



## iQ Academy Texas Enrollment Application Checklist

2010-11 Academic Year

### Welcome to iQ Academy!

The faculty and staff of iQ Academy Texas thank you for choosing us as your 3<sup>rd</sup> – 8<sup>th</sup> school. If you have any questions about the enrollment process, please call us at (888) 644-4789, or email us at [info@iqacademytx.com](mailto:info@iqacademytx.com).

Please complete the attached Enrollment Application and return to us along with up-to-date records by mail or fax. Upon complete submission of the required paperwork, iQ Academy Texas staff will contact you.

### Enrollment Application Checklist

- Enrollment Application
- Enrollment Agreement
- Photo and Content Release
- Special Ed – Child Find
- Registration Affidavit
- State Compensatory Education Allotment
- At Risk Documentation
- ESL Parent Permission Letter
- Home Language Survey
- Occupational Survey
- Student Health History
- Ethnicity and Race Data Questionnaire
- Computer Option
- State Testing Agreement
- Online Code of Conduct
- Course Selection

### Required Records

- Up-to-Date Immunization Records
- Deed of Sale, Tax Statement, Executed Lease or Other
- Driver's License or Utility Bill
- Student Birth Certificate
- Student Social Security Card
- Most recent Report Card AND Progress Report
- Most recent TAKS/Standardized Test Scores
- Homeschooling Transcript (if applicable)

### Send All Documents to iQ Academy Texas:

VIA FAX: (866) 398-5515  
VIA MAIL: iQ Academy Texas  
1301 Waters Ridge Drive  
Lewisville, TX 75057



**STUDENT INFORMATION:**

STUDENT'S LEGAL NAME: (Last, First, Middle)		APPLICATION DATE:	
ADDRESS:			
CITY:		STATE:	ZIP:
BEST DAYTIME PHONE:	2ND BEST DAYTIME PHONE:	SOCIAL SECURITY NUMBER:	
GENDER:	DATE OF BIRTH:	AGE:	GRADE APPLYING FOR:
ETHNICITY: (please check one) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other:			
SCHOOL DISTRICT IN WHICH STUDENT RESIDES:		SCHOOL ZONED TO ATTEND:	

**LAST SCHOOL ATTENDED:**

SCHOOL NAME:	SCHOOL PHONE:
SCHOOL ADDRESS:	CITY, STATE, ZIP:
TYPE OF SCHOOL: <input type="checkbox"/> Public <input type="checkbox"/> Home <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Not TX <input type="checkbox"/> eCP (Online TX Public School)	
HAVE YOU EVER ATTENDED TEXAS PUBLIC SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST NAMES:	

**PARENT INFORMATION:**

FATHER'S NAME:		LIVING WITH STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FATHER'S ADDRESS:			
FATHER'S CITY:	FATHER'S STATE:	FATHER'S ZIP:	FATHER'S HOME PHONE:
FATHER'S WORK PHONE:		FATHER'S CELL PHONE / PAGER / ETC.:	
FATHER'S DRIVERS LICENSE:	STATE:	FATHER'S EMAIL:	
MOTHER'S NAME:		LIVING WITH STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MOTHER'S ADDRESS:			
MOTHER'S CITY:	MOTHER'S STATE:	MOTHER'S ZIP:	MOTHER'S HOME PHONE:



MOTHER'S WORK PHONE:		MOTHER'S CELL PHONE / PAGER / ETC.:	
MOTHER'S DRIVERS LICENSE:	STATE:	MOTHER'S EMAIL:	
<b>ALTERNATE / EMERGENCY CONTACT INFORMATION:</b>			
ALTERNATE CONTACT (name):		RELATIONSHIP	
HOME PHONE:	WORK PHONE:	CELL PHONE:	
EMERGENCY CONTACT (name):		RELATIONSHIP	
HOME PHONE:	WORK PHONE:	CELL PHONE:	
<b>REFERRAL INFORMATION:</b>			
HOW WERE YOU (WAS YOUR STUDENT) REFERRED TO IQ ACADEMY TEXAS?			
<b>LEGAL ALERT:</b>			
IS ANYONE LEGALLY RESTRICTED FROM CONTACT WITH YOUR STUDENT?		ARE COPIES OF DOCUMENTS ON FILE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

A person who knowingly falsifies information on a form required for a student's enrollment in iQ Academy Texas shall be liable to iQ Academy Texas if the student is not eligible for enrollment, and is enrolled on the basis of false information. For the period in which the student is enrolled, the person is liable for the maximum tuition fee the District may charge or the amount the District has budgeted per student as maintenance and operating expense, whichever is greater. Texas Education Code § 25.031(g)

Student signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

(Custodial) Parent/Guardian signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

I affirm that I have seen and reviewed enrollment and residency information of the above student.

