



STUDENT ENROLLMENT CHECKLIST

STUDENT _____ GRADE _____
Last First

The following is a summary of the documentation a student will need to be officially enrolled in Imagine International of Mableton.

This Enrollment packet is required to have the following completed.

- Student Enrollment Form
- Student Internet Rules Form
- Consent and Release for Photography/Videotape Form
- Clinic Cards and Pickup Authorization Forms
- Authorization to Release Student Records Form
- Family Contract Signature Page

The forms you MUST provide. Please make copies to provide the school.

1. Birth Certificate – Required for all students.
Georgia law requires that kindergarten students be five years old on or before Sept. 1 and first grade students be six years old on or before Sept. 1 to be registered.
2. Copy of student's Social Security card
This requirement can be met by signing a waiver for Statement objecting to the requirement.
3. Certificate of Immunization (GA FORM 3231)
4. GA Form 3300
The following certificates are on a GA FORM 3300
 - Hearing Certificate _____
 - Dental Certificate _____
 - Vision Screening Certificate _____



5. Proof of Residency

Any TWO items from the list below are required by the person(s) enrolling a child in IIAM:

- home ownership title;*
- lease or rental agreement;*
- current utility monthly statement;*
- a Cobb County property tax statement;*

6. Form JF-2 (Statement of Legal Residence).

7. Copy of the most recent report card (***Note: This is not applicable for students entering Kindergarten unless the student is transferring during the school year.***)

Required: My child has been receiving special services. Yes_____ No_____

Copies of special services paperwork (speech, gifted, IEP, EIP, 504, etc) must be provided by the parent at time of enrollment.

The School MAY also require:

- Proof of custody documentation
- Proof of age and name verification
- Other information the school deems necessary for proper grade placement.
- Student Medical Authorization Form (available upon request)

Imagine Mableton provides the following services, Before and After School Care and Free and Reduced Meal Family Applications. All necessary paperwork for these and any other services provided will be available during Open House at the beginning of the school year.

Date Received_____

Receiver's Initials:_____



Imagine International Academy of Mableton



A community with a passion for learning! **STUDENT ENROLLMENT FORM**
Form JF-5 **Formulario de Inscripción Estudiantil**
English & Spanish

Today's Date: _____
Fecha de hoy

Office Use Only	
Student ID	_____
State ID	_____
Dwelling #	_____
Family #	_____
Teacher/HR	_____

School/Escuela: _____ **Grade/Grado:** _____

Student's
Legal Name: _____ **Name Called:** _____
Nombre Legal Last/Apellido First/Nombre Middle/2° Nombre Nombre común del Estudiante

FAMILY HEAD OF HOUSEHOLD – CE005/CE010/ Información del Jefe de familia

Home Telephone: _____ **Unlisted:** _____
Teléfono principal de la casa: Número Privado:

Parent Status: Married/Casado: _____ **Separated/Separado:** _____ **Divorced/Divorciado:** _____ **Single/Soltero:** _____
Estado civil de los padres

Student Resides with: () Both Parents () One Parent () Parent/Step Parent () Guardian () Foster
El estudiante vive con Ambos padres Uno de los padres Padre y Madastra o Padrastro Tutor legal Familia provisional

<p>Dwelling Address (CE005) <i>Dirección de la casa</i></p> <p>Apt/apto.: Lot/Lote:</p> <p>Subdivision-Urbanización/Apt. Complex-Subdivisión de Aptos.:</p>	<p>Mailing Address (CE010) <i>Dirección Postal</i></p>
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Enrolling individual/Persona que inscribe al estudiante:

Parent/Guardian 1: _____ **Relationship:** _____
Padre/Madre/Tutor Last Name/Apellido First Name /Nombre Middle Name/2° nombre Parentesco

Does student live with you (Parent/Guardian 1) Yes () No ()
¿El estudiante vive con el Padre/Tutor 1?

Occupation/Employer: _____
Ocupación/Patrón

Phone 1: Day () _____ **Work Ext:** _____
Nº de teléfono para llamar durante el día Extensión

Phone 2: Day () _____ **Cell ()** _____
Nº de teléfono para llamar durante el día Celular

Phone 3: Day () _____ **Cell ()** _____
Nº de teléfono para llamar durante el día Celular

Email/Correo electrónico: _____

If Parent/Guardian 2 is authorized to pick up this student, you must also list his/her name on Page 2 under "Contact Information-ST015." Si el padre 2 está autorizado en buscar al estudiante, éste debe ser incluido en la sección "Contact Information-ST015."

