



# Innovations Public Charter School [www.ipcs.info](http://www.ipcs.info)

## Office Use Only

Enrolled \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Assessment Date: \_\_\_\_\_  
 Orientation Mtg: Y N Date: \_\_\_\_\_  
 Wait List # \_\_\_\_\_ SY09-10 Grade \_\_\_\_\_  
 Wait List # \_\_\_\_\_ SY10-11 Grade \_\_\_\_\_  
 Wait List # \_\_\_\_\_ SY11-12 Grade \_\_\_\_\_  
 Call Notes:

## Application for Admission SY 2010 - 2011

*You must submit a separate application for each child applying*

**Deadline: March 26, 2010 by 3:00 p.m.**

**Lottery:** April 1, 2010. **Results:** Applicants pulled for open positions will receive a phone call. Wait listed applicants will receive a mailed letter.

### I. General Information

Today's Date \_\_\_\_\_ Grade child will be in school year 2010-11 \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Gender: Male Female  
 Date of Birth: \_\_\_\_\_ School child is attending SY 09-10: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

### Parents / Guardians:

#### Mother

Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Lives with child? Y N

#### Father

Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Lives with child? Y N

#### Guardian/Other

Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Lives with child? Y N

Relationship: \_\_\_\_\_

### Brothers and Sisters

Name	Current grade	Current School	Applying to IPCS?	
_____	_____	_____	Y	N
_____	_____	_____	Y	N
_____	_____	_____	Y	N

To assist us in best meeting the needs of your child, IPCS would appreciate the following information.

### II. School History

Other schools child has attended:

School	City	Grade Levels
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE FILL IN THE BACK OF THIS FORM**

**III. SPECIAL NEEDS:**

Has your child ever been identified as having special learning needs? **Yes No**  
Does your child currently have an Individualized Educational Plan (IEP) ? **Yes No**  
**Does your child currently have a 504 plan?** **Yes No**  
Is your child currently receiving any special services in school? (counseling, pull-out class, etc.) **Yes No**  
If yes, what services? \_\_\_\_\_

Does your child currently receive any medications that are administered at school? **Yes No**  
Does your child have any medical, learning, physical or other special needs of which we should be aware?  
\_\_\_\_\_

Will your child need after school care /enroll in our After-School Program? (Working Parents only) \_\_\_\_\_Yes \_\_\_\_\_No

If your child is currently receiving meal assistance, circle the one that applies: **Free Reduced**

Child's primary language: \_\_\_\_\_ Language spoken most in home: \_\_\_\_\_

**IV. Learning Profile**

Please share with us the type of learning environment that best meets your child's learning needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Other**

Is there any other information you think would be helpful for us to have about your child?

\_\_\_\_\_  
\_\_\_\_\_

The Lottery will be held on April 1, 2010. Attendance is not required due to the small number of openings. When your child's name is pulled in the lottery, **if there is an opening in that grade, your child will be offered enrollment for SY10-11 via a phone call. If your child is wait listed, you will receive a letter in the mail.**

If your child's name is drawn in the lottery and he/she will **not be age 6 by August 1, 2010, he/she will be assessed for developmental readiness. Younger children not developmentally ready for first grade will need to go through the application / lottery procedures again the following year.** Thank you for taking the time to fill out this application in its entirety and for making sure that you have supplied all available information. **Please read the following release and sign below:**

In the event that my child has the opportunity to be enrolled in Innovation Public Charter School (IPCS), I hereby authorize IPCS to request any and all records, data or information determined to be relevant to the education of my child with the Department of Education, any other schools and school systems in which my child has previously been enrolled, and any governmental departments, health or social service providers, or other offices whose activities bear directly on the programs or services with which my child is provided at IPCS.

The information I have provided on this application is true to the best of my knowledge.

Print Name of Student: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

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

**PLEASE RETURN COMPLETED APPLICATION BY MARCH 26, 2010 TO:**

**Innovations Public Charter School  
Admissions  
75-5815 Queen Ka'ahumanu Hwy  
Kailua-Kona, HI 96740**

**If you have any questions, please contact us by phone or e-mail:  
Barbara Woerner  
(808) 327-6205  
barbara\_woerner@notes.k12.hi.us**

\* Innovations Public Charter School does not discriminate on the basis of race, color, national origin, creed, sex, ethnicity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English language, or academic achievement.