



Indiana Math and Science Academy North
7435 North Keystone Avenue
Indianapolis, IN 46240
Phone: 317- 259-7300 Fax:317-259-7363
Email: info@north.imsaindy.org

Indiana Math and Science Academy West
4575 W. 38th Street
Indianapolis, IN 46254
Phone: 317- 298-0025 Fax:317-298-0505
Email: info@west.imsaindy.org

Enrollment Package Instructions/Checklist for 2017-2018

Dear Parent/Guardian,

Welcome to Indiana Math and Science Academy, we hope the experience of your student will be happy and productive. Please complete one Enrollment Package for each student applying to the school. Please print clearly with blue or black ink.

***NOTE:** Receiving this packet does not imply official enrollment; all completed forms must be submitted, and all required documents must be received. You will be assigned a date and time for your orientation. Documents: Birth Certificate and Immunization Records must be received within 30 days of enrollment.

Forms:

Pages 2-4 Enrollment Form

Please fill out all the information sections. Make sure you provide complete information including full mailing address. To ensure accurate data entry, please spell out all abbreviations, including street names, town names, and states.

Page 5 Enrollment Acceptance Form

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Page 7 Home language Survey (For Kindergarten and Students New to US Only)

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2017-2018 Enrollment Applications for new students can be submitted to IMSA Schools beginning on Monday, Wednesday, March 1, 2017.

The lottery is scheduled for Saturday, April 8, 2017, so all enrollment applications must be turned in by 12:00 pm on Friday, April 7, 2017. If your student(s) must be entered into the Lottery because the classroom sizes are filled, you will be notified before the Lottery. You will be notified of student acceptance or numerical ranking on the waiting list the day of the Lottery or, if you are unable to attend the Lottery, by the end of business on Monday, April 10, 2017.

***Before enrollment can be approved for students with high school or college credits, transcripts must be submitted to our Guidance Office. Upon receipt of transcript(s), a schedule will be prepared for high school students if classes are still available at the time of enrollment application and transcript submission.**



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Enrollment Form for the 2017-2018 School Year

Please complete one form for each student to be admitted to the school. Please print clearly with blue or black ink.

Student Information:

Legal Name of Student: (last) _____ (first) _____ (middle) _____

Gender: Male Female Date of Birth: _____ Home Phone: _ (____) _____

Ethnicity: Not Hispanic/Latino Yes, Hispanic/Latino
(A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

Race: (check one) American Indian/Alaskan Native Asian Black, not Hispanic Hispanic
 Multiracial Native Hawaiian or other Pacific Islander White, not Hispanic Other

Social Security Number: ____ - ____ - ____

Grade level applying for: K 1 2 3 4 5 6 7 8 9 10 11 12

Student's Residence Address: (Note: No P.O. Boxes)

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Legal School District of Residence: _____

How did you hear about us: Family/Friend Brochure/Flyer/Postcard Website/Search Engine Radio ad/TV ad
 Newspaper ad/Story Personal Research Dept. of Education Website Previous School Onsite Signage

Previous School Information:

Name of Previous School: _____

Type of School: Public School Private School Registered Home School Charter School Not in school/Other

Address of Previous School:

Street: _____ City: _____ State: _____ Zip Code: _____

School Phone: _ (____) _____ School Fax: _ (____) _____

Parent/Guardian Information:

Student lives with: Both parents Both parents alternately (Joint custody) Mother only Father only Legal guardian

Mother's Name: _____

Address and phone same as student? Yes No If No, complete the following:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Work Phone: (____) _____ Home Phone:(____) _____ Cell Phone: (____) _____

E-mail address: _____

Name of Employer: _____ Occupation: _____

Work Address: _____ Suite #: _____

City: _____ County: _____ State: _____ Zip Code: _____



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Father's Name: _____

Address and phone same as student? Yes No If No, complete the following:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Work Phone: (____) _____ Home Phone:(____) _____ Cell Phone: (____) _____

E-mail address: _____

Name of Employer: _____ Occupation: _____

Work Address:

Street: _____ Suite #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Stepparent/Legal Guardian's Name: _____

Address and phone same as student? Yes No If No, complete the following:

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Work Phone: (____) _____ Home Phone:(____) _____ Cell Phone: (____) _____

E-mail address: _____

Name of Employer: _____ Occupation: _____

Work Address:

Street: _____ Suite #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Sibling Information:

Other Children Living in the Household:	Age	Grade	Relationship to Student
1			
2			
3			
4			

Emergency Contact Information*:

If a parent cannot be contacted we will attempt to contact one of the following in the order listed below. Please list at least one emergency contact.

FIRST person to contact if parents cannot be reached:

Name: (last) _____ (first) _____ Relationship: _____

Home Phone: (____) _____ Cell Phone : (____) _____ Work Phone: (____) _____

SECOND person to contact if parents cannot be reached:

Name: (last) _____ (first) _____ Relationship: _____

Home Phone: (____) _____ Cell Phone : (____) _____ Work Phone: (____) _____

**For Additional Contacts: Please attach your list to this enrollment packet.*



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Photo/Video Release

Dear Parent/Guardian: Throughout the year there are occasions when the IMSA will want to take pictures/videos of your child participating in activities. We may use these pictures/videos in IMSA publications, local newspapers, school website and/or homerooms, advertising, or on display at the Indiana Math and Science Academy. We are requesting that you sign a photo/video release for your child. Thank you in advance for your support and understanding.

- I give my consent for IMSA to use pictures/video of my child.
 I do not give my consent for IMSA to use pictures/video of my child.

Special Programs

Has your child been evaluated for and/or participated in any of the following special services?

- Gifted & Talented Special Education (IEP) 504 Plan
 English as a Second Language (ESL) Other: _____

If you checked Special Education (IEP), do you have the student's special education records? Yes No

If yes, please attach a copy of the records to this form.

Health Insurance and Information

Primary Physician Information:

Doctor Name: _____ Doctor Phone: _____

Dentist Name: _____ Dentist Phone: _____

Type of Health Insurance: HMO Medicare Medicaid No health insurance Other

If the student is covered by Medicare or Medicaid, provide the number: _____

In case of a medical emergency which hospital would you like to have your child transported to: _____

Read and check:

I understand that for those school health and health-related services that the Medicare-eligible student may be receiving—including but not limited to: vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy—the school district has the right to receive partial reimbursement from Medicare for those services rendered.

Please list any serious allergies, conditions, or restrictions the student has: _____

Please list any physical or emotional disabilities the student has: _____

EMERGENCY RELEASE

IMS A will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact but if none of these people can be reached, IMSA personnel have my permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER THE IMSA NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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Enrollment Acceptance

Signing this form indicates your intent to enroll your child in the Indiana Math and Science Academy.

Statement of Educational Equality:

The Indiana Math and Science Academy is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the American with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact the school's principal at the school address.

Please accept this signed and completed document to enroll _____
(Student's name)

in the Indiana Math and Science Academy for the 2017-2018 academic year. I understand that the completion of these enrollment documents do not guarantee admission into the school. Indiana Math and Science Academy will send notification of acceptance.

Signature of parent/guardian _____ Date: _____



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Release of Student Records

Prior School Information:

To: (Name of Previous School) _____

Address:

Street: _____ City: _____ State: _____ Zip Code: _____

School Phone: (____) _____ School Fax: (____) _____

Student Information:

Name: (Name of Parent/Legal Guardian) _____

Student's Full Name: (last) _____ (first) _____ (middle) _____

Date of Birth: _____

Student's Residence Address: (Note: No P.O. Boxes)

Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: (____) _____

The Indiana Math and Science Academy is enrolling _____ (student's name) for the 2017-18 academic year. Please accept this document as formal approval for the release of all official school records.

At your earliest convenience, please fax or mail these records to the Indiana Math and Science Academy.

Indiana Math and Science Academy requests:

- Last Transcript or Report Card
- Birth Certificate
- Health and Immunization Records
- Standardized Tests Score Report
- ECA and GQE Results
- Special Education Records
- ESL Records
- Home language Survey
- Discipline Records
- Attendance Data
- Copy Free or Reduced Meals Application or Copy of the Notification Letter
- Court Documents relating to Custody, Guardianship, Restraining Orders, Loss or Restriction of Parental Rights, ETC.

In advance, we thank you for your cooperation.