Parent/Guardian 2: _____ **Relationship:** _____
Padre/Madre/Tutor 2: Last Name/Apellido First Name/Nombre Middle Name/2° Nombre Parentesco

Does student live with Parent/Guardian 2 Yes/Si () No ()
¿El estudiante vive con el padre 2?

Occupation/Employer: _____
Ocupación/Patrón

Phone 1: Day () _____ **Work Ext:** _____
Nº de teléfono para llamar durante el día Extensión

Phone 2: Day () _____ **Cell ()** _____
Nº. de teléfono para llamar durante el día Celular

Phone 3: Day () _____ **Cell ()** _____
Nº. de teléfono para llamar durante el día Celular

- **Do you/ Usted: own/tiene casa propia () rent/alquila () or/ share residence with another family / reside con otra familia ()**
- **If you share this residence with another family, list family/owner's name here:** _____
Si comparte la residencia con otra familia, cuál es el nombre del dueño de la residencia
- **Is either parent or guardian a civilian employee on federal property or on active duty in the uniformed services? Yes/Si: _____ No: _____**
¿Alguno de los padres o tutor es empleado civil en una propiedad federal o está activo en las fuerzas armadas?



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STUDENT INFORMATION - CE220 & CE221/ Información del estudiante

Male: _____ **Female:** _____ **Birth Date:** ___/___/____ ***Social Security #:** _____
 Masculino Femenino Fecha Nacimiento M/Mes D/Día YEAR/Año N° de Seguro Social

[*A parent or Guardian who objects to incorporation of the social security number into the school records of a child may have the requirements waived by signing a statement objecting to the requirement. O.C.G.A.20-2-150 *El Padre/Tutor que tiene objeción en que se incorpore el N° de Seguro Social en los expedientes de la Escuela del niño/a, puede renunciar al requisito firmando una declaración en donde expresa la objeción al requisito. O.C.G.A.20-2-150]

Ethnicity: _____ **Is the student you are enrolling today Hispanic/Latino? Yes/Si** _____ **No** _____
 Identidad Étnica ¿El estudiante que usted está inscribiendo hoy es Hispano / Latino?

Is the student (circle ALL that apply below): El estudiante es (indicar TODAS las opciones que se aplican a continuación)

Race: American Indian/Alaska Native Asian Black/African American Hawaiian/Other Pacific Islander White
 Raza Indio Americano/Nativo de Alaska Asiático Negro/Afroamericano Hawaiano/Otras islas del Pacífico Blanco

Ninth Grade entry Date: _____ **Entry Date in US Public School:** _____
 Fecha de entrada al 9° grado Fecha de entrada a la Escuela Pública MM DD YEAR
 Mes/Año/Día en EE.UU

Birth Place: _____ **High School Program of Study:** _____
 Lugar de nacimiento City/Ciudad State/Estado Country/Pais Programa de estudio de la escuela secundaria

- **What was the language your student first learned to speak? (ce221 language code 2):** _____
 ¿Cuál fue el idioma que su estudiante aprendió a hablar primero? (ce221 código de idioma 2)
- **What language does your student speak at home? (ce221 language code 3):** _____
 ¿Qué idioma habla su estudiante en la casa? (ce221 código de idioma 3)
- **What language does the student speak most often? (ce220 prime language):** _____
 ¿Qué idioma habla el estudiante con más frecuencia? (ce220 idioma principal)
- **Has the child moved within the past 36 months across state or school district lines to enable the child, the child's guardian, or member of the child's family to obtain temporary or seasonal employment in an agricultural or fishing activity. Yes () No ()**
 ¿Durante los últimos 36 meses, el niño se ha mudado dentro del estado o la jurisdicción del condado, permitiéndole al niño, a sus tutores o algún miembro de la familia del estudiante a que obtengan trabajo temporal o trabajo según las estaciones en las áreas de agricultura o en la pesca?

