



I Am College Bound

Welcome to Frazier Preparatory Academy- where our SCHOLARS are “College Bound”. We are looking forward to partnering with your family to provide the best College Preparatory Education an elementary school can offer. Enclosed is the Application Packet for the **2018-2019** school year.

Please be sure to complete all of the documents and return them to the Main Office.
Applications documents can be emailed to: info@frazierprep.org

~OUR MISSION~

Frazier Preparatory Academy embraces students, families, and communities to build and develop well rounded individuals who are independent and critical thinkers, intrinsically motivated to be life- long learners excelling in higher education and Leaders of Legacies.

(APPLICATION CHECKLIST)



- | | |
|---|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Physical/Immunization Rec. | <input type="checkbox"/> Release of Records Authorization |
| <input type="checkbox"/> Recent Report Card/Test Scores | <input type="checkbox"/> Enrollment Fees |
| <input type="checkbox"/> Special Education Records (IEP, 504 Plans) | |



FRAZIER PREPARATORY ACADEMY

3711 W. Douglas Blvd-3rd Floor ▪ Chicago, IL 60623

(773)521-1303-Office ▪ (773)521-1365-Fax

www.frazierprepacademy.org

[Facebook.com/FrazierPrep](https://www.facebook.com/FrazierPrep)

2018-2019

Student Application

(First) _____ (MI) _____ (Last) _____

Date of Birth ____/____/____ Age _____

Gender: Female Male Grade Level Entering _____ CPS ID #: _____

Ethnicity: Is this Student Hispanic or Latino? Yes No

Race: African American/Black American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander White
 Other

Does this student have a sibling attending Frazier Prep? Yes _____ No _____

Sibling 1: _____ Sibling 2: _____

Parent/Guardian Contact Information

(1) Mother/Guardian Name: _____ (Relationship) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Email Address: _____ @ _____

(2) Father/Guardian Name: _____ (Relationship) _____

*****Please complete if information is different from above*****

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Email Address: _____ @ _____

For Office Use Only

(Please initial and write in date received)

Date Application Received: _____ Date School Records Received: _____ Health Records Received: _____

Special Ed Records Received: _____ Acceptance Letter Sent: _____ Enrollment Fee Paid: _____

Emergency Contact/Permission Form

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 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).

1. **Child's Name:** _____ Age: _____ Date of Birth: ____/____/____

2. Address: _____ City _____ State _____ Zip _____

3. Home Phone: _____ Cell: _____

4. **Mother/Guardian:** _____ Address: Check if Same as Above

Address if different than above: _____

Employer: _____ Address: _____

Work Phone: _____ Email Address: _____

5. **Father/Guardian:** _____ Address: Check if Same as Above

Employer: _____ Address: _____

Work Phone: _____ Email Address: _____

6. **Local Emergency Contacts:** Adult Persons (*18 years or older*) who may be contacted in the event of emergency.

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

7. I hereby give permission to the staff of the Frazier Preparatory Academy to secure emergency medical Treatment for the above named child while under their supervision.

Name of Child's Physician or Health Clinic: _____ Phone: _____

Allergies : Yes No If Yes, Please Explain: _____

Please list any special services your child has received in the last three (5) years: _____

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 I cannot be contacted and if my designated emergency contact is not available, I understand and agree the school staff will telephone 911 for emergency medical assistance.

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

Frazier Preparatory Academy
Photograph/Videotape Permission

During the course of your child's enrollment at Frazier Preparatory Academy (Frazier Prep), your child may be photographed, videotaped, or audiotaped at school or at school-sponsored or related events by Frazier Preparatory Academy including but not limited to: classroom activities, athletic events, field trips, special events and school performances. Persons authorized to photograph, or tape your child include Frazier Preparatory Academy's employees, its agents, other Frazier Prep students, or members of the public media.

By signing this agreement, you hereby authorize Frazier Preparatory Academy to use any such photographs, videotapes, or audiotapes of your child (1) in any display or publication circulated throughout Frazier Preparatory Academy or Frazier Prep's community; (2) publications that are released or made available to the general public including, but not limited to, printed media including, but not limited to press releases, advertisements, newspapers, magazines and brochures; and (3) on the Frazier Preparatory Academy's website. The name(s) of the child(ren) featured in the photograph, videotape or audiotape may also be included in the use of the photograph, videotape or audio tape.

By signing this form, you voluntarily and knowingly authorize Frazier Preparatory Academy, its employees and agents, and members of the public media to photograph, videotape or audiotape your child and to use any such photographs or tapes in any publications or other media that are accessible to the general public including but not limited to the Frazier Preparatory Academy's website, Facebook Page, or Twitter Account. Frazier Preparatory Academy has taken, and will continue to take, every precaution to prevent anyone from accessing any such photos or tapes posted on Frazier Preparatory Academy's website and using those photographs or tapes for any purpose other than including the photographs or tapes on the Frazier Preparatory Academy's website. However, Frazier Preparatory Academy cannot guarantee the absolute security of the website and the photographs or tapes posted on its website.

I knowingly and voluntarily give permission for Frazier Preparatory Academy, its employees and agents to photograph, videotape or audiotape my child and use the photographs, videotapes or audiotapes of my child along with my child's name in displays, printed media distributed to or received by persons inside and outside of the Frazier Preparatory Academy community and on the Frazier Preparatory Academy's website. I understand and agree that any such photos, videotapes or audiotapes used by Frazier Prep will be without compensation to my child or me. I further understand and agree that all negatives and positives, together with the prints, all videotapes and audio tapes are the exclusive property of Frazier Preparatory Academy.

I voluntarily and knowingly, fully release and discharge and hold Frazier Preparatory Academy, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorneys' fees, present for future, whether known or unknown, arising from or incidental to the use of photographs, videotapes or audiotapes of my child(ren) taken pursuant to this authorization.

This authorization and release is effective for as long as my child is enrolled at Frazier Preparatory Academy. This authorization and release may be revoked by me at any time that my child is enrolled at Frazier Preparatory Academy by me by sending written notice of revocation of authorization and release to Frazier Preparatory Academy's Main Office. Revocation of the authorization and release will be effective upon receipt of the written notice by the above-named office and will not require Frazier Preparatory Academy to withdraw or discontinue the use of any photographs, videotapes or audiotapes of my child taken and used while this authorization and release was in effect.

(PLEASE PRINT)

Student's Name: _____

Grade: _____ Teacher's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature:

_____/_____/_____
Date Signed



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Release of Student Records Form 2018-2019

Date: ____/____/____

Student Name: _____

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Address

Resident School District

Whereas my child is currently enrolled or seeking enrollment in Frazier Preparatory Academy for the academic year 2018-2019; I authorize

(School most recently attended by student)

to release my child's academic records to Frazier Preparatory Academy AND **RELEASE FROM IMPACT** (if scholar is transferring from a Chicago Public/Charter School). Please include all relevant records including: special education, academic testing, official school records, medical records, and academic/disciplinary interventions.

Please forward all documents to: **Frazier Preparatory Academy -3rd Floor**
ATTN: Admissions
3711 W. Douglas Blvd
Chicago, IL 60623