



Mt. Auburn International Academy

244 Southern Ave. Cincinnati, OH 45219 • Phone: 513-241-5500 • Fax: 513-241-5501
Web Site: www.maia-sabis.net

Dear Parents and Guardians:

Thank you for your interest in enrolling your child at Mt. Auburn International Academy for the 2012-2013 school year. Enclosed are the forms and documents that need to be completed and returned to the school for final processing of your child's application.

It is necessary for you to present a certified copy of your child's Birth Certificate. We will make a copy and return the original. The wallet cards or copies of Birth Certificates **cannot** be accepted.

Please complete or provide **ALL** the information on the checklists below. Check every item to make sure it is complete and attached to this letter with the completed enrollment packet. All information below must be returned in order for your child's packet to be complete. Your child will **NOT** be enrolled or be able to start school without a completed enrollment packet.

Registration Checklist

- Enrollment Application (3 pages)
- Race/Ethnicity Reporting Form
- Health History Form
- Permission to Administer Medication Form
- Letter of Commitment
- Release of Student form
- Field Trip Authorization Form/Permission to use Student Photographs
- Student Life Opportunities – Parent/Guardian Volunteers
- Contract of Responsibilities
- Student data form (2 pages)
- Request for Records
- Universal Physical (for KG only)

Documentation Checklist

- Birth Certificate – **MUST HAVE ORIGINAL IN ORDER TO ENROLL**
- Social Security Card – **MUST HAVE ORIGINAL IN ORDER TO ENROLL**
- Two Forms of Proof of Residence– **(Please see attached list for specific details)- MUST HAVE IN ORDER TO ENROLL**
- Copy of Immunization Records – **MUST HAVE IN ORDER TO ENROLL**
- Copy of parent identification
- Custody paper work **if applicable**
- Copy of last report card – **MUST HAVE IN ORDER TO ENROLL**
- Copy of Individualized Education Plan (IEP)/ETR – **MUST HAVE IN ORDER TO ENROLL (if applicable)**
- Copy of Ohio Achievement or Proficiency Test scores – **MUST HAVE IN ORDER TO ENROLL (if applicable)**
- Copy of Transcript – Students enrolling in 10th and 12th grades **MUST HAVE IN ORDER TO ENROLL**

If you have questions, please do not hesitate to call. Again, I thank you for your interest in our school.

Sincerely,

School Administration

"Education for a Changing World"

Member of the
SABIS[®]
SCHOOL NETWORK



Mt. Auburn International Academy

244 Southern Ave. Cincinnati, OH 45219 • Phone 513-241-5500 • Fax 513-241-5501
 Web Site: www.maia-sabis.net

Enrollment – Proving Residency

Proof of residency shall be required for all newly enrolled students and for all change of address requests. Residency shall be established by providing an original or copy of one (1) item from List A AND one (1) item from List B.

<u>List A</u>	<u>List B</u>
(1) Homeowner Deed (A printout from the auditor's website may be provided instead of a deed.)	(1) Homeowner or Renter Insurance Statement (Must be dated within the last 12 months)
(2) Property Tax Statement (Must be dated within the previous year and be addressed to the parent at the residence.)	(2) Gas/Electric/Water Statement (Must be dated within the last 30 days)
	(3) Federal or state tax returns (Must be dated within the last 12 months)
(3) Mortgage Statement (Must be dated within previous 60 days and be addressed to the parent at the residence.)	(4) Any piece of mail from the federal, state, or local government (Hamilton Cty Jobs and Family Services, Social Security, Child Support Enforcement Agency, etc.) (Must be dated within the last 30 days)
(4) Rental Agreement (Must be signed by both landlord and tenant and include the landlord's contact information.)	
(5) Construction Contract (Must include: (1) a sworn statement describing the location of the house to be built and stating the parent's intention to reside there upon completion; and (2) a statement from the builder confirming that a new house is being built for the parent and that the house is at the location indicated in the parent's sworn statement.)	NOTE: CPS does not accept notarized statements as proof of residency.

If you are living with a relative and do not have any of the above documents in your own name, or have any additional questions, please contact our office at (513) 241.5500.



