



Innovations Public Charter School www.ipcs.info

Application for Admission SY 2011 - 2012

You must submit a separate application for each child applying

Deadline: March 24, 2011 by 3:00 p.m.

Lottery: April 1, 2011. **Results:** Applicants pulled for open positions will receive a phone call. Wait listed applicants will receive a mailed letter.

Office Use Only

Enrolled _____ Date: _____

Student Assessment Date: _____

School Tour: Y N Date: _____

Orientation: Y N Date: _____

Wait List # _____ SY10-11 Grade _____

Wait List # _____ SY11-12 Grade _____

Wait List # _____ SY12-13 Grade _____

Call Notes:

I. General Information

Today's Date _____

Grade child will be in school year 2011-12 _____

Date of Birth: _____

Child's Name: _____ Gender: Male Female

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

Child's Current School SY 10-11: _____ Current Grade Pre-K K 1 2 3 4 5 6 7

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? _____ **No** _____ **Special Ed** _____ **Gifted Ed**
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, 2011. 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 SY11-12 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, 2011, 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 24, 2011 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:
(808) 327-6205
Jennifer_Hiro@notes.k12.hi.us**

* Innovations Public Charter School is a free public school open to all students. IPCS 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.