Parent/Guardian Signature: _____ Date: _____

According to Federal Regulations-Family Rights and Privacy ACT, it is no longer necessary to obtain written consent to release between schools. School officials may request and receive the records of students who is enrolled or intends to enroll without written consent for such a release.



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Home Language Survey for KINDERGARTEN & STUDENTS NEW TO THE US ONLY

Dear Parent or Guardian,

In order to provide your child with the best education, we need to determine how well he or she understand, speaks, reads, and writes English. Your assistance in answering these questions is greatly appreciated. Thank you.

1- What language(s) is spoken in the student's home or residence?

English Other _____

Check the box that applies.

2- What language is spoken to the student most of the time at home or residence?

English Other _____

3- What language(s) does the student understand?

English Other _____

4- What language(s) does the student speak?

English Other _____

5- What language(s) can the student read?

English Other _____

6- What language(s) can the student write?

English Other _____

7- In your opinion, how well does the student understand, speak, read, and write English?

	Very well	A little	Not at all
Understands English			
Speaks English			
Reads English			
Writes English			

8- Number of years enrolled in school in USA. _____

9- Has student taken any ESL before? NO _____ Yes _____ If Yes, How Long? _____

Signature of parent/guardian _____ Date: _____

Signature of parent/guardian _____ Date: _____

To be completed by school officials only.

Determination:

Possible ESL _____

English Proficient _____

School Official: _____ Signature: _____ Date: _____



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Foreign Language Courses Preference

Students and/or Parents may choose one foreign language course of either Spanish or Turkish for **grades 4-12**. However, due to the capacity of the classes your foreign language choice may or may not be honored.

Please fill out this form indicating your Foreign Language preference. It is essential that we receive this form with the enrollment package materials for scheduling purposes. If we receive no reply, we may assign your student a course of our choice.

Name of Student: _____

I would like to have my child enrolled in (please check one):

Spanish

Turkish

as his/her Foreign Language Course.

Parent Signature: _____ Date: _____



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School Financial Responsibility Form

Please read the following information regarding your student’s account here at Indiana Math & Science Academy. Parents/guardians are financially responsible for their student’s consumable fees, textbooks fees, athletic fees, etc. These fees will be billed to your student’s account. You will receive a monthly bill for any amounts due.

We expect parents/guardians to take this responsibility seriously and make payments promptly. Your student depends on your financial support to provide for their quality education and to make their school experience successful. Should a need occur, we expect parents/guardians to contact our office to make payment arrangements.

- **12.7 Financial Responsibility** - The parent or guardian will be held financially responsible for damage to school property of the Academy, and for lost, damaged or stolen books, locks, or other property of the Academy. **All financial obligations, including fee for consumable materials, textbook rental, clubs/enrichment activities, field trips, etc., must be met before the end of the year.**

By signing this document I/we understand and agree to the IMSA Financial responsibilities and expectations.

Parent Signature

Printed Name

Date

Parent Signature

Printed Name

Date



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IMSA Information Technology Usage Policy

IMSA provides access to computer resources in an effort to facilitate the learning process and to provide high quality outcomes for our students. Our school encourages the use of computers and other sources of technology (i.e. IPADS and Chrome Books) to familiarize our students with the use of information technology to achieve both personal and academic goals.

We expect all of our students to respect the information technology equipment that has been provided for them. Students should understand that technology usage is a privilege and not a right, and when used improperly, this privilege can be taken away from them.

As members of our school community, we expect our students to follow and adhere to the guidelines written below:

1. Students will use all information technology equipment such as PCs, laptops, printers, IPADS, and Chrome Books only under the direct supervision of the teacher in charge.
2. Students are not allowed to play games or use other software unless the teacher has given specific permission.
3. Students WILL NOT tamper with any equipment.
4. Students WILL NOT pass around any equipment.
5. **Parents** will be held financially liable for any damage caused to the information technology equipment. Any misuse will force us to exclude students from using the information technology equipment and may result in further disciplinary actions.

By signing below, I agree to the terms of the Indiana Math and Science Academy information technology usage policy.

Please return the completed form to the classroom teacher as soon as possible.

Parent / Guardian Signature

Student Signature

Date



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Transportation Request Form

IMSA provides a limited bus transportation service. It is provided on a first come, first serve basis. IMSA considers the distances up to one mile as walking distance and does not provide transportation. All student riders must be picked up and dropped off at one of the designated neighborhood satellite “park and ride” stops.

Depending on our bus routes and seating capacity, we may not be able to provide transportation to all students in which case we will initiate a waiting list.

How will your student get to school?

They will be a car rider Yes No

They will walk to school Yes No

They will ride the school bus Yes No

They will ride public transportation Yes No

BUS REQUEST:

Bus #: _____ Bus Stop Location: _____

Must someone be at the bus stop when your student is dropped off? Yes No

If someone from the following list is not at the bus stop when the school bus arrives, the student(s) will be returned to IMSA. **A \$25.00 fee per student will be assessed and must be paid before the student(s) can ride the bus again.**

Name: _____

Telephone Number(s): _____

Name: _____

Telephone Number(s): _____

Name: _____

Telephone Number(s): _____

Name: _____

Telephone Number(s): _____

Name: _____

Telephone Number(s): _____

Parent/Guardian Signature: _____ Date: _____

***All bus riders and their parents must sign the “IMSA Transportation Expectations” document in order to ride the bus. (Please see page 12.)**



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IMSA Transportation Expectations

The safety and well-being of our students is the utmost priority of IMSA. Our goal is for all students to reach their destinations safely. Carefully read and discuss this document with your student.

Bus Safety Rules:

- Student must remain in their seat the entire time the bus is in motion.
- Students must keep hands and feet to themselves at all times.
- No food/ drinks on the bus.
- Students must keep the noise level to a level 1 (*whisper*) while in motion and a level 0 (*no talking*) at all railroad crossings.
- Students must be respectful toward the bus driver and all other students.
- Students must remain in their assigned seat the ENTIRE duration of the bus trip.
- Students may use NO profanity of any kind.

Bus drivers have a duty to “write up” any student who:

- 1) Does not follow the safety rules.
- 2) Exhibits behaviors that may causes an unsafe environment for bus passengers, other drivers, pedestrians, and other vehicles on the road.

Furthermore, random video* checks may occur throughout the school year. Any student who is seen to be breaking the rules and/or contributing to an unsafe driving/riding environment will receive one of the consequences listed below.

Consequences:

- First offense will result in a 2 day removal from the bus
- Second offense will result in a 1 week removal from the bus
- Third offense will result in a removal from the bus for the remainder of the school year

By signing this document I/we understand and agree to the IMSA Transportation Expectations.

To be able to utilizing the IMSA bus system a parent/guardian signature is required. Choosing not to sign will result in forfeiture/cancelation of request for bus services provided by IMSA. (*Bus service is limited and is on a first come, first serve basis. Bus service is subject to route and space availability.*)

Student Name: _____ Grade: _____
(Please print.)

Student signature: _____ Date: _____

Parent Name: _____ Parent signature: _____
(Please print.)

**For the privacy protection of students, the bus company policy only allows videos to be viewed by IMSA Administration.*



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Student/Guardian Commitment Contract

2017-2018 Contract Requirements for Students In Addition To Student Handbook

I fully commit to IMSA in the following ways:

SCHOOL SCHEDULE

1. I will attend school daily. *(Excessive absences will result in retention and/or course failure.)*
2. I will arrive at IMSA on time each day and leave at dismissal time each day. *(Excessive tardiness or early leaves will result in in-school or out-of- school suspensions.)*
3. I will attend to IMSA academic enrichments for academic support as requested by teachers/administration. *(Enrichments for academic support are offered throughout the school year and may be offered after-school and on Saturdays.)*
4. I will attend the IMSA orientation program.

ACADEMIC EXPECTATIONS

1. I will complete all my class assignments and turn them in on time.
2. I will complete all my homework assignments and turn them in on time.
3. I will maintain a grade point average (GPA) of 2.0 or higher.
4. I will pass all my classes with a grade of C or better.
5. I will participate in all tests, including NWEA, ISTEP, and EOC. And, I will try my best to pass.
6. I will take the responsibility when I am absent to collect missing assignments and turn them as prescribed.
7. I will take responsibility for my learning and do whatever it takes to work and learn.

BEHAVIOR EXPECTATIONS

1. I understand that if I disrupt the learning environment in any way, I will not be allowed back into the class until my parents are contacted. I will promise my parents, my teachers, and the administration not to hinder my learning and the learning of others. I HAVE NO RIGHT TO OBSTRUCT OTHER STUDENTS' LEARNING.
2. I will follow the IMSA uniform code fully. I understand that I will not be allowed to enter the school building if I am not wearing the school uniform. I WILL ALWAYS WEAR MY UNIFORM.
3. I understand that I am to move quietly in the hallways. I will not run or chase other students.
4. I understand that a three (3) minute break is long enough to go to my locker and be back in class on time. I WILL BE ON TIME TO CLASS.
5. I am responsible for my own behavior. I understand that if I show disrespect to my teacher, my friends, or classmates in the school, I will not be allowed back in class until I apologize and promise not to repeat that behavior. If a second offense occurs, I go back to class and apologize in front of the class and promise not to repeat the behavior. The administration will contact and inform my parents that I was in violation of the contract.
6. I WILL RAISE MY HAND AND WAIT TO BE ACKNOWLEDGED BEFORE TALKING IN CLASS.
7. I WILL RESPECT EVERYONE IN SCHOOL.
8. I WILL NOT BRING FOOD, DRINK, OR GUM INTO THE CLASSROOM, RESTROOM, OR HALLWAY.
9. I WILL NOT BRING ELECTRONICS AND/OR ELECTRONIC ACCESSORIES INTO THE CLASSROOM. I understand all electronics are to be kept in my locker, not on my person. *(I understand IMSA is not responsible for any electronics lost or stolen.)*

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IN GENERAL

1. I will always work, think, and behave in the best way. I will do whatever it takes for my fellow students and I to learn. I will complete all of my homework every night. I will contact my teacher if I have a problem with the homework or a problem with coming to school. I will raise my hand and ask questions in class if I do not understand something.
2. I will always make myself available to parents, teachers, and answer any concerns they might have. If I make a mistake, I will tell the truth to my teacher and accept responsibility for my actions. I understand there will be consequences for my actions.
3. I will always protect the safety, interest, and rights of all individuals in the classroom. I will give my respect to everyone in the school.
4. I agree to follow all policies, procedures, and rules in the Parent/Student Handbook and classroom management plan. If I am uncertain about any policy, procedure, or rule, I will ask my teacher or administrator for clarification before I act.

PARENT/GUARDIAN RESPONSIBILITY

We fully commit to IMSA in the following ways:

1. **We will make sure our child arrives at IMSA everyday (Mon.-Fri.) on time and leaves at the scheduled dismissal time.**
2. We will insure that our child attends the IMSA orientation program.
3. We will make arrangements for our student to participate in academic enrichment programs for academic support whenever teachers or administration asks, which may include but not limited to tutoring and test preparation.
4. We will always help our child with his/her academics in the best way we know how, and we will do whatever it takes for him/her to learn. **This also means that we will check our child's homework every night,** and let him/her contact the teacher if there is a problem with homework. We will encourage our child to read every night. **We will also check the school database in order to monitor our child's progress on a weekly basis.**
5. We will always make ourselves available to our children and the school for any concerns they might have. **This also means that if our child is going to miss school, we will notify the office and the teacher as soon as possible.** We will read carefully all papers the school sends home to us.
6. We will allow our child to go on IMSA field trips.
7. We will allow our child to participate in IMSA extracurricular activities when it is desired. We will also provide transportation when needed.
8. **We will always keep our contact information and our emergency contact information updated at all times.**
9. We will make sure our child follows the IMSA uniform policy.
10. We understand that our child must follow the IMSA rules so as to protect the safety, interests, and rights of all individuals in the classroom. We are responsible for the behavior and actions of our child. We understand there will be consequences for my child's actions and I will hold my student accountable.
11. We will attend the scheduled Parent-Teacher Conference with my student.

Failure to adhere to these commitments may cause me to lose my contractual rights and my student status described in the Parent/Student Handbook.

Student's Name: _____ Date: _____

Student's Signature: _____ Grade: _____

Patent/Guardian Name: _____ Date: _____

Parent/ Guardian Signature: _____