Mt. Auburn International Academy

Student's **Legal Name** _____
First Name Middle Last

Date of Birth (MM/DD/YY) _____ Age _____ Birth City, State _____

Grade for **2012-13** (circle) K 1 2 3 4 5 6 7 8 9 10 11 12 Social Security Number _____ - _____ - _____

Gender: Male Female Current School _____ Current Grade _____

Home Address _____ Apt. _____

City _____ State _____ Zip _____

Neighborhood (i.e., Evanston, Madisonville, Mt. Healthy, etc.) _____

Parent/Guardian (resides with)

- Both Biological Parent(s) – Mother and Father
- Biological Mother and Step-Father
- Guardian _____
- Foster Parents _____
- Biological Father and Step-Mother
- Biological Mother or Father (Circle One)

Preschool Experience: Licensed Other Kindergarten Experience: Half Day Full Day

Has this student ever received Special Education Services? Yes No

List Brothers and Sisters also applying (Please complete one application for each child applying.)

Name _____ Age _____ Grade 12-13 _____ Current School _____

Name _____ Age _____ Grade 12-13 _____ Current School _____

Name _____ Age _____ Grade 12-13 _____ Current School _____

Name _____ Age _____ Grade 12-13 _____ Current School _____

How did you hear about Mt. Auburn International Academy? _____

Native Language spoken by student/parents/guardians if other than English _____

Has this student previously attended a SABIS® school network? Yes No

Check here if there are any court orders in regard to custody of this student. If so, you must provide a copy of those documents.

Signature of Parent/Guardian Relationship to Student Date

Race/Ethnicity Reporting

Due to mandated data collection and reporting requirement from the United States Department of Education (USDOE), the Ohio Department of Education is changing the reporting of race/ethnicity information.

Please complete each of the 4 boxes below in regards to your child's race/ethnicity. ***If you fail to complete the information below, the District will use observer identification to complete this form.***

BOX 1

Student Name: _____ Last Name First Name Middle Name
--

BOX 2

Is your child of Hispanic/Latino Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please note that you may select yes here, and also complete Box 3 below)</i>
--

BOX 3

Is your child multiracial? <input type="checkbox"/> Yes (see below) <input type="checkbox"/> No (Go to Box 4 below) If yes , please select two or more of the following racial categories that apply: <input type="checkbox"/> White, Non-Hispanic People who have origins in any of the original peoples of Europe, North Africa, or the Middle East. <input type="checkbox"/> Black or African American (Non-Hispanic) Persons having origins in any of the black racial groups in Africa. <input type="checkbox"/> Asian Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> American Indian or Alaskan Native Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
--

Select one of the following if you select "No" in Box 3 above: <input type="checkbox"/> White, Non-Hispanic People who have origins in any of the original peoples of Europe, North Africa, or the Middle East. <input type="checkbox"/> Black or African American (Non-Hispanic) People who have origins in any of the original peoples of Europe, North Africa, or the Middle East. <input type="checkbox"/> Hispanic/Latino Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. <input type="checkbox"/> Asian Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> American Indian or Alaskan Native Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
--

Parent/Guardian Signature _____

Date: _____

Student's **Legal Name** _____
First Name Middle Last

Parent Information

Mother's Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Guardian's Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email (Mother) _____ Email (Father) _____ Email (Guardian) _____

Emergency Contact Information (People to contact in case of emergency in which parent/guardian are unavailable)

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Student's **Legal** Name _____
First Name Middle Last

Health and Emergency Information

Does your child have any allergies or medical conditions? Yes No

If yes, list and describe symptoms

Does your child take any medications? Yes No

If yes, please list

All medications must be kept with and administered by the school nurse with a parental note or written doctor's orders. No child will be allowed to carry or administer his/her own medication. A copy of a physical exam in the past year must be kept on record at the school nurse's office.