Student Name _____ **Student ID** _____
 Nombre del Estudiante N° de Identificación de Estudiante

Last School Attended: _____ **Address:** _____
 Última escuela a la cual asistió Dirección

County + State -OR- Country of last school attended: _____
 Condado + Estado o País de la última escuela que asistió

- **Has the student you are enrolling today EVER attended a Cobb County school before? Yes/Si () No ()**
 ¿El estudiante que está matriculando ALGUNA VEZ ha asistido a una escuela del Condado de Cobb?

If yes, list the Cobb County school and grade/year enrolled: _____
 Si contesta positivamente, provea el nombre de la escuela del condado de Cobb, grado y año que asistió.

- **Has the student you are enrolling today EVER attended a Georgia public school before? Yes/Si () No ()**
 ¿ALGUNA VEZ el estudiante que usted está inscribiendo hoy ha asistido a alguna escuela pública del estado de Georgia?

- **Name and age of siblings under 18:** Nombre y edad de hermanos menores de 18 años:

Last	First	Middle	Age	Last	First	Middle	Age
Apellido	Nombre	2° nombre	Edad	Apellido	Nombre	2° nombre	Edad
Last	First	Middle	Age	Last	First	Middle	Age
Apellido	Nombre	2° nombre	Edad	Apellido	Nombre	2° nombre	Edad

- **Does your child need to take medication at school? Yes/Si () No () Medication:** _____
 ¿ Su hijo necesita tomar medicamentos en la escuela? Medicamento

- **Special medical problems/drug allergies?** _____
 ¿ Su hijo tiene alguna condición médica/alergias a medicamentos?

- **Licensed Health Care Provider:** _____ **Licensed Health Care Provider's Phone:** () _____
 Nombre del consultorio médico/doctor con Licencia Teléfono del consultorio médico/doctor



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SPECIAL SERVICES PARTICIPATION/ Participación en Servicios Especiales

Does your student receive any of these services? ¿Su estudiante recibe alguno de estos servicios?

Gifted/Talented _____ <i>Programa para Superdotados/Talentedos</i>	Advance Math _____ <i>Matemáticas Avanzada</i>	Early Intervention Program (EIP) _____ <i>Programa de intervención Temprana</i>
ESOL _____ <i>Inglés como 2^{do} idioma</i>	Special Education/IEP _____ <i>Educación Especial / IEP (Individual Education Program/Programa de Educación Individualizada)</i>	
Response to Intervention (RTI) _____ <i>Equipo de Intervención</i>	504 Plan _____ <i>Plan 504</i>	Speech _____ <i>Servicios del Habla</i>
		None _____

TRANSPORTATION/ Transporte

Transported: _____ <i>Transporte</i>	Car- AM () _____ <i>Automóvil-AM</i>	Day Care – AM () _____ <i>Guardería infantil-AM</i>	Cobb County After School Program () _____ <i>Programa del Condado de Cobb para Después de clases</i>
	Car- PM () _____ <i>Automóvil-AM</i>	Day Care – PM () _____ <i>Guardería infantil-AM</i>	Cobb County Bus# _____ <i>Nº de autobús del Condado de Cobb</i>
			Load# _____ <i>Turno Nº</i>
Day Care Name: _____ <i>Nombre de la Guardería</i>	Phone: () _____ <i>Teléfono</i>		

CONTACT INFORMATION - ST015/ Información de Contacto

The following person(s) may pick up: _____ from school and may be called in cases of emergency if I cannot be reached
La(s) siguiente(s) personas puede buscar a mi hijo(a) _____, en la escuela. Si no se pueden comunicar conmigo, se pueden comunicar con él/ellos en caso de emergencia.

	<i>Parentesco</i>	<i>Teléfono</i>	<i>Celular</i>
1. _____	Relationship: _____	Phone: () _____	Cell: () _____
2. _____	Relationship: _____	Phone: () _____	Cell: () _____
3. _____	Relationship: _____	Phone: () _____	Cell: () _____
4. _____	Relationship: _____	Phone: () _____	Cell: () _____

In the event of a medical emergency, the District will have the student transported to the closest doctor or medical facility for treatment. Parents/guardians will assume full responsibility for all charges incurred. I prefer that my student be transported to _____ Hospital for treatment.
En caso de una emergencia médica, el Distrito hará que el estudiante sea transportado al médico o facilidad médica para tratamiento. Los padres/tutores asumirán toda la responsabilidad de todos los gastos incurridos. Si es posible, yo prefiero que mi estudiante sea transportado al Hospital _____ para que sea tratado. .

*The following people MAY NOT sign my student out of school: _____
**La(s) siguiente(s) persona(s) NO PUEDE(N) firmar para buscar a mi estudiante de la escuela*
 *Please note that this may not include persons acting under the authority of child protection laws and that court orders may affect this preference.
 **Por favor tome en cuenta que esto no incluye a personas actuando bajo la autoridad de la Ley de Protección a Menores y las órdenes de la corte pueden afectar ésta preferencia.

Parent/Guardian Signature/Firma del Padre o Tutor _____	Parent/Guardian Printed Name/ Nombre Padre/tutor en letra de molde _____	Date/Fecha _____
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Imagine International Academy of Mableton



OFFICE USE ONLY *Para Uso Oficial Solamente*

Entry Date: _____	Proof of Residence: _____	W/D Date: _____	W/D Code: _____
Eye/Ear/Dental: _____	Map: _____	School: _____	Address _____
Immunization: _____	Withdrawal Form: _____	Date Records Sent: _____	Date Records Requested: _____
Birth Certificate: _____	Handbook/Parent Information Guide: _____	Date Records Received: _____	
Registered by: _____	Bus Number: _____		

FORM JF-5 MAY BE USED FOR STUDENTS WHO ENROLL DURING THE SCHOOL YEAR. THE INFORMATION WILL NEED TO BE TRANSFERRED TO THE STUDENT INFORMATION SYSTEM (SIS).

THE PRE-PRINTED FORM, PROVIDED UPON REQUEST FROM THE CCSD HELP DESK, SHOULD BE USED FOR SPRING REGISTRATION IN ORDER TO:

- 1. ALLOW PARENTS/GUARDIANS TO UPDATE INFORMATION CURRENTLY IN THE SIS.**
- 2. SIMPLIFY THE TASK OF CORRECTING SIS INFORMATION BY ALLOWING THE PPC TO LOOK ONLY FOR CHANGES RATHER THAN HAVING TO DOUBLE-CHECK EACH ITEM.**

3/26/09

EL FORMULARIO JF-5 PUEDE SER USADO PARA LA INSCRIPCIÓN DE ESTUDIANTES DURANTE EL AÑO ESCOLAR. LA INFORMACIÓN SERÁ TRANFERIDA AL SISTEMA DE INFORMACIÓN DEL ESTUDIANTE (STUDENT INFORMATION SYSTEM - SIS).

EL FORMULARIO PRE-IMPRESO, PROVISTO POR LA OFICINA DE AYUDAHE DEL CCSD CUANDO EL MISMO ES SOLICITADO, DEBE SER USADO PARA LAS INSCRIPCIONES DURANTE LA PRIMAVERA, CON EL FIN DE:

- 1. PERMITIR A LOS PADRES/TUTOR ACTUALIZAR LA INFORMACIÓN QUE YA EXISTE EN EL SISTEMA SIS.**
- 2. SIMPLIFICAR LA TAREA A LA PERSONA QUE ACTUALIZA LA INFORMACIÓN (PPC) PERMITIÉNDOLE VER SÓLO LA INFORMACIÓN QUE NECESITA CAMBIAR, SIN TENER QUE RE-VERIFICAR CADA UNO DE LOS RENGLONES.**

3/2/10



CONSENT AND RELEASE TO PHOTOGRAPHY/VIDEOTAPE STUDENT

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

I consent to the photographing/videotaping of my child while he/she is involved in any school programs and/or activities during the school year. My child's name, both verbally and in print, may be used in connection with said photograph/videotape. It is understood that the photograph(s)/videotape(s) and the name of my child may be used for promotional purposes inside and/or outside of International Academy of Mableton and Imagine Schools. This includes the school yearbook. In addition, I consent to the use of the above mentioned photograph(s) or videotape(s) and the name of my child for promotional purposes on the internet.

I do hereby release and waive any and all claims, demand or objections against Imagine International Academy of Mableton and Imagine Schools in connection with or arising out of the said photography/videotape of my child. It is understood that Imagine International Academy of Mableton and Imagine Schools will not duplicate photograph(s)/videotape for the use or benefit of any individual student or parent.

My signature below constitutes my consent for the purposes described above.

Parent/Guardian Signature _____ **Date** _____

*Please sign below if you **do not** consent for the purposes described above.*

Parent/Guardian Signature _____ *Date* _____



Student Internet Use Rules and Release

Students are responsible for the proper behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communication apply. The network is provided for students to conduct research and communicate with others. Independent access to network services is provided to students who agree to act in a considerate and responsible manner. Access is a privilege, not a right. Access entails responsibility; each individual user of the school computer networks is responsible for his/her behavior and communications over those networks.

Network storage areas may be treated like school lockers. Network and School administrators may review files and communication to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on school servers would be private. The school has the right to check the computers in order to determine what materials and who as accessed sites. During school, teachers of younger students will guide them toward appropriate materials. Outside of school, it is the families' responsibility to guide the children as they are exposed to the internet, movies, television, and other potentially offensive sources.

The following are not permitted:

- Sending or displaying offensive messages or pictures. Offensive is anything, which is or could be perceived as violent, pornographic or otherwise offensive to a reasonable person.
- Using obscene language
- Harassing, insulting, or attacking others
- Damaging computers, computer systems or computer networks
- Violating copyright laws
- Using others' passwords
- Trespassing in others' folders, work or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes

School staff will act as a guide, but cannot be a fulltime guaranty.

Sanctions

- Violations may result in a loss of access.
- Additional disciplinary action may be determined in line with existing practice regarding any inappropriate language or behavior.
- Student/parent may be responsible for paying for the repair of damaged files, programs, and/or equipment caused by misuse.
- When applicable, law enforcement agencies may be involved.

My signature below constitutes I have read and understand Imagine International Academy of Mableton Internet Rules and agree to review these rules with my child and allow them to use the school's computer network.

Parent Signature _____ **Date** _____



CLINIC CARD

Student's Last name _____ First _____ Middle _____

Home Phone # _____ Grade _____ Teacher _____

Name of parents/guardians with whom students resides (legal custody):

Parent's Name _____ Relationship _____

Work ph # _____ Cell ph # _____ Daytime ph # _____

Parent's Name _____ Relationship _____

Work ph # _____ Cell ph # _____ Daytime ph # _____

Siblings attending Mableton _____

Health Problems: _____ Allergies: _____

LIST ALL ROUTINE

MEDICATIONS: _____

Emergency Contact (other than parent/guardian) – PLEASE USE LOCAL CONTACTS ONLY

These persons will assume temporary care of your child in the event you cannot be reached.

Name _____ Relationship _____

Contact # _____

Name _____ Relationship _____

Contact # _____

***MEDICAL RELEASE STATEMENT: I hereby authorize Imagine International Academy of Mableton to seek emergency medical assistance for my child in the event the parent or guardian cannot be reached.**

Parent/Guardian Signature _____ *Date* _____



PICK-UP AUTHORIZATION FROM SCHOOL

STUDENT(S)

Last Name _____ **First** _____ **Middle Initial** _____

Grade _____

Last Name _____ **First** _____ **Middle Initial** _____

Grade _____

Last Name _____ **First** _____ **Middle Initial** _____

Grade _____

Last Name _____ **First** _____ **Middle Initial** _____

Grade _____

Name of parents/guardians with whom student resides (legal custody):

Name _____ **Relationship** _____

Cell # _____ **Work #** _____

Name _____ **Relationship** _____

Cell # _____ **Work #** _____

PERSONS AUTHORIZED TO PICK-UP CHILD (Other than parent/guardian)

These persons will be required to show picture identification

Name _____ **Relationship** _____

Contact # _____

Name _____ **Relationship** _____

Contact # _____

Name _____ **Relationship** _____

Contact # _____

Person(s) listed below are NOT AUTHORIZED to pickup.

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Parent/Guardian Signature _____ **Date** _____

Home Phone # _____



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Authorization of Release Student Record

I hereby authorize this request that you transmit the following student(s) records. If the student is currently receiving Special Education and related services, the records must be transferred to requesting school:

Last School Attended: _____

City/State _____

Phone # _____ Fax # _____

Requesting School:

**Imagine International Academy of Mableton
6688 Mableton Parkway, Mableton, GA 30126
Phone: 678.384.8920 Fax: 678.384-8939**

Student(s)

Last _____ First _____ MI _____ Grade _____

Last _____ First _____ MI _____ Grade _____

***My child has been receiving special services: Speech, Special ED, Gifted, IEP, EIP. (**circle ALL that apply**)

Please forward all of the following records:

- Cumulative Records
- Report Card
- Immunization Records
- Test Data
- Discipline Record
- Special Service paperwork as noted above

The records are to be released for the purpose of admission in the Cobb County District and in compliance with O.C.G.A. 20-2-670.

Parent Signature _____ Date _____

School Official Requesting Records _____ Date _____

Office Use Only: Date Requested _____ Date Received _____



Family Contract

Imagine International Academy of Mableton is a community partnership whose purpose is to empower students to be critical thinkers, well-rounded individuals and caring world citizens by developing intellect in a nurturing environment, through a rigorous and relevant curriculum.

As a parent/caregiver, I understand that my involvement, support and assistance are critical for the success of my child. I will be a willing partner with IIAM in promoting my child's academic achievement and character development. I understand that for my child to attend the Imagine International Academy of Mableton, I must meet the responsibilities listed below. I am aware that there are other public school options in this attendance zone, and I have decided that a high level of parental involvement would best serve the needs of my family.

Parent/Caregiver Responsibilities:

1. I will donate at least 30 hours (two caregiver) or 15 hours (single caregiver) of volunteer service to IIAM each school year. A minimum of half of the volunteer service hours must be performed before February 1st, of each year or students will not be allowed to pre-register for the following year. Any family who does not meet the volunteer service requirement by the last day of school will be placed on the "student wait list" for the following school year. To accommodate the busy schedules of our families these volunteer service hours can be met through both "in" and "out" of school volunteer activities. If you are unable to meet this requirement you are encouraged to bring it to the attention of your principal. Should there be extenuating circumstances the IIAM governing board will at its sole discretion modify or waive the Family Contract.
2. I will honestly track/log my volunteer service hours with the assistance of IIAM.
3. I will read, acknowledge by signing, and reinforce all school rules including dress code requirements.
4. I will attend parent-teacher conferences when scheduled.
5. I will attend at least two family information (i.e. PTSA) meetings per school year.
6. I will have my child at school **on time** and ready to learn each day. I will follow all policies as outlined in the IIAM Handbook.
7. I will help my child learn by checking home enrichment assignments throughout the week and by providing my child a quiet area in my home to complete their assignments
8. I will read to or ensure that my child reads for a minimum of 30 minutes each day.
9. I will review and respond to any messages that I get from my child's teacher, staff or administrators in a timely fashion.
10. I will report any extended illness or absence to the school and will keep my child home if he or she is ill.
11. I will immediately inform the school as to any change in my child's transportation or caregiver contact information. I understand that this is necessary for the safety of my child.
12. I will advise the school administration and teacher of any change in address or family status for my child within 7 days.



13. I will inform the school administration immediately if our family moves outside the Cobb County Schools attendance zone.
14. I will participate in at least one fundraising event during the school year.
15. I will meet all my financial obligations to the school (i.e. library fines, lost books, etc.) within the current school year. I understand that if I have outstanding debts to the school, I will not receive my child's report card or be able to have my child's records transferred to another school.

Parent/Caregiver Rights:

1. My child will learn in a safe, secure and healthy environment.
2. My child's teacher will communicate with me regularly about my child's progress.
3. I will receive a minimum of two teacher conferences per school year.
4. I will receive written goals, plans, curriculum, and behavioral standards for my child's classroom at the beginning of the school year.
5. I will have access to agendas and minutes of all board meetings and am invited to attend open board meetings.
6. I will be invited to attend and encouraged to participate in all family or parent information meetings
7. I may serve on a committee or subcommittee or in the parent/community volunteer program.
8. I may donate resources to the success of the school, i.e. funds, supplies, services of others. (These donations will not take the place of "volunteer service" hours.)
9. I may give input on curriculum, leadership, and other decisions about the school in the appropriate forums.
10. I may give staff feedback about the strengths and weaknesses of the school's program. This feedback includes filling out a survey after parent teacher conferences and at the end of the school year.

How IIAM will Partner with Me:

1. IIAM will be flexible in setting up parent-teacher conferences so I can attend.
2. IIAM will hold family meetings at different times to meet different family schedules.
3. IIAM will utilize the Cobb County School District discipline code. The rules and expectations will be explained to all students and caregivers so that our children will be familiar with the expectations and related consequences.
4. IIAM will offer a variety of volunteer opportunities that will match the talents, interests and time constraints of my family with the needs of the school.
5. IIAM will offer various mediums to communicate school information and volunteer opportunities.
6. IIAM will work to ensure open and two way communications between our school and our families.



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7. IIAM will assist me in tracking my volunteer service hours so that I can best meet my commitment.
8. IIAM will provide a schedule of all school events and meetings.
9. IIAM administration and board will have a procedure in place to discuss any situation that keeps me from meeting the volunteer service obligations.
10. IIAM administration, staff and board will be open to my feedback.
11. IIAM administration, staff and board will give serious consideration to my recommendations or suggestions for improvement, written or verbal.
12. IIAM administration, staff or board will also sufficiently address (disagree and why, or agree and discuss any necessary course of action) any feedback that I provide in a timely fashion.

Continued – please sign on next page.



IIAM Family Contract Statement of Understanding and Agreement

Signature Page

Please refer to the IIAM Parent Handbook at www.iiamableton.com.

I understand that I must agree to all terms of the Family Contract in order to enroll my child at Imagine International Academy of Mableton.

I understand that it is my responsibility to read the Parent’s Handbook on the website site (listed above) and return this **signature page** to Imagine Mableton at the time of enrollment.

The Parent Handbook is required for enrollment to be complete and if not returned, I will I forfeit my enrollment.

I understand that if I do not live up to the terms of this contract, my child will lose priority in enrollment and will be placed on the student wait list for the following year.

Enrollee(s) Names:

Child #1	_____	_____	_____
	Last Name	First Name	Grade
Child #2	_____	_____	_____
	Last Name	First Name	Grade
Child #3	_____	_____	_____
	Last Name	First Name	Grade
Child #4	_____	_____	_____
	Last Name	First Name	Grade

Please check one:

___ Two Caregiver (30 volunteer hours) ___ Single Caregiver (15 volunteer hours)

I agree to all terms of this contract - (if a two caregiver family - both parties must sign)

Caregiver #1 Name (print): _____
Signature _____ Date _____
 Relationship to the Child(ren) _____

Caregiver #2 Name (print): _____
Signature _____ Date _____
 Relationship to the Child(ren) _____
 _____ Date _____



STATEMENT OF LEGAL RESIDENCE

Affidavit of Parent/Guardian/Enrolling Person:

NOTE: Affidavit is valid for the school year in which it is completed and must be renewed each subsequent school year.

1. I (**circle one**) temporarily/permanently reside at _____
_____, which is my legal residence and which is located in the
Cobb County School District.
2. I am the (**circle one**) parent/guardian/enrolling person of (child's full name-**Please Print**) _____
who (**circle one**) temporarily/permanently resides at the address mentioned in paragraph one above.
3. I will immediately notify the Cobb County School District if I should change residence.
4. I understand that a student admitted under falsified information is illegally enrolled and will be dismissed from the
Cobb County School District.
5. I understand that Cobb County School District Administrative Rules define a resident student only as a student who
resides with his/her parent or guardian or other person having control or charge of a student within the Cobb
County School District.

Certification of Residence Owner/Lessor:

I certify that I am the (**circle one**) Owner/Lessor of the premises identified in paragraph one above of the Affidavit of Parent/Guardian/Enrolling Person and that the above-named parent/guardian/enrolling person and child (**circle one**) temporarily/ permanently reside at that address. I understand that I am under obligation to inform the Cobb County School District of any change of residence of the child or parent.

Date: _____ Address: _____

Apartment Number: _____ City: _____ Zip Code: _____



Imagine International Academy of Mableton



Telephone: Home: _____ Work: _____ Cell: _____

Name (Please Print): _____ Signature: _____

UNDER PENALTY OF LAW I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.

<p>PLEASE NOTARIZE</p> <p>Sworn to and subscribed before me this _____ day of _____, 20____.</p> <p>Notary Public: _____</p>	<p>Parent/Guardian/Enrolling Person Name</p> <p>(Please Print): _____</p> <p>Parent/Guardian/Enrolling Person Signature:</p> <p>_____</p>
	<p>Principal/Designee Signature:</p> <p>_____</p> <p>_____</p>

Note: The above information is subject to verification through investigation. O.C.G.A. 16-10-20 states that, “a person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry . . . shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.”