

**WELCOME TO GREEN INSPIRATION ACADEMY**  
A "Top Performing Charter School"- THE Ohio Department of Education



Dear Parent/Guardian,

Welcome to Green Inspiration Academy! GIA is a public school and students enrolled are required to have the necessary legal documentation in order to be enrolled. Attached you will find forms that need to be completed. Missing documents may cause your student to lose their enrollment position in their class.

Classes will fill up quickly! Please complete the enrollment packet in its entirety online or you may return it to the school's front office at 4901 Galaxy Parkway Unit- L in Warrensville Heights, Ohio 44128.

If you have any questions and/or **need assistance in completing this packet**, feel free to contact Ms. Godfrey at (216) 609-0700, Monday through Friday between 9:00 am – 4:00 pm . You can also download this form on our website at [www.greeninspirationacademy.com](http://www.greeninspirationacademy.com)

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

*April N. Hart*  
Executive Director

GIA prohibits discrimination in its educational programs and activities, admission programs of students, recruitment, selection and/or employment on the basis of race, color, religion, sex, age, national origin, veteran status or disability. The District provides equal access to designated youth groups, including the Boy Scouts of America. GIA complies with federal and state regulations for implementing Title IX of the Education Amendment of 1972, Title VI, The Age Discrimination Act, Section 504, and Title II of the Americans with Disabilities Act (ADA).

GIA has adopted grievance procedures for filing, processing, and resolving alleged discrimination complaints concerning discrimination based upon race, color, religion, gender, sex, age, national origin, veteran status, or disability. Any person who believes he or she has been discriminated against based upon one (1) of these protected categories is encouraged to file a discrimination complaint. The Compliance Coordinator responsible for Section 504 complaints is Teri Cala: (216) 609-0700, [tcala13@green-ia.com](mailto:tcala13@green-ia.com).

The Compliance Coordinator responsible for Title IX, Drug Free Workplace, Age Discrimination Act, Title VI, ADA, or discrimination complaints is **April Hart- Chief Human Resources Officer**, Education Service Center, (216) 609-0700. [ahart13@green-ia.com](mailto:ahart13@green-ia.com)

The School will not exceed the capacity of the School's programs, classes, grade levels or facilities. When the number of applicants for admission exceeds the School's capacity, admissions will be determined by a lottery of applicants in the categories of preference.

4901 Galaxy Parkway-Bldg. L, Warrensville Hts, Ohio 44128  
(216) 609-0700 Fax: (216) 609-0777

# FILE CHECKLIST

This checklist below is for your use to make certain all documents are complete.

## **FOR OFFICE USE ONLY**

Process Date: \_\_\_/\_\_\_/\_\_\_ Letter of Consent to Release School Record sent: \_\_\_/\_\_\_/\_\_\_  
School Records Received: \_\_\_/\_\_\_/\_\_\_ Special Ed. Records Received: \_\_\_/\_\_\_/\_\_\_  
Code of Conduct Acknowledgement Returned: Yes Evidence of Enrollment Received: Yes

**Items/Forms Included in this packet that must be fully completed are:**

- Student Admissions Profile
- Parent/Guardian Information
- Emergency Contact Information
- Parent Request for Release of Student Records
- Volunteer Form
- Photograph/Videotape Permission form
- Consent to Emergency Treatment Forms
- Transportation Information

**\*\*\*\*Copies of required documents that must be submitted with the enrollment package:**

- Birth Certificate
- Proof of Custody (if you are the non-residential parent or guardian)
- Health Assessment form and Copy of Immunization Record- Separate
- Proof of Residency (utility Bill, Tax Record, Lease) **\*CURRENT\***
- application for paid free or reduced lunch
- IEP /ETR *if applicable Records* **\*CURRENT\***
- Withdrawal Form from Previous School
- School Records/**BEHAVIOR/ACADEMIC/ATTENDANCE/TEST RECORDS**
- Driver's license / Identification Required

\_\_\_\_\_ Please check this box and initial once you have reviewed the Parent/Student Handbook  
[www.greeninspirationacademy.com](http://www.greeninspirationacademy.com)