Doctor _____ Phone _____

Address _____

Preferred Hospital _____

Is your child covered by medical insurance? Yes No

If yes, please list Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian Relationship to Student Date





Release of Student (2012-13)

Student's Name _____

Date of Birth _____

Address _____

Grade _____

Persons AUTHORIZED to pick up student from Mt. Auburn International Academy (other than Parent or Guardian):

Name and Relationship

Telephone Numbers

_____	W _____	H _____	C _____
_____	W _____	H _____	C _____
_____	W _____	H _____	C _____
_____	W _____	H _____	C _____
_____	W _____	H _____	C _____
_____	W _____	H _____	C _____
_____	W _____	H _____	C _____
_____	W _____	H _____	C _____
_____	W _____	H _____	C _____
_____	W _____	H _____	C _____

Persons specifically RESTRICTED FROM picking up student from Mt. Auburn International Academy:

Name and Relationship

Telephone Numbers

_____	W _____	H _____	C _____
_____	W _____	H _____	C _____
_____	W _____	H _____	C _____
_____	W _____	H _____	C _____

Signature of Parent/Guardian

Relationship to Student

Date



Letter of Commitment (2012-13)

This is to confirm that my child(ren) listed below are registered at Mt. Auburn International Academy for the 2012-13 school year. I understand that by signing this, I am saying I will not register my child(ren) at any other school for that year.

Name of Child	Social Security #	Grade	Previous School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Parent/Guardian _____ Social Security # _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

Signature of Parent/Guardian _____ Relationship to Student _____ Date _____





Health History Form (2012-13)

Student's Name _____

Date of Birth _____

This form is to be completed by a parent or guardian.

1. Did any of the following problems affect this child? Please circle all that apply.

- Problems with pregnancy
- Difficult delivery
- Prematurity
- Poor growth or slow development in infancy

2. Does your child have any of the following problems? Please circle all that apply.

- Asthma
- Convulsions or seizures
- Diabetes
- Kidney trouble
- Heart trouble
- Blood disorders
- Rheumatic fever
- Known vision and hearing loss
- Contact with tuberculosis
- Known allergies
- Any handicaps
- Repeated pneumonias
- Behavior problems
- Hyperactivity

3. Other health problems? _____

4. Has your child had any operations, serious accidents, or hospitalizations?
Yes _____ No _____ Explain: _____

5. Does your child take medications?
Yes _____ No _____ Name of medication: _____

6. Circle any of the following childhood illnesses your child has had:

- German Measles
- Whooping Cough
- Measles
- Diphtheria
- Mumps
- Chicken Pox
- Polio
- Tetanus

7. Has your child had any dental problems and/or toothaches?
Yes _____ No _____

8. Has your doctor recommended any restrictions of activity for this child?
Yes _____ No _____ Explain: _____

9. Name of your child's doctor or clinic: _____
Address: _____ Phone: _____

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR SCHOOL.

Mount Auburn International Academy

PERMISSION TO ADMINISTER MEDICATION

According to Mount Auburn International Academy Board of Education Policy 5330 (Use of Medications) only medication prescribed by a health care professional will be administered at school by the nurse, principal, or trained designee. This form must be completed by the prescribing physician and parent prior to administration of medication by school personnel. All medications must be in the original or a duplicate box or bottle with the current prescription label on the container. Upon request, pharmacists may label containers to be used at school.

Student name: _____ Grade _____

Physician's instructions for giving medication in school:

Date of order: _____ Date to discontinue: _____

Name of medication: _____

Dose and method: _____

Time of administration at school : _____

Reason for medication: _____

Can a reaction be expected? _____ If so, describe: _____

Special storage or handling requirements: _____

Health Care Provider signature

Health Care provider name (print)

Health Care Provider address

CSZ

Phone

PARENT STATEMENT

- A. I will assume responsibility for safe delivery of the medication to school.
- B. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.
- C. I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.
- D. I also give permission to school personnel to contact the physician with questions regarding information or to clarify information above or to clarify information.

Parent / Guardian Signature

Emergency Contact Phone

Date



Universal Physical Examination (2012-13)

Kindergarten Students Only

Child's Name _____ Date of Birth _____

Weight _____ Height _____ Head Size _____ Blood Pressure _____

Examination: Date _____ Normal Abnormal

Problems or Abnormalities: (i.e., speech, communication) _____

Development: Normal Abnormal

Comments: _____

Hearing – Type of test _____ **Vision** – Type of test _____

Date: _____ Date: _____

Results: Normal Abnormal Acuity: R _____ L _____

Comments: _____

Immunization Dates:

						Tests:	Date	Result
DPT	_____	_____	_____	_____	Td _____	Tuberculin	_____	_____
Oral Polio	_____	_____	_____	_____		Hb/Hct	_____	_____
Hib	_____	_____	_____	_____		Sickle Cell	_____	_____
MMR	_____	_____				Lead	_____	_____
Hepatitis B	_____	_____	_____			Urinalysis	_____	_____
Others	_____	_____	_____	_____		Others	_____	_____

Allergies: _____

Medications: _____

Restrictions:

Based upon an examination consistent with EPSDT/Head Start/AAP (circle one) guidelines, this child is in suitable condition for enrollment in public school.

Doctor's Signature _____ Date _____

Address _____

Phone _____

Additional Comments: _____

Note: Medical examinations for children shall include examination of all systems or regions which are made suspect by the history or screening test and a search for certain defects in specific regions common or important in this age group, e.g., skin, eye, ear, nose, throat, heart, lungs, and groin (inguinal) areas.



Field Trip Authorization Form (2012-13)

Student Name _____

Grade _____

The above-named student has my permission to go on field trips and other out-of-school activities that are planned by the Mt. Auburn International Academy. The School will provide adult supervision for all out-of-school activities.

Parent/Guardian Signature

Date

Permission to use Student Photographs

The Mt. Auburn International Academy has my permission to use photographs of the above-named student for marketing purposes. Such photographs may appear in newspapers, magazines, brochures, school website, slide shows, or other publicity materials without any compensation.

Parent/Guardian Signature

Date



Student Life Opportunities (2012-13)

Parent/Guardian Volunteers

We invite parents and grandparents to become a part of our volunteer program. Please complete the form below, initial all areas of interest, and return the form to the school.

Parent _____ Phone (H) _____ (W) _____

Parent _____ Phone (H) _____ (W) _____

Student's name(s)

Grade level(s)

ENRICHMENT

- _____ Share expertise with students. Area of expertise:
 - _____ Art appreciation
 - _____ Music appreciation (playing an instrument, composing, career, etc.)
 - _____ Occupations (specify) _____
 - _____ Other (specify) _____
- _____ Talk to classes about other cultures, travels, religions, etc.
- _____ Assist the world language program (Spanish)
- _____ Provide assistance for class parties or special activities (art, food, crafts, decorations)
- _____ Supervise students on field trips

AFTERSCHOOL ACTIVITIES

- _____ Crafts or Hobby _____
- _____ Area of Interest _____
- _____ "Crayons to Computers" – earn shopping certificates for your child's teacher to use for supplies (for further information, please contact the Student Life Coordinator)
- _____ Other (specify) _____



Contract of Responsibilities

As a parent/guardian of _____, a student attending Mt. Auburn International Academy, I acknowledge and/or agree to the following statements:

- I affirm that the school's staff/administrators have thoroughly explained the SABIS® philosophy of education, including the school's college preparatory mission, rigorous academic program, and high behavioral expectations, and have answered all of my questions regarding the educational program. The school's program and methodologies have been explained to me, including: the SABIS Point System®; SABIS Student Life Organization®; SABIS Academic Monitoring System® testing (SABIS AMS®); pacing charts; Intensives; and use of the SABIS® curriculum.
- I exercised my free choice to enroll my child in this charter school of choice. I therefore accept the school's mission, its strong emphasis on academic mastery, its rejection of the practice of "social promotion," its insistence on high academic and behavioral expectations for all students, its emphasis on maintaining a clean, safe and orderly environment, and its firm zero tolerance for disruptive behavior or bullying. I will cooperate with the school to maintain these high standards.
- I will make sure my child arrives at school on time, in compliance with the school's dress code, and attends all of his/her classes prepared to work and learn, because I recognize that consistent school attendance is directly related to the academic success of my child. I also recognize that there are consequences for failure to adhere to the school's strict rules and policies.
- I will promote responsible homework habits for my child by providing a specific time, materials, and a quiet place for homework. I will monitor my child's homework regularly to ensure that it is completed on time and will also encourage my child to produce high quality work.
- I will be available to meet with teachers and administrators about my child's progress, and if for some reason I am unable to attend, I will be available by telephone or by email. In addition, I will be an active partner with the school in my child's education by participating in scheduled school activities, including parent teacher conferences.
- A safe, serious and orderly school environment is essential for my child and his/her classmates to achieve academic success. The right of all students to pursue their education in a classroom environment that is free of disruptive behavior is a very basic student right. I will insist that my child adhere fully to the school's code of conduct, including treating fellow students and staff with respect, and will therefore support the school's commitment to a high standard of behavior. I acknowledge that my child may be suspended or expelled from this school of choice if he or she violates the school's rules and policies.
- I will read, sign and abide by the school's policies as outlined in the school's handbook and as adopted from time to time by the Board of Trustees and/or the school's administration.
- I will respond promptly to school communication (e.g., permission slips, surveys, phone calls, etc.) and will immediately provide updated emergency contact information.
- I accept accountability as a parent/guardian of a child attending this charter school by accepting responsibility for my actions.