Registrar signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## Special Education/Child Find

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Was student receiving Special Education services at the last school attended?  
YES NO (ARD, IEP, BIP)

If so, please specify: (Check any that apply)

\_\_\_\_\_ Content Mastery/Resource Room

\_\_\_\_\_ Counseling

\_\_\_\_\_ Speech Therapy

\_\_\_\_\_ Physical Therapy

\_\_\_\_\_ Behavior Adjustment Class

\_\_\_\_\_ Other:

If you answered "NO" above, then.....

Was student ever identified as a Special Education student?

YES NO School Name: \_\_\_\_\_

School Year: \_\_\_\_\_

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

\_\_\_\_\_  
Date





**State Compensatory Education Allotment**  
2010-11 Eligibility Guidelines

Please circle one number in the "Family Size" column, and only one income amount on that same row.

This information will assist us to provide additional materials and computer hardware for our students. Thank you for your assistance.

Family Size (Circle One)	If your income is annual, please use the amounts below.		If your income is monthly, please use the amounts below.		If your income is twice per month, please use the amounts below.		If your income is every two weeks, please use the amounts below.	
	Less than the following annual amount:		Less than the following monthly amount:		Less than the following twice per month amount:		Less than the following two-week amount:	
1	\$14,079	\$20,036	\$1,174	\$1,670	\$587	\$835	\$542	\$771
2	\$18,941	\$26,955	\$1,579	\$2,247	\$790	\$1,124	\$729	\$1,037
3	\$23,803	\$33,874	\$1,984	\$2,823	\$992	\$1,412	\$916	\$1,303
4	\$28,665	\$40,793	\$2,389	\$3,400	\$1,195	\$1,700	\$1,103	\$1,559
5	\$33,527	\$47,712	\$2,794	\$3,976	\$1,397	\$1,988	\$1,290	\$1,836
6	\$38,389	\$54,631	\$3,200	\$4,553	\$1,600	\$2,277	\$1,477	\$2,102
7	\$43,251	\$61,550	\$3,605	\$5,130	\$1,803	\$2,565	\$1,664	\$2,368
8	\$48,113	\$68,469	\$4,010	\$5,706	\$2,005	\$2,853	\$1,851	\$2,634
9	\$52,975	\$75,388	\$4,416	\$6,283	\$2,208	\$3,142	\$2,038	\$2,901
10	\$57,837	\$82,307	\$4,822	\$6,860	\$2,411	\$3,431	\$2,225	\$3,168
11	\$62,699	\$89,226	\$5,228	\$7,437	\$2,614	\$3,720	\$2,412	\$3,435
12	\$67,561	\$96,145	\$5,634	\$8,014	\$2,817	\$4,009	\$2,599	\$3,702
For each additional family member add:								
	\$4,862	\$6,919	\$406	\$577	\$203	\$289	\$187	\$267

If your family income is greater than those listed above, please indicate here:

My family income is greater than those listed above. (Please check box)

Please circle the correct response:

Do you receive Food Stamps?

Yes

No

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

\_\_\_\_\_  
Date

## At Risk Indicators / Documentation

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

A student at-risk of dropping out of school includes each student who is under 21 years of age and who:  
(Check YES or NO)

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is in pre-kindergarten, kindergarten or grade 1, 2, or 3 and did not perform satisfactorily on a readiness test or assessment instrument administered during the current school year.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is in grade 7, 8, 9, 10, 11, or 12 and did not maintain an average equivalent to 70 on a scale of 100 in two or more subjects in the foundation curriculum during a semester in the preceding or current school year or is not maintaining such an average in two or more subjects in the foundation curriculum in the current semester.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Was not advanced from one grade level to the next for one or more school years.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did not perform satisfactorily on an assessment instrument [TAAS/TAKS] administered to the student under TEC Subchapter B, Chapter 39, and who has not in the previous or current school year subsequently performed on that instrument or another appropriate instrument at a level equal to at least 110 percent of the level of satisfactory performance on that instrument. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is pregnant or is a parent.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has been placed in an alternative education program in accordance with TEC §37.006 during the preceding or current school year.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Has been expelled in accordance with TEC §37.007 during the preceding or current school year.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Is currently on parole, probation, deferred prosecution, or other conditional release.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Was previously reported through the Public Education Information Management System (PEIMS) to have dropped out of school.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Is a student of limited English proficiency, as defined by TEC §29.052.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Is in the custody or care of the Department of Protective and Regulatory Services or has, during the current school year, been referred to the department by a school official, officer of the juvenile court, or law enforcement official.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Is homeless, as defined by 42 U.S.C. Section 11302, and its subsequent amendments; or  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Resided in the preceding school year or resides in the current school year in a residential placement facility in the district, including a detention facility, substance abuse treatment facility, emergency shelter, psychiatric hospital, halfway house, or foster group home.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>The Student is at risk – (Check Yes or No)</b>  |

iQ Texas Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**ESL Parent Permission Letter**  
**Required For All Students**

I, \_\_\_\_\_, (print name of parent/guardian) hereby give permission for my child, \_\_\_\_\_, (print name of child) to receive extra help in English as a Second Language as part of an iQ Academy Texas English as a Second Language (ESL) program if he/she is found to be limited in either oral or cognitive and academic English proficiency skills. If any language other than English is spoken at home, iQ Academy Texas will evaluate my student's oral English language skills with a short Oral Language Proficiency Test and his / her academic and cognitive English with a Norm-Referenced test of Language Arts and Reading skills as required by Texas State Law.

-----

[Para aquellos que hablan Español (For those who speak Spanish):]

Yo, \_\_\_\_\_ (nombre del padre, madre o guardián)  
Doy permiso para que mi hijo/a \_\_\_\_\_ (nombre del niño/a)  
reciba instrucción in el Programa de Inglés como Segundo Idioma si en él / ella se encuentre una  
proficiencia limitada en el idioma de Inglés.

-----

**Please sign below (Favor firmar abajo):**

\_\_\_\_\_  
Parent/Guardian Name (Nombre del Padre, Madre, o Guardián)

\_\_\_\_\_  
Date (Fecha)

\_\_\_\_\_  
Parent/Guardian Phone Number (Número de teléfono del Padre, Madre, Guardián):



# Home Language Survey

## Cuestionario del Idioma en el Hogar

All questions must be answered completely. PLEASE PRINT.  
Las preguntas deberán ser respondidas por completo. FAVOR ESCRIBIR EN LETRA DE MOLDE.

Student/Estudiante \_\_\_\_\_ Age/Edad \_\_\_\_\_

Campus/Escuela \_\_\_\_\_ Grade/Grado \_\_\_\_\_

Schools are required by Texas law to determine the following information for all students. Please help us meet this requirement by answering every question and signing and dating the form. A parent, guardian or student may sign when the student is in ninth grade or higher; otherwise, a parent or guardian must sign.

- In what month and year did the student first enroll in a school in the United States? \_\_\_\_\_  
Month Year
- In what city, state and country was the student born? \_\_\_\_\_  
City State Country
- What language is spoken in your home most of the time? \_\_\_\_\_
- What language does the student speak most of the time? \_\_\_\_\_
- Does the parent or guardian need to communicate with the school in a language other than English? \_\_\_\_\_  
(if yes, write the name of language) \_\_\_\_\_

OR

Bajo la Ley de Texas se requiere que las escuelas determinen la siguiente información por cada estudiante. Por favor, ayúdenos por contestar cada pregunta y por firmar y notar la fecha. Cuando el estudiante esté cursando el noveno grado o uno más alto, pueden firmar el padre, la madre, el guardián o el estudiante. De otra manera, solamente pueden firmar los padres o los guardians.

- ¿En qué mes y año se inscribió el estudiante por primera vez en Los Estados Unidos? \_\_\_\_\_  
Mes Año
- ¿En qué ciudad, estado y país nació el estudiante? \_\_\_\_\_  
Ciudad Estado o provincial País
- ¿Cuál es el idioma que más se habla en su casa? \_\_\_\_\_
- ¿Cuál es el idioma que más habla el estudiante? \_\_\_\_\_
- Necesitará el padre, la madre, o el guardián comunicarse con la escuela utilizando un idioma que no sea el Inglés? (Subraye la respuesta correcta) Si No

Si es así, favor escribir el nombre del idioma. \_\_\_\_\_

Signature (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

School Year: 20\_\_ - 20\_\_

## Occupational Survey (Formulario De Trabajo)

*Your Children May Be Eligible for Extra Services (Sus Hijos Podrían Recibir Servicios Extras)*

**IMPORTANT:** Please complete the survey below and return it to your school office.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Within the past **three (3)** years has your child(ren) traveled or moved alone, with a parent, relative, guardian, or a spouse so that a family member could look for or do **temporary or seasonal agricultural work or employment?** Yes \_\_\_\_ No \_\_\_\_

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

If **No**, please stop here and hand this survey back to your school district.

If **YES**, please () the type of employment and complete the following contact information below.

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> a. Farming  | <input type="checkbox"/> f. Picking fruit or vegetables | <input type="checkbox"/> l. Plant nursery       |
| <input type="checkbox"/> b. Ranching | <input type="checkbox"/> g. Cotton farming/ginning      | <input type="checkbox"/> m. Poultry production  |
| <input type="checkbox"/> c. Fencing  | <input type="checkbox"/> h. Combining/harvesting grain  | <input type="checkbox"/> n. Clearing land       |
| <input type="checkbox"/> d. Dairying | <input type="checkbox"/> i. Driving tractors, machinery | <input type="checkbox"/> o. Picking pecans, etc |
| <input type="checkbox"/> e. Fishing  | <input type="checkbox"/> j. Tree growing or harvesting  | <input type="checkbox"/> p. Bailing hay         |
|                                      | <input type="checkbox"/> k. Food processing in plants   | <input type="checkbox"/> q. Other similar work  |

### Contact Information

Name of child(ren) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Street City State ZIP

Home Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

**IMPORTANTE:** Por favor complete este formulario y regréselo a la escuela.

Nombre de Estudiante \_\_\_\_\_ Grado/Curso \_\_\_\_\_

Durante los últimos **tres (3)** años, viajó o se fue su hijo/a a vivir solo/a con sus padres, algún guardián legal, o esposo/a para que alguno de la familia **buscara o encontrara trabajo temporal en la agricultura?** Sí \_\_\_\_ No \_\_\_\_

Firma de Padres/Guardián \_\_\_\_\_ Fecha \_\_\_\_\_

Si contestó **No**, no es necesario seguir completando este formulario. Sólo regréselo a la escuela, a la brevedad.

Si contestó **Sí**, por favor indique con un () y complete la siguiente información de contacto abajo.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> a. En la cosecha         | <input type="checkbox"/> f. Recogiendo frutas / verduras          | <input type="checkbox"/> l. En guardería de plantas    |
| <input type="checkbox"/> b. En ranchos/ ranchería | <input type="checkbox"/> g. En el algodón                         | <input type="checkbox"/> m. En producción de aves      |
| <input type="checkbox"/> c. En las cercas         | <input type="checkbox"/> h. Cosechando granos                     | <input type="checkbox"/> n. Limpiando terrenos         |
| <input type="checkbox"/> d. En lecherías          | <input type="checkbox"/> i. En el manejo de tractores, maquinaria | <input type="checkbox"/> o. Recogiendo nuez, etc.      |
| <input type="checkbox"/> e. En la pesca           | <input type="checkbox"/> j. Plantando árboles                     | <input type="checkbox"/> p. Recogiendo paja            |
|   | <input type="checkbox"/> k. Procesando comida en fábricas         | <input type="checkbox"/> q. Algún otro trabajo similar |

### Referencia

Hijo(s) \_\_\_\_\_

Padre/Guardián \_\_\_\_\_ Madre/Guardián \_\_\_\_\_

Domicilio \_\_\_\_\_

Calle Ciudad Estado ZIP

Teléfono del hogar (\_\_\_\_) \_\_\_\_\_ Otro teléfono (\_\_\_\_) \_\_\_\_\_



### Student Health History

Date \_\_\_\_\_

Student: \_\_\_\_\_ Phone # (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
LAST FIRST MIDDLE

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student resides with Parent(s) \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_  
NAME NAME NAME

Is student pregnant? Yes \_\_\_ No \_\_\_ If yes, expected due date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Doctor \_\_\_\_\_  
NAME AND PHONE #

Please list student allergies to medicine, food, environmental, or other that you are aware of or suspect:  
 \_\_\_\_\_

Please identify if student has had the following diseases by writing the age he/she had the disease on the line:

Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
AGE AGE AGE

Please check any of the following illnesses, injuries, or conditions, which student has had or currently has:

PLEASE INDICATE IF PAST OR PRESENT CONDITION / DOCTORS / CURRENT MEDICATION REQUIREMENTS AND PURPOSE.  
 FAVOR DE INDICAR SI LA CONDICION ES PASADO O PRESENTE / DOCTORES / MEDICACION REQUIRIDO Y SU PROPOSITO.

- \_\_\_ Asthma or Lung Problems \_\_\_\_\_  
ASMA / PROBLEMAS DEL PULMON
- \_\_\_ Diabetes/Hepatitis \_\_\_\_\_  
DIABETES / HEPATITIS
- \_\_\_ Ear/Nose/Throat \_\_\_\_\_  
OIDO / NARIZ / GARGANTