

ZENITH ACADEMY EAST

2261 S. Hamilton Rd Columbus, OH 43232
Phone: (614) 577-0997 Fax: (614) 577-0995

Documents Required with Application:

1- Completed and signed enrollment application

Can be picked up at the school's front desk or downloaded from our website:
zaelions.weebly.com

2- Parent's identification document

3- Parent's proof of address (e.g. lease or utility bill)

Must show parent name, address, and a date less than 60 days old

4- Child's birth certificate, passport or immigration document (e.g. I-94)

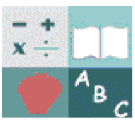
5- Child's social security card

6- Child's vaccination records

7- If transferring to ZAE, a Withdrawal Form from the previous school

Please make sure all of the above documents are submitted in order for us to begin processing the application.

Students must be **5 years old** before September 30 of the school year to enroll in Kindergarten. We apologize but **no student under 5 will be admitted at all.**



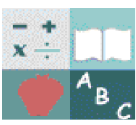
APPLICATION FOR ADMISSIONS

Application Date _____

Student Information		
First Name	Middle Name	Last Name
Address		
Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Racial/Ethnic Identity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____		
Applying for Grade Level:		Previous Grade Level:

Primary Parent/Guardian Information		
Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Address		
Cell Phone	Home Phone	Email
Employer:	Employer Phone:	
Employer Address:		

Secondary Parent/Guardian Information		
Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	
Address		
Cell Phone	Home Phone	Email
Employer:	Employer Phone:	
Employer Address:		



STUDENT INFORMATION

Student Name: _____

Grade: _____

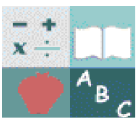
Has your child ever attended another school within the United States? If yes, please state the name and location of the school: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever been suspended, expelled or received any disciplinary action from school? If yes, please provide copies of all relevant documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever received psychological/neurological testing? If yes, please provide copies of all relevant documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever received ESL service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever received Speech or Learning Disability service? Does your child have a current IEP? If yes, please provide the school a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever attended an academic summer school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever been held back a grade or approved to skip a grade? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about Zenith Academy?	

HOME LANGUAGE SURVEY

Student Name: _____

Grade: _____

1. What language did your child speak when he or she first learned to talk? _____
2. What language does your child use most frequently at home? _____
3. What language do you use most frequently to child? _____
4. What language do the adults at home most often speak? _____
5. How long has your child attended school in the United States? _____



VIDEO CAMERA POLICY

Student Name: _____ Grade: _____

Dear Parents,

As a policy, Zenith Academy East has video cameras installed in the classrooms, hallways, cafeteria and other areas permitted by law. This is to protect your child and to pave ways for their highest academic achievement.

By signing below, you understand and agree to the policies of Zenith Academy East regarding the use of video cameras on school premises.

Sincerely,

Ashfaq Tashfeen

Executive Director

Parents/Guardian Signature

Date



IMMUNIZATION FORM

Student Name _____ Date of Birth _____ Grade _____

According to the Ohio Revised Code 3701.13 and 3313.671 the parent or legal guardian is required to submit written evidence that their child has had all the required immunizations for him/her to remain in school.

A student has fourteen days to present evidence that he/she is in compliance with the Ohio Revised Code. **If the student has not submitted written evidence of compliance within fourteen days, he/she shall be excluded from school until evidence is submitted.**

REQUIRED IMMUNIZATIONS

KINDERGARTEN

- 5DTap *
- 4 Polio**
- 2 MMR***
- 3 Hepatitis B

1st-5th GRADE

- 4DTaP
- 3 Polio**
- 2 MMR***
- 3 Hepatitis B

PLEASE RECORD YOUR CHILD'S IMMUNIZATIONS – ENTER MONTH, DAY, & YEAR

VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5		
Dtap, DPT							
Polio							
MMR							
Hepatitis B							
HIB							
Varicella							
Other							

T.B. test (most current) _____
(Date) (Type) Result (positive or negative)

NOTE:

- Four DTaP's are required if the 4th dose was given after the 4th birthday.
- Three Polio's are required if the 3rd dose was given after the 4th birthday. Any combination of IPV and OPV requires 4 doses.
- MMR #1 must be given on or after the 1st birthday.

If your child has not received the immunizations needed, please consult your family physician to receive the necessary immunization as soon as possible. A clinic is available for residents of municipalities or townships within Franklin County. Call 462-3635 or 645-7945 for information.

Signature of Parent/Legal Guardian

Date

PLEASE PROVIDE A COPY OF YOUR CHILD'S MOST CURRENT VACCINATION RECORDS



EMERGENCY MEDICAL FORM

Student Name _____ Grade _____

Address _____

Primary Parent Name: _____

Primary Parent Phone _____

Non-Parent Emergency Contact _____

Emergency Contact's Phone _____

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.

Allergies: _____

Type of reaction: _____

Treatment: _____

Current medications (please include dose and frequency): _____

Physical/Medical conditions (examples – asthma, diabetes, seizures, and/or developmental disorders): _____

*****Please complete and sign EITHER PART 1 OR PART 2*****

PART I – TO GRANT CONSENT

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

	Name	Phone
Doctor	_____	_____
Dentist	_____	_____
Medical Specialist	_____	_____
Local 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.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

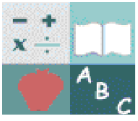
Signature **Date**

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:**

Signature **Date**

STOP HERE if you have completed and signed Part I



PICK UP RELEASE FORM

Student Name: _____ Grade: _____

Mother Father Other: _____

Mother Father Other: _____

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Emergency Contact Name (do not list parent): _____

Emergency Contact Phone: _____

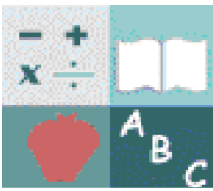
Does your child have any siblings currently attending ZAE? If yes, please list their name and grade:

Please list all people who are allowed to pick up your child:

	Name	Relationship to Child	Phone Number
Ex.	Moustapha Lemhamed	Uncle	614-577-0997
1			
2			
3			
4			
5			

Parents/Guardian Signature

Date



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TRANSCRIPTS REQUEST FORM

SECTION A To be filled out by the parent if student has attended another school in the United States.

STUDENT'S NAME: _____

BIRTH DATE: _____ PREVIOUS GRADE LEVEL: _____

PREVIOUS SCHOOL: _____

ADDRESS: _____

PHONE: _____ FAX: _____

**I grant permission for a copy of my child's school records to be sent to Zenith Academy East (ZAE).
I understand that requesting transcripts does not automatically mean that my child is offered admission
to ZAE.**

Parent or Guardian's Signature

Date

SECTION B Information requested from _____
(Name of previous school attended)

The above student has applied for admission to Zenith Academy. Please forward all available information requested below to:

Zenith Academy East

Student Records

2261 S. Hamilton Rd
Columbus, OH 43232
Phone: (614) 577-0997
Fax: (614) 577-0995

- **Health & Vaccination Records**
- **Disciplinary Action Information**
- **Attendance Records**
- **Current and Final Report Cards**
- **Achievement Scores**
- **Individualized Education Program or Evaluation Team Report (IEP/ETR)**