



**THE CAPELLA
INSTITUTE**

Where your Future Begins





THE CAPELLA INSTITUTE

Dear Parent/Student

Thank you for your interest in The Capella Institute. The Capella Institute is a free 9-12 charter school program that prepares youth in meeting the challenges of developing good citizenship, becoming life-long learners and leaders in the 21st century. Our primary focus is to excel academically to obtain a high school diploma.

“The Capella Institute 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. We require that all necessary documentation on the File Checklist and withdrawal forms be complete in order to enroll your child. Missing documents may cause your student to lose their enrollment position in their class. There are no exceptions-all paper work must be submitted by the requested deadline!

Classes will fill up quickly! So your application is not delayed, complete the enrollment packet in its entirety and it return to the school’s office 5130 Warrensville Center Road, Maple Heights, Ohio 44137

Contact Info very Important:

If you have any questions and/or need assistance in completing this packet, feel free to contact **Mrs. Alex Kolb** at the school office Monday through Friday between 9:00 am – 4:00 pm at [\(216\) 706-9844](tel:2167069844) or your questions can be answered via the web at 812capella@gmail.com.

We welcome you to our school family and look forward to educating your child!

April Hart
Executive Director



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PLEASE NOTE ALL PAPERWORK HAS TO BE COMPLETELY FILLED OUT CHECKLIST OF REQUIRED DOCUMENTS

- Signed and completed all of our Enrollment Application.**
 - Copy of Birth Certificate** or Hospital Birth Record with official seal
 - Copy of Social Security** card
 - Copy of Custody Order or Divorce Decree**
(Required only if applicable, see pg. 3 of the application)
Under Ohio law, proof of custody must be provided to Capella under the age of 18 for any student for which custody has been determined by a court. **Only if a custody order has been determined**
 - Student Immunization Records**
 - Copy of Proof of Residency** Please send one of the following items, Which MUST include a full address (street, city, state, zip), a full date (day/month/year), and MUST be in the legal guardian's name*. **No disconnect or shut off notices will be accepted.** Must contain physical address, not just a P.O. Box. Please send a copy of ONE of the following:
 - Gas, electric, water, sewage or waste removal bill or receipt of installation** (dated within past 60 days) *Phone bills and cable bills are NOT acceptable.
 - Current lease agreement** (including the signature of the landlord and tenant and dated within the past year), most current mortgage statement, home owner's or renter's insurance declaration page or real property tax bill (dated within the past year)
- *If you reside in a home and utilities are not in your name please fill out the Homeless Affidavit**

ITEMS ENCOURAGED TO BE SENT IN TO ASSIST IN SCHEDULING YOUR CHILD'S CLASSES:

- State test scores (copies only)**
- Student unofficial transcript or most recent grade card (copies only)**
- All MFE/ETRs or IEPs (Multi-Factored Evaluation/ Evaluation Team Report or Individualized Education Plan) if your child has been identified as special needs. (Copies only)**



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Student Information Sheet

Student Information

Last Name:	First Name:	Middle Name:
Date of Birth:	Age:	Grade:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	County of Birth:	Student Cell Phone:
Social Security #	City of Birth:	Student Home Language:
Current address:		
City	State	Zip
Last Grade Student Attended:	Last School Attended	
Ethnicity: (check one (1) only)		
<input type="checkbox"/> African American (Non-Hispanic)	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian / Pacific Islander
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multiracial	<input type="checkbox"/> White (Non-Hispanic)

Services

Is this student currently on an individualized education plan (IEP) Yes No
Do you suspect that your student may have a disability that has not been identified? Yes No
If either of these answers are "yes", please see page 4 to give further explanation.



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PLEASE CHOOSE ONE OF THE OPTIONS BELOW WHEATHER IT'S A PARENT / OTHER

Parents Information Sheet

Mothers Information

Name:

Address:

City:

State:

ZIP Code:

Phone:

Work Phone:

Cell Phone:

Fathers Information

Name:

Address:

City:

State:

ZIP Code:

Phone:

Work Phone:

Cell Phone:

Information (if Applicable)

Name:

Address:

City:

State:

ZIP Code:

Phone:

Work Phone:

Cell Phone:

Other / Spouse ect.

Name:

Address:

City:

State:

ZIP Code:

Phone:

Work Phone:

Cell Phone:

(This form has to be completed)



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Emergency Contact/Permission

I understand that providing current emergency contact information is critical to the safety and well-being of my child. My signature on this form certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information for myself, and my emergency contacts, within 24 hours of any change to the school administrative assistant/secretary and my child's classroom teacher(s).

Student Name: _____ Age: _____ Date of Birth _____ / _____ / _____

Address: _____ City _____ State _____ Zip _____
Street Number and Name Apt. #

Medicare/Care source Number _____

Local Emergency Contacts: Adult persons (18 years or older) who may be contacted in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I hereby give permission to the staff of The Capella Institute to secure emergency medical Treatment for the above named child while under their supervision:

Name of child's physician or health clinic: _____

Address: _____ City _____ State _____ Zip _____

8. Hospital preferred for Emergency Treatment: _____

9. Health Insurance Policy Name and Number: _____

10. Please list any special services your child has received in the last three (3) years:

11. Please list any allergies: _____

Date of last Tetanus Shot: _____ / _____ / _____

In the event emergency medical treatment is required, I give consent for my child (ren) to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. The school will **not** transport my child(ren) to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that the school staff will telephone 911 for emergency medical assistance.

Parent/Guardian Signature: _____ Today's Date: _____ / _____ / _____



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FILL IN EACH BLANK

Release of Student Records Form

Students Name

Students Name:

Grade

Date of Birth

Is the student currently enrolled in a school? Yes

Today's Date:

School Information

Last school attended for 8th grade or High School:

Address:

City: State: Zip:

District: :

Dates Attended (month/year)

Phone:

Fax:

Public School Program **Charter School** **Private/Parochial School** **Home School**
 Other _____

Has the student taken the Ohio Graduation Test (OGT)? Yes No

Please check the sections student has passed: Reading Writing Math Science Social Studies

Please list when and where the OGT was taken: _____

School Name City State Zip Date

Tested _____

Signature: _____ Today's Date: _____ / _____ / _____



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Affidavit of _____

STATE OF OHIO

COUNTY OF _____

The undersigned, _____, being duly sworn, hereby deposes and says:

1. I am over the age of 18 and am a resident of the State of _____. I have personal knowledge of the facts herein, and, if called as a witness, could testify completely thereto.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete.

Executed this _____ day of _____, 20_____.

Notary Acknowledgement

STATE OF _____, COUNTY OF _____, ss:

Notary Public

Title (and Rank)

My commission expires