I fully understand and accept the philosophy of Mt. Auburn International Academy. And given that I place a high value on an excellent educational experience for my child, and because I recognize the importance of a safe, effective and rigorous school for my child and my community, and because I recognize my own responsibility to help make the school a success, I hereby accept the statements of parental responsibilities listed above.

Name _____ Signature _____ Date _____

Note: This charter school is a school of choice. This means that no child is "assigned" to attend this school. As such, a parent's affirmative act of "choosing" to send a child to this school is seen as an acknowledgement that he/she not only understands this school's unique mission, its rigorous academic standards, and its high behavioral expectations, but also embraces its philosophy. Charter schools cannot, and should not, be all things to all people. Schools that try to be usually fail. Instead, this charter school will remain true to its college preparatory mission. To achieve its mission it will place a heavy focus on high discipline and academic standards, it will demand high expectations from students, staff and parents, and it will fully implement the proven SABIS® system of instruction. Compromises will not be made. Therefore, all parents who do not support this agreement and who do not support this philosophy should seek to enroll their child in another school.

☆ CHARTER/COMMUNITY SCHOOL ☆

STUDENT INFORMATION

School Year **12/13**

Today's Date **1**

School Name Mt. Auburn International Academy

School Code **648**

____/____/____

Desired Action

School Use Only

Enroll on Date ____/____/____

From School _____

Withdraw on Date ____/____/____

To School _____

Modify Student Data as of ____/____/____

Submitted by (print) _____ Signed _____

Student

Please provide legal names.

Last Name _____

First Name _____

Middle Name _____

Entering Grade Level _____

Gender (Check One) Male Female

Resident Address _____

Apartment _____

City _____

State _____

Zip Code _____

Phone Number _____ Unl: No Yes

Birthdate(mm/dd/yyyy) ____/____/____

Birth Document Source _____

Social Security Number _____ - _____ - _____ (if issued)

Race/Ethnic Code Black White Hispanic

(Check One) Asian/Pacific Islander Multi-Racial

Native American

Birthplace (City,St) _____

Birthplace (Country) _____

Nationality _____

Nickname (If Any) _____

Parent/Guardian _____

(CPS Use)

Student ID

--	--	--	--	--	--	--	--	--	--

Parent/Guardian Resident District if not CPS

Emergency Contacts

Name _____

Relation _____

Phone _____

Alt/Cell Ph _____

Name _____

Relation _____

Phone _____

Alt/Cell Ph _____

Withdrawal Authorization

Parent signature authorizes the Student Information Systems Department, Cincinnati Public Schools to withdraw this student from their current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

Parent/Guardian Signature

_____ Date _____

**CHARTER/COMMUNITY SCHOOL
STUDENT REGISTRATION INFORMATION**

Today's Date **2**

____/____/____

Use additional pages as necessary.

Student Name _____

Mother Father Guardian Stepparent @Fosterparent Grandparent Surrogate Parent Other

Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorce or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
Zip Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Alt/Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

Mother Father Guardian Stepparent @Fosterparent Grandparent Surrogate Parent Other

Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorce or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
Zip Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Alt/Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

Mother Father Guardian Stepparent @Fosterparent Grandparent Surrogate Parent Other

Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorce or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
Zip Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unl: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Alt/Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

(*) If different from student's address

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.



To the Registrar:

Please send the records, if available, for this student as soon as possible. If records are not available, please return our request indicating the following:

No Records Available. Reason(s): _____

Unable to Send Records. Reason(s): _____

We would appreciate receiving any additional information that would enable us to better meet the individual needs of the student. Thank you for your prompt cooperation.

Sincerely, _____

Authorization to Release Information

_____ authorizes the release of the records of
Parent/Guardian Name

_____/_____/_____
Student's Last Name First Name Mid. Initial Birthdate Mon / Day / Year

From the Following School/Institution:

Most Recent School/Institution _____

Address _____

City, State, Zip Code _____

Telephone No. _____ Fax No. _____

The following records may be released.

- Transcript of subjects and grades
- Attendance Record
- Psychological or Other Individual Test Results
- 504 Accommodation Plan
- English Language Proficiency Assessments
- Special Education Records, including IEP, MFE and behavior plan
- Ohio Achievement/Proficiency Test Results
- Standardized Test Results
- Gifted Assessments
- Health Records
- Birth Certificate

The records may be released to:

New School **Mt. Auburn International Academy**

Address **244 Southern Avenue**

City, State, Zip Code **Cincinnati, OH 45219**

Telephone No. **(513) 241-5500** Fax No. **(513) 562-5413**

I am authorizing the release of these records for these reasons. Please check one.

- I am the subject of these records and 18 years of age or older.
- I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

Signature

_____/_____/_____
Date



Uniform Requirements (2012-13)

At MAIA, we value each student for who they are, not by how they look or what they wear. One of our goals is to cultivate the same attitude in our students. The MAIA dress code policy requires students to be in uniform. **Not adhering to the school uniform policy is considered a violation of school rules. Consequences will follow the procedural guidelines for behavior infractions.** Students are to be in uniform at all times, except on scheduled non-uniform days or when special permission is granted by administration. The school uniform policy will be strictly enforced.

Students are not allowed to change into street clothes after school without permission from a school official. Items that are not listed below may not be worn to school. Any combination of the items listed below may be worn:

Boys – Grades K- 8

Pants or Shorts: Gray or black
Shirt: Oxford button down – White
Collared Polo– White, Burgundy or Grey
Tie: Burgundy (optional)
Belt: Black or Brown
Sweater: Burgundy, Gray or White
Socks: White or Black

Girls – Grades K - 8

Jumper: Burgundy and Gray plaid
Shorts or Skirt: Burgundy and Gray plaid, plain gray or plain burgundy
Pants: Gray, black, Burgundy, or Burgundy and Gray plaid
Shirt: Collared Polo - White, Burgundy or Grey
Tie: Burgundy (optional)
Sweater: White, Burgundy or Gray
Socks: White or black

Gym Apparel (Boys & Girls)-PE teacher's discretion

Sweatpants: Gray, Black, White
Shorts: Gray, Black, White
T-Shirt: White or Gray
Sweatshirt: White or Gray
Socks: White or Black
Sneakers: Non-Marking Sole Only

Boys – Grade 9-12

Pants or Shorts: Black or Khaki
Shirt: Oxford button down – White
Collared Polo – White or Black or Grey
Tie: Black or White (optional)
Belt: Black or Brown
Sweater: White or Black
Socks: White or Black

Girls – Grade 9-12

Jumper: Black and Khaki plaid
Shorts or Skirt: Black and Khaki plaid, plain Black or plain Khaki
Pants: Black, Khaki or Black and Khaki plaid
Shirt: Collared Polo - White or Black or Grey
Tie: White or Black (optional)
Sweater: White or Black
Socks: White or Black

The following items are **NOT** allowed:

- Open toe, high heels, jelly or high platform shoes.
- Capris, Leggings, or Denim.
- Skirts shorter than 2 inches above the knee.
- Jewelry, other than small earrings, rings and watches.
- Body rings or piercings.
- **Earrings for boys.**
- **Earrings for girls more than 1 inch in diameter.**
- No headwear for girls or boys including hats, caps or scarves.
- Hair coloring and/or styling that result in instructional distractions.
- **Hooded sweatshirts.**

The following details are to be observed while students are on campus, except on non-uniform days:

- Shirts and undershirts must not contain writing or pictures.
- Only white, burgundy, or grey T-shirts are allowed when worn as undershirts.
- Pants may not be worn low slung.
- No black-soled shoes are allowed in the gymnasium.
- Shirts are to be tucked in.



The teachers have compiled a list of supplies by grade level, which we hope will be helpful in purchasing supplies for the upcoming school year.

PLEASE PUT THE STUDENT'S NAME ON ALL ITEMS!

Kindergarten

- 1 large backpack
- 1 box wide-tip washable Crayola markers (original colors)
- 1 box crayons
- 4 packs of #2 pencils
- 1 glue stick
- 1 metal-blade school scissors (children's Fiskars) blunt tip
- 4 pocket folders
- 1 small blanket for rest time
- 2 large boxes of tissue
- Complete change of clothing including underwear and socks

Grades 1 and 2

- 1 large book bag/backpack
- 1 pencil bag
- 1 box crayons (48 count)
- 4 packages of #2 pencils
- 2 glue sticks
- 1 metal-blade school scissors (children's Fiskars)
- 2 large erasers
- 8-12 pencils with top erasers
- 2 wireless notebooks
- 2 composition book (journal)
- 2 large boxes of tissue
- 2 rolls of paper towels
- 500 sheets of lined notebook paper

Grades 3, 4 and 5

- 1 large book bag/backpack
- 1 pencil bag
- 1 package colored pencils or crayons
- 4 pens (2 red and 2 black)
- 4 packages of #2 pencils with erasers
- 2 large erasers
- 1 12-inch ruler with inches and centimeters
- 1 protractor
- 2 – 3 packages of index cards
- 6 pocket folders - 1 red, 1 blue, 1 yellow, 1 orange, 1 purple, 1 green (No Trapper Keepers)
- 5-6 spiral notebooks
- 1 composition book (journal)
- 500 sheets of lined notebook paper (No 3-Ring Binders)
- 2 large boxes of tissue

Grades 6, 7, 8, 9, 10, 11 and 12

- ❑ 1 large book bag/backpack
- ❑ 1 pencil bag (grade 6)
- ❑ 2 package colored pencils or crayons
- ❑ 2 highlighters
- ❑ 5 packages of pens (only blue and black)
- ❑ 5 packages of #2 pencils with erasers
- ❑ 4 large erasers
- ❑ 1 12-inch ruler with inches and centimeters
- ❑ 1 protractor
- ❑ 1 scientific calculator (*grades 6-8 only*)
- ❑ Graphing calculator (grades 10-12 pre-calculus students only)
- ❑ 7-10 packages of index cards
- ❑ 7 pocket folders
- ❑ 10 single subject spiral notebooks
- ❑ 5 one inch 3 ring binders
- ❑ 1 composition book
- ❑ 500 sheets of lined notebook paper
- ❑ 3 boxes of tissue

****All students will need gym shoes with non-marking soles for Physical Education class.***



Uniform Suppliers (2012-13)

To help you find school uniforms, we have compiled the following list of merchants that carry our uniform items:

Schoolbelles

9695 Kenwood Rd.
Cincinnati, OH 45242
(513) 921-3417

Please reference school identification number 2334 when ordering from Schoolbelles.

Fox Clothing Company

23 W Court St.
Cincinnati, OH 45202
(513) 287-6560

French Toast at www.Frenchtoast.com

The uniform items may also be purchased at Target, Walmart and other retail stores.

School Hours (2012-13)

MAIA school hours are from 7:42 a.m. until 3:00 p.m.

Mt. Auburn International Academy

A SABIS® School

244 Southern Avenue ■ Cincinnati, OH 45219

Tel: 513-241-5500 Fax: 512-241-5501

www.maia-sabis.net

Serving Grades K-12 for the 2012-13 School Year!

1. **What is MAIA's philosophy?** The Trustees of MAIA, and their partner SABIS®, believe that all children, regardless of social or economic background, can learn and be prepared to succeed in college and beyond. With over a century of experience in managing schools, SABIS® has the expertise and experience to translate this philosophy into a school that will help students reach their full potential.
2. **Why is it called an "International" academy?** SABIS® operates 79 schools and one University in 15 countries. These schools form a network that helps connect students with their peers all over the world. SABIS® (one of the founders of the respected International Baccalaureate program) focuses on world standards of excellence and incorporates learning about and respecting other cultures. Students in grades 9 -12 learn Spanish as a second language.
3. **What is the SABIS® educational program?** Internationally recognized for preparing graduates of SABIS® schools for top universities and colleges, this system has a highly detailed curriculum that identifies the skills and knowledge to be learned. It places emphasis on math and English as the key pillars of learning. Regular testing verifies learning, ensuring that students don't fall through the cracks. Student uniforms, parental contracts, and a strict code of conduct help foster responsibility, respect, and high standards of behavior, making MAIA a safe and positive place.
4. **What is SABIS Student Life Organization®?** Students get involved in the school by taking on real responsibilities that help them develop the skills and attitudes that will make them good learners, as well as good people. They may participate in a wide range of areas, including academics (classroom prefects and peer tutors), social events, athletics, community service, and discipline. Student Life™ leaders are appointed by administration (not elected by their peers) in order to assure that role models demonstrate the positive values and attitudes we want the other students to emulate.
5. **Does MAIA offer sports teams and fine arts?** Yes. Although the emphasis at MAIA is on academic subjects, SABIS® recognizes the importance of a balanced curriculum. Students have courses in art, music, and physical education/health. Several optional sports (low contact, such as basketball) and other activities are offered, depending on student interest and staff talent.

6. **Do students learn computers?** Yes. MAIA has a state-of-the-art computer lab and students are taught computer skills.
7. **How is discipline handled?** High standards of student behavior are promoted by both proactive and disciplinary measures. The teaching methods keep students actively engaged in learning while in the classroom, minimizing behavior problems. Discipline is handled by the administration to eliminate classroom disruptions. Consistent consequences and discussions aid in behavior modification.
8. **Does MAIA charge tuition?** No. MAIA is a tuition-free public charter school.
9. **How are students enrolled?** Enrollment is open to all resident school children of Cincinnati Public and select surrounding school districts. MAIA does not test students to determine who gains admission; all students willing to commit to the academically rigorous program of studies are welcome. Students entering Kindergarten must be 5 years old by September 30 of that school year.
10. **Which grades does MAIA serve?** MAIA will offer grades Kindergarten through 12th for the 2012-13 school year.
11. **Where is MAIA located?** The academy is located at the beautifully remodeled site at 244 Southern Avenue in Cincinnati's Mt. Auburn neighborhood. The site features a cafeteria and gymnasium, plus empty land for future construction. As new student enrollment increases, new buildings will be constructed.
12. **When are applications due?** Applications will be accepted until all places are filled.
13. **If I have more questions, how can I get more information?** Please contact the front office and the receptionist will transfer you to the appropriate person. Printed material about MAIA and SABIS[®] is available at the school. The MAIA and SABIS[®] websites offer more information, (www.sabis.net and www.maia-sabis.net).
14. **What do we look for in SABIS[®] teachers?** SABIS[®] teachers must enjoy children, be knowledgeable and enthusiastic about their subject and willing to learn new methods. Specific requirements include a B.S./B.A. (minimum) and certification. Resumes can be submitted at www.sabiscareers.com
15. **Do SABIS[®] teachers teach differently than other teachers?** The SABIS[®] teaching methods are unique and effective. Teachers use a "point system" that targets learning and minimizes lecturing. Learning is verified by a written exercise and students alternate between listening, talking, writing, and work in both large and small groups.
16. **How long does it typically take for transportation to start for new enrollments and/or address changes?** It should take a minimum of two days and this is only if there is an existing stop that will accommodate the address. If a new stop has to be added, it could take as long as three weeks.