



**APPLICATION FOR ENROLLMENT  
2025-2026 SCHOOL YEAR**  
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**Name of Student:** \_\_\_\_\_ **Enrolling Grade:** \_\_\_\_\_

Items (6) needed to confirm enrollment into the Academy:

1. \_\_\_\_\_ Copy of student Birth Certificate
2. \_\_\_\_\_ Complete immunization (shot) Records (NOTE: Varicella / Chicken Pox vaccine required)
3. \_\_\_\_\_ Copy of Individualized Education Plan (IEP), if applicable
4. \_\_\_\_\_ Current Proof of Residency (copy of utility bill in the name of parent/guardian, for example)
5. \_\_\_\_\_ Copy of parent or guardian’s **valid** OH Driver’s License or State ID
6. \_\_\_\_\_ Custody / Proof of Guardianship Records, if applicable\* (see page 2)

The following items are included in this packet.

Item	Page No.	Item	Page No
Student Contact Information	2	Emergency Medical Authorization	8
Student History Information	3	Health & Fitness Consent Form	9
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All of the above referenced items should be submitted to the school as soon as possible.  
**\*\* To enroll in kindergarten, students must be five on or before September 30, 2024 \*\***  
 Please return completed application and copies of above items (mail, fax, email, or in-person) to:

**Harvard Avenue Performance Academy  
12000 Harvard Avenue  
Cleveland, Ohio 44105-5444  
Fax: (216) 283-5762 Cell: (330) 601-4680  
HAPA@PerformanceAcademies.com**

The School does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding non-discrimination policies:

Regional Assistant Superintendent, Two Easton Oval, Ste 525 Columbus, OH 43219, (614) 512-2151



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STUDENT CONTACT INFORMATION

Student's Name: (As it appears on Birth Certificate) (First) (Middle) (Last)

Home Address:

City: State: Zip:

Grade in 2024-2025: Date of Birth: City of Birth Sex: (M / F)

\*\*\* Please enter all possible information for mother / father / guardian as it applies.\*\*\*

Parent or Legal Guardian\*: (First) (Last) Relationship:

Address (if different from Student's address):

City: State: Zip:

Email:

Primary Phone: Description (e.g., "Mother's Cell" or "Home"):

Secondary Phone: Description:

2nd Parent or Legal Guardian: (First) (Last) Relationship:

Address:

City: State: Zip:

Email:

Phone: Description):

Student is a dependent of an Active Duty member of the Armed Forces? Yes No

Student is a dependent of an Active Duty member of the National Guard? Yes No

Student has access to internet service at home? Yes No

Student has access to a computer / tablet at home? Yes No

\* An unmarried female who gives birth to a child is the sole residential parent and legal custodian of the child until a court of competent jurisdiction issues an order designating another person as the residential parent and legal custodian. A court designating the residential parent and legal custodian of a child described in this section shall treat the mother and father as standing upon an equality when making the designation (See ORC Sec. 3109.042).

For Office Use Only: Start Date: District of Residence: Accepted By: SSID CSADM EMIS Assign. Teach.



STUDENT HISTORY INFORMATION

Name of Student: Enrolling Grade:

Previous school Attended:

Please list all other children living with the family.

Table with 4 columns: Name, Birth Date, Grade, School Attending. Includes three empty rows for data entry.

Has your student ever received counseling or psychological testing? Yes No

Does your student have an active Individualized Education Plan (IEP)? Yes No

Has your student experienced any physical, emotional, mental, or social problems within the past two school years? Yes No (If yes, please explain.)

Is your student currently serving an Expulsion? Yes No

If "Yes", please explain.

Please describe any special needs that your student may require including medical conditions, physical limitations, or other special needs of which you would like the school to be aware:

a. Academic (if any):

b. Medical / Allergy / Physical (if any):

c. Medications to be given to the student during the school day: Yes No

If yes, please describe (you must also sign a medication permission form):

Signature of Parent / Guardian: Date:



ETHNICITY / RACE DATA COLLECTION FORM
(Required by Federal regulations)

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

The United States Department of Education has issued guidelines requiring the collection of data on race and ethnicity for public school students. The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories.

If the following questions are not answered by the parent or guardian, the District Enrollment Officer will be required use observation identification to determine the student's designation. The determination will be reported to the parent or guardian.

Part I - Is this student of Hispanic/Latino heritage? (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 question is about ethnicity, not race. No matter what you selected above, please continue to answer Part II by checking one or more options to indicate what you consider your student's race to be.

Part II - Race (Choose one or more, regardless of Ethnicity)

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

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

FOR OFFICE USE ONLY

Parent/Guardian chose not to complete Ethnicity/Race information and determination was made by the Academy.

Enrollment Officer \_\_\_\_\_ Date \_\_\_\_\_



RECORDS REQUEST FORM

\_\_\_\_\_ 1st REQUEST                      \_\_\_\_\_ 2nd REQUEST                      \_\_\_\_\_ 3rd REQUEST

Name of Transferring School: \_\_\_\_\_

City & State of Transferring School: \_\_\_\_\_ Phone: \_\_\_\_\_

Please transfer the permanent student records for the following student.

Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Please mail, e-mail, or fax the student's record to:

**IRN 008286**  
Harvard Avenue Performance Academy  
12000 Harvard Avenue  
Cleveland, Ohio 44105-5444  
Fax: (216) 283-5762  
HAPA@PerformanceAcademies.com

The records to be release should include:

- Academic (Grade Card, OST, diagnostic, RIMPs, KRA, and/or other standardized tests)
- Discipline
- Attendance Records and SSID
- Health / Medical / Immunization Records
- All Special Education Records (including IEPs, BIPs, MFEs, and ETRs)
- ELL/LEP Records and Assessments

*\*\* In accordance with the Family Educational Rights and Privacy Act, parental permission is no longer required when records are requested by authorized school personnel \*\**

**For Office Use Only:**

<p><b>Date Records Request Sent</b> _____</p> <p><b>This child's first day of attendance was / will be</b> _____ <b>Verified by</b> _____</p>
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**PARENT AGREEMENT**

The parent or guardian of a child attending the Academy must:

1. Transport student to and from school on time daily, unless parent has opted to use district-provided transportation. Parents or designee must also be available to transport children who must be removed from school due to illness or other circumstances.
2. Adhere to the school schedule as well as the occasional cancellation of classes.
3. Adhere to the school schedule for arrival and dismissal times. Absenteeism, tardiness, and late dismissals (not pre-arranged) will not be tolerated.
4. Ensure that daily homework assignments are completed.
5. Participate in a minimum of twenty (20) parent/family volunteer hours per academic year, which may include Parent Teacher Organization (PTO) attendance, driving to/from field trips, classroom / office assistance, and / or fundraising.
6. Ensure that your child meets all immunization requirements for the State of Ohio and meets all school requirements if the child has special health needs.
7. Keep child at home if he / she has a communicable disease or temperature above 99.8 degrees.
8. Attend meetings of the Parent Teacher Organization (PTO) once a month.
9. Attend all parent / teacher conferences.
10. Meet the uniform requirements of the school and ensure that your child is in complete uniform each day of class.
11. Understand that the Harvard Avenue Performance Academy is a community school established under Chapter 3314 of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who are exempt from the compulsory attendance law for the purpose of home education pursuant to section 3321.042 of the Revised Code shall no longer be exempt for that purpose upon their enrollment in a community school. For more information about this matter, contact the school administrator or the Ohio Department of Education and Workforce.

I have read the above and understand the contents of the information as explained during the interview and orientation meeting with the Academy officials.

I agree to these terms.

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

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**VERIFICATION FORM**  
**TRANSPORTATION / PICK-UP**

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

I am permitting the following persons to transport my child to / from school. I understand that if a person that is not on the following list shows up to transport my child, the school will not release the student without first contacting the parent/guardian. All persons must be at least eighteen (18) years old.

	<b>FULL NAME (as it appears on valid state ID)</b>	<b>RELATIONSHIP</b>	<b>PHONE NUMBER</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

The following persons are **NOT** permitted to transport my child (if applicable):

	<b>NAME</b>
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

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



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EMERGENCY MEDICAL AUTHORIZATION

Student's Name: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Parent/Guardian Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Persons to contact in the event the school cannot reach you:

Table with 3 columns: NAME, RELATIONSHIP, PHONE NUMBER. Rows 1-4 for contact information.

PART I OR II MUST BE COMPLETED—PLEASE COMPLETE ONLY PART I OR PART II

PART I: TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospital to be called:

Table with 2 columns: NAME, PHONE NUMBER. Rows for Doctor, Dentist, Hospital.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_

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

PART II - REFUSAL TO CONSENT I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action(s):

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

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





HEALTH & FITNESS PARENTAL CONSENT FORM

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

I hereby certify that I am the parent / legal guardian of the student named above, and that to the best of my knowledge, he / she is physically fit to participate in all sporting events scheduled through the Academy, subject to the limitations listed below.