\_\_\_\_\_ I have received the Local School Report Card by clicking on the School's website to review  
and/or obtain a copy at [www.greeninspirationacademy.com](http://www.greeninspirationacademy.com)

# ADMISSIONS PROFILE

## Applicant Information:

**CURRENT GRADE AS OF TODAY:** \_\_\_\_\_

List Student's Name fully as it appears on the birth certificate: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male Female DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Must Provide Birth Certificate) Age: \_\_\_\_\_

Birthplace City; (exactly as it appears on the birth certificate) \_\_\_\_\_

Native Language: \_\_\_\_\_ (primary language spoken by the student)

### Ethnicity: (check one (1) only)

African American (Non-Hispanic)

American Indian / Alaskan Native

Asian / Pacific Islander

Hispanic

Multiracial

White (Non-Hispanic)

Name of Most Recent School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Legal District of Residence (district of residence where parent/guardian lives) \_\_\_\_\_

### **IT IS MANADATORY THAT YOU INDICATE ANY INFORMATION RELATED TO A DISABILITY.**

Was your child receiving Special Education services? No: Yes:

If yes, do you have your child's special education records (IEP)? No: Yes: If yes, attach copy

Has your child ever been retained? No: Yes: If so, what grade? \_\_\_\_\_

### Child lives with: (check one (1) only)

Both Biological Parents

Mother Only

Father Only

Both Parents Alternate

(If both parents alternate please indicate Custodial Parent)

Legal Guardian

4901 Galaxy Parkway-Bldg. L, Warrensville Hts, Ohio 44128  
(216) 609-0700 Fax: (216) 609-0777

# Parent/Guardian Information

**Mother:** \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

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**Father:** \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

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***If the student is living with Guardian(s) complete this section)***

**Guardian:** \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Emergency Contact/Permission

*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).*

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
*Street Number and Name Apt. #*

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: \_\_\_\_\_

Name(s) of Person other than Parent or Legal Guardian to Whom Child may be released must be 18 years or older: \_\_

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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# Release of Student Records Form

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

Child's Full Name (please print) \_\_\_\_\_  
*First Name Middle Name Last Name Appendage (i.e. Jr.)*

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Former School District Name: \_\_\_\_\_

*Check appropriate box and provide name of former school where indicated below.*

## Student Entering Grades 1<sup>st</sup> – 8<sup>th</sup>

Whereas my child is now enrolled in the \_\_\_\_\_ (grade) at **THE GREEN INSPIRATION ACADEMY** for the 2024-2025 academic-year. I give my permission to: **THE GREEN INSPIRATION ACADEMY** to request and immediately receive academic records from *[name the school that the student is withdrawing from below]*:

\_\_\_\_\_  
(Please list last School most recently attended by student)

Please include all relevant records including:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Transcripts /Academic Grades                           | <input type="checkbox"/> Individual Career Plan (ICP)   | <input type="checkbox"/> 504 Plan          |
| <input type="checkbox"/> Grades to Date of withdrawal                           | <input type="checkbox"/> Health and Immunization Record | <input type="checkbox"/> Attendance Record |
| <input type="checkbox"/> Standardized Test Scores                               | <input type="checkbox"/> IEP and MFE                    | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Is student currently suspended /or expelled Yes__ No__ |   |  |

Please send the information to:

The Green Inspiration Academy  
4901 Galaxy Pkwy – Suite L  
Warrensville Hts., Ohio 44128  
Fax: 216-609-0777

Or email to: Ms. Myisha Godfrey at [mgodfrey13@green-ia.com](mailto:mgodfrey13@green-ia.com)

Parent/Guardian Signature: \_\_\_\_\_

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## Photograph/Videotape Permission

Dear **Parent/Guardian**:

From time to time the Green Inspiration Academy records student activities through the use of photography and/or videotape. Generally, the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. Photographs and/or videotapes may also be used for advertising purposes to promote enrollment at Green Inspiration Academy.

In order for the school to produce materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following:

1. I **(do)** give permission for my child to be photographed/videotaped and the resulting photographs/videotape to be used and displayed within the school as well as, to be used for public display and/or published for the benefit of the school.
  
