ensure the child(ren)'s slots for the coming year.

VERITAS ACADEMY

2016-2017

Authorized Pick Up List

This form designates what adults are able to pick up your child from Veritas Academy and what adults to contact in the event of an emergency. Please list those adults in the order you would like us to contact them in the event of an emergency or a student illness.

Student Name: _____

Contact Order	Name	Relationship	Phone Numbers
1			Home: Work: Cell: Other:
2			Home: Work: Cell: Other:
3			Home: Work: Cell: Other:
4			Home: Work: Cell: Other:
5			Home: Work: Cell: Other:
6			Home: Work: Cell: Other:

Pick Up Restriction (legal documentation generally required):

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

VERITAS ACADEMY
Medical Authorization and Consent
2016-2017

Student Name: _____

Emergency Care Permission

In case of illness or injury, you should contact one of the following persons:

1. _____ Telephone _____ at home.
Telephone _____ at work
Telephone _____ cell

2. _____ Telephone _____ at home.
Telephone _____ at work
Telephone _____ cell

3. _____ Telephone _____ at home.
Telephone _____ at work
Telephone _____ cell

If it is impossible to contact one of the above persons, you may contact:
our Physician (name) _____ at # _____.

In case of serious illness or injury, I hereby request and give my full consent for authorized school personnel to transport my child directly to the nearest hospital, or send by ambulance if needed, and I will assume all financial obligations. I further authorize any licensed physician or dentist and/or hospital to provide necessary treatment. I understand this health information can be shared when it is educationally relevant for academic progress, necessary for providing health services including emergency care, or essential to ensure the protection of other students and school personnel. I understand this permission will continue to be in effect as long as the student is enrolled in Veritas Academy unless revoked in writing.

List any pertinent medical history; health problems; asthma or allergies; physical restrictions; medication:

Insurance Co. _____ Group # _____

Signature of Parent/Guardian

Date

VERITAS ACADEMY

Authorization and Consent For Medical Treatment, Permission to Evaluate, Hold Harmless And Consent to Photograph 2016-2017

I/We state that we are the legal parent/guardian of the minor student listed below:

Please initial:

_____ **Authorization for Medical Treatment** – I grant permission for my child to be treated at the nearest medical care facility. I understand that medical and accidental insurance is not provided by Veritas Academy and that the responsibility for providing such coverage rests with me as parent/guardian.

_____ **Permission to Evaluate** – I grant Veritas Academy and their agents permission to administer academic achievement and diagnostic tests for educational placement and intervention. I also give permission for routine physical screening (vision & hearing) as identified by the Indiana Department of Education. State law pertaining to the release of student information will be maintained at all times.

_____ **Consent to Photograph** – I grant permission to Veritas Academy to photograph or permit photographs, movies, or videotapes to be taken of my child. I agree that these may be released to the news media. I hereby release Veritas Academy's employees, agents or representatives from any liability that may arise from such publications.

_____ **Hold Harmless Clause** – I grant permission for my child to take part in any and all activities authorized by Veritas Academy. This includes sports and any trips that may be made away from the school. I release Veritas Academy from any liability for any accident in connection with these activities. I also agree to indemnify and hold harmless Veritas Academy for any loss, claim, liability, injury, or expense that may incur or may be claimed, or damages the school may be required to pay as a result of any claim that is submitted by or on behalf of my child.

Name of Student: _____

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

VERITASACADEMY

Student Network/Internet Agreement

Introduction

We are pleased to offer students of VeritasAcademy access to network resources, electronic mail and the Internet. To use these resources, all students must sign and return this form, and those under age 18 must obtain parental permission. Parents, please read and complete this document carefully, review its contents with your son/daughter, and sign and initial where appropriate. Any questions or concerns about this permission form or any aspect of the computer network should be referred to the technology specialist.

General Network Use

The network is provided for students to conduct research, complete assignments, and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Students are responsible for good behavior on school computer networks, just as they are in a classroom or a school hallway. Access is a privilege-NOT a right. As such, general school rules for behavior and communications apply and users must comply with district standards and honor the agreements they have signed (see reverse side).

Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on the server will always be private.

Internet/World Wide Web

Access to the Internet will enable students to use thousands of libraries and databases. Within reason, freedom of speech and access to information will be honored. Families should be warned that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive to some. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. Filtering software is in use, but no filtering system is capable of blocking 100% of the inappropriate material available on the Internet. We believe that the benefits to students from access to the Internet, in the form of informational resources and opportunities for collaboration, exceed any disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and informational sources. To that end, VeritasAcademy supports and respects each family's right to decide whether or not to apply for access (see over).

Publishing to the World Wide Web

Parents, your daughter or son's work may be considered for publication on the World Wide Web; specifically on our website. Such publishing requires parent/guardian permission (see over). The work will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event anyone requests such permission, those requests will be forwarded to the student's parent/guardian.

Unidentified photos of students may be published on school websites, illustrating student projects and achievements. If you do not want your child's photo to be published on the website, please indicate on the Parent Permission Form.

VERITAS ACADEMY

Student Network/Internet User Agreement and Parent Permission Form

To use networked resources, all students must sign and return this form, and those under the age 18 must obtain parental permission. The activities listed below are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Giving personal information, such as complete name, phone number, address or identifiable photo, without permission from teacher and parent/guardian
- Harassing, insulting or attacking others
- Damaging or modifying computers, computer systems or computer networks
- Violating copyright laws
- Using others' passwords
- Trespassing in others' folders, work or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes, financial gain, or fraud.

Violations may result in a loss of access as well as other disciplinary or legal action.

Student User Agreement

As a user of the VeritasAcademy network, I hereby agree to comply with the statement and expectations outlined in this document and to honor all relevant laws and restrictions.

_____ agree to use the network responsibly

Student signature _____ Date _____

Parent/Guardian Permission

All students are provided with access to computer resources. In addition to accessing our computer network, as the parent or legal guardian, I grant permission for the above named student to:

(Initial appropriate items)

_____ access the Internet

_____ have his/her materials published to the World Wide Web

_____ have his/her unidentified photo published to the World Wide Web

These permissions are granted for an indefinite period of time, unless otherwise requested. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use – setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

Parent signature _____ Date _____

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INDIANA'S FIRST CHARTER SCHOOL

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Dear Parent/Guardian,

The Indiana State Department of Health maintains an immunization registry entitled Children and Hoosiers immunization Registry Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter immunization data as a method of electronic documentation. CHIRP ensures that the most up-to-date record of immunization is available to all health care providers. Recently, the Indiana Department of Education mandated that all schools within the state of Indiana utilize CHIRP to document schools; accreditation. We are notifying our families of this change in the immunization reporting and your permission is requested to submit the immunization status of your child in this new format. The Indiana Department of Education's attorney Dana Long, collaborating with the Indiana State Department of Health, has prepared the consent attached to this document. If you have any questions, please contact the office at 574-287-3230. Thank You.

I _____, give Veritas Academy, permission to release the following information concerning my child, _____, to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP): Student's full name, date of birth, immunization data, and demographic data such as address, telephone number, and school in attendance.

I understand that the information in the registry may be used to verify that my child has received proper immunization and to inform me of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information:

Signature _____

Date _____

Printed Name of Parent/Guardian _____

Address _____

Telephone _____

City, State, Zip Code _____

Veritas Academy
School _____

Child's Name _____

Grade Level _____

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VERITAS ACADEMY

Exceptional Learners Department

To Challenge to inspire...

Exceptional Learners Notification Form

Does your child receive services from the Exceptional Learners Department (Special Education Services): Yes _____ No _____

Parent/Guardian Signature: _____

If yes, please complete the following:

Student's Name: _____ DOB _____

Parent's Name: _____

Home Phone: _____

Home Phone: _____ Cell Number: _____

E-mail: _____ Best Time to be contacted: _____

Date Enrolled: _____ Grade: _____

Previous School Attended: _____

(For EL Dept. Use Only)

Date Received: _____

Date Parent Contacted: _____

Previous School Contacted: Yes _____ No _____

Veritas Academy
Acceptable Uniform Variations
2016-2017

Tops:

- Solid Navy Blue polo shirts, short or long sleeved (Option: Veritas Academy embroidery polo shirts purchased only through school order)
- Solid Navy Blue button down collared shirt, tucked in
- Veritas Academy embroidered Navy Blue sweatshirt (Purchased only through school order)
- Solid Navy Blue Cardigan Sweater, with or without buttons down the front. No pockets, hoods or logos.
- Solid color White or Navy Blue long sleeved turtleneck (Only to wear under other Veritas shirts during winter seasons)
- Veritas Academy Blue Fleece (Purchase only through school order; Order forms for Veritas embroidered shirts & fleece can be found on the Veritas Academy website) **NO OUTSIDE LOGOS ALLOWED.**

Bottoms:

- Solid Khaki dress pants or dress shorts
 - No cargo style pants or shorts
- Khaki colored jumper for girls
- Solid Khaki skirts or shorts for girls
 - No cargo style pants or shorts
 - Shorts and skirts may not be shorter than 2 inches above the knee
 - No leggings

Footwear:

- Solid colored school shoe in Black, Brown, Blue, Burgundy or Cordovan
 - *No* athletic shoes, *No* fashion boots
- Solid colored socks (and/or tights for girls) in Black, Brown, Blue or White

Belts:

- **Solid colored Black or Brown** standard dress belt (Required for grades 2-8)
 - *A belt is required* for all pants, shorts and skirts with loops
 - Plain solid belts only – **No decorations or embellishments.**

Gym Uniform

- Non-skid tennis shoes that are kept at school
- Veritas Academy Blue Gym shirt, tucked in (Purchased only through school order)

College Fridays:

- College T-Shirt, tucked in
- Jean pants, shorts or skirts (**Blue** jeans only)
- Khaki pants, shorts or skirts
 - No cargo style pants or shorts
 - Shorts and skirts may not be shorter than 2 inches above the knee.
- Belt (See belts above)
- Athletic shoes or school dress shoes only.

VERITAS ACADEMY

Public-relation Communications

Finally,

How did you hear about Veritas Academy?

Radio

Television

Newspaper

Word of Mouth

Flyers

Website

Other _____

Whom may we thank for your referral? _____