It is understood that by signing this contract, I agree to abide by the rules and regulations of the school's fitness program. It is also understood that signing this contract releases from liability, the school and / or fitness instructors from any injuries sustained during his / her participation in all sporting events or practices.

Insurance: It is the responsibility of each parent / legal guardian to adequately cover their child participating in any sporting event through the Academy program with proper insurance.

Please list below any illness, injury, physical limitation, or other medical condition that would limit your child's participation in the fitness program in any way. Please note "None" if your child does not have limitations. \*\*\* If your child has asthma but will be participating in the Fitness program, he / she MUST bring his / her inhaler to fitness class each day. You MUST fill out medication permission forms for inhalers to be permitted in fitness classes.

Four horizontal lines for listing medical conditions.

WARNING

I am aware that playing or practicing to play / participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play / participate in sports include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I understand that the dangers of playing or practicing to play / participate in sports may result not only in serious injury, but in serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally enjoy his / her life.

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



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**MARTIAL ARTS / SPARRING**  
**PERMISSION FORM**

**ATTENTION PARENTS / GUARDIANS:**

Our desire is for each student to progress rapidly in his or her martial arts classes. Our hopes are that our students will continue to progress and develop enough skills to compete in martial arts tournaments achieving steady promotions in belt degrees (white, yellow, green, purple, brown, red, black). We would like each student to achieve his or her "black belt" before leaving the Academy after his or her 8<sup>th</sup> grade school year. In order for this continuation in skills the students must begin to "spar" to develop the talent to compete. In order to accomplish this we need your signed permission.

Please note that we have purchased the proper equipment for padded sparring competition. This is protective gear, which will aid in your child's safety. This will be contact, padded sparring lessons. We require that each student purchase a mouth guard at K-mart, Wal-Mart, or any other discount store. These usually range from \$1-3 dollars.

\*\*\*\*New students will NOT be permitted to spar until their skills have increased to the level and ability of sparring.

My student \_\_\_\_\_ **HAS PERMISSION** \_\_\_\_\_ **DOES NOT HAVE PERMISSION** to begin sparring lessons in martial arts class. I understand that this will be a contact competition.

My student \_\_\_\_\_ **WILL** \_\_\_\_\_ **WILL NOT** be wearing a mouth guard.

Name of Student: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

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



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**DIRECTORY & MINOR PHOTO RELEASE FORM**

With my signature below, I give the Academy permission to publish in print, electronic or video format the likeness or image of my child. I release all claims against the school or its representatives with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

With my signature I also am informing the Academy that I do not wish to release my or my child's directory information when a request for directory information is made with the Academy by another party not related to the Academy.

Student's Name: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

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

**General Guidelines**

A release must be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, the school or its representative will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. Signed release forms are not needed when subjects are in public places, such as fairgrounds or parks. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records. If you have questions, please inquire at your child's school office.



**PARENT REFERRAL FORM**

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

What was the **most effective** means of learning about the Academy

**1. Advertisement about the Academy**

- \_\_\_\_\_ Direct mail came to my mailbox
- \_\_\_\_\_ A flyer / doorhanger came to my house
- \_\_\_\_\_ I saw a flyer in my community
- \_\_\_\_\_ I saw a printed ad in a Parent Magazine
- \_\_\_\_\_ I clicked an online ad on the internet or Facebook
- \_\_\_\_\_ I saw a billboard for the school
- \_\_\_\_\_ I heard a radio advertisement
- \_\_\_\_\_ I saw a TV advertisement

**2. I found the Academy** \_\_\_\_\_ online or  
\_\_\_\_\_ on Facebook

**3. I was referred by an individual**

- \_\_\_\_\_ I was referred by a **parent**, \_\_\_\_\_ (name of parent)
- \_\_\_\_\_ I was referred by an Academy **employee** \_\_\_\_\_ (name of employee)

**4. My child is a** \_\_\_\_\_ sibling or  
\_\_\_\_\_ other family member of an existing student

**5. Other** \_\_\_\_\_ (please note)

The Academy appreciates your feedback!



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Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools.

Form with sections: Student Name, Student Date of Birth, Communication Preferences, Language Background, Prior Education, Additional Information, and Parent/Guardian contact details.

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school.