2. I **(do not)** give permission for my child to be photographed/videotaped and the photographs/videotape to be publicly displayed and/or published.

*Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.*

*Please Print:*

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

*Sign Below:*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed

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## EMERGENCY MEDICAL AUTHORIZATION & INFORMATION

Student's Name \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ DOB \_ / \_ / \_\_\_\_\_ Grade \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. My child has/had:  Seizures  Heart Disease  Diabetes  Asthma  Homesickness
- Other medical conditions \_\_\_\_\_
  - \_\_\_\_\_
  - Other physical, emotional, mental, or behavioral concerns or limitations  
\_\_\_\_\_
  - \_\_\_\_\_
  - Medications being taken: \_\_\_\_\_

2. Please list ***all other special treatment services*** your child has received in the last three (3) years:  
\_\_\_\_\_

3. My child is allergic to:  Hay/straw  Dairy Products  Bee Stings  Nuts  Other

4. \_\_\_\_\_  
Location of Epi-Pen:

5. If any of the ABOVE-CONDITONS ARE LIFE THREATENING, please describe:  
\_\_\_\_\_

*If your child requires medication*, please read the Medication Policy in the Student/Parent Handbook. If you permit your child to carry and administer his or her own medication while in the school's care, please be advised that you must obtain a permission slip from the office and that you and your child shall be totally responsible for the safekeeping of the medication and the administration of the correct dosage.

Please indicate your consent for office staff to administer the following medication to your student (in accordance with directions):

- |  |                                     |
|--|-------------------------------------|
| <input type="radio"/> Generic Tylenol                          | _____ Do nothing before you call me |
| <input type="radio"/> Ibuprofen                                | _____ Do nothing before you call me |
| <input type="radio"/> Maalox/tums for upset stomach            | _____ Do nothing before you call me |
| <input type="radio"/> Generic Sudafed for congestion           | _____ Do nothing before you call me |
| <input type="radio"/> Imodium AD for diarrhea                  | _____ Do nothing before you call me |
| <input type="radio"/> Benadryl for allergy symptoms/congestion | _____ Do nothing before you call me |



**EMERGENCY TREATMENT FORM**

**PARENTS AND GUARDIANS:** This form is to authorize, or to decline 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 for the purpose of giving consent for such treatment. Such authority is necessary to overcome legal obstacles to the provision of treatment when all reasonable attempts to reach parents or guardians have failed. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. The authority granted by this form meets the specifications outlined by Section 3313.712 of the Ohio Revised Code.

Student's Name \_\_\_\_\_

Medicare/Care source Number \_\_\_\_\_

Health Insurance Policy Name and Policy Number:

\_\_\_\_\_

**PART II – REFUSAL TO GIVE CONSENT**

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to:

Signed: \_\_\_\_\_

**PART I – TO GRANT CONSENT**

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of person who will assume financial responsibility for medical treatment:

\_\_\_\_\_

**STUDENT TRANSPORTATION INFORMATION**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

All students that reside in the City of Warrensville have the option of utilizing the Warrensville School District bus system for transportation. Please indicate your choice of transportation for your student.

I, \_\_\_\_\_ (Parent or Guardian name) of \_\_\_\_\_ (Student name)

would like for:

- |  |                   |                  |
|--|-------------------|------------------|
| <input type="radio"/> My Student to ride the Warrensville school bus     | ___ Before School | ___ After School |
| <input type="radio"/> My Student to ride the Green school bus            | ___ Before School | ___ After School |
| <input type="radio"/> My Student will be a car rider                     | ___ Before School | ___ After School |
| <input type="radio"/> My Student will be provided private transportation | ___ Before School | ___ After School |
| <input type="radio"/> My Student will be a walker                        | ___ Before School | ___ After School |

Additional comments or instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Concerns the bus driver should be aware of :

\_\_\_\_\_  
\_\_\_\_\_

I understand that if I live in the Warrensville Heights, Ohio school district, that transportation is provided by the Warrensville School District and my child agrees to follow all rules and regulations established by the Warrensville Board of Education and/or their official representatives. Failure to do so is good and sufficient reason to discontinue transportation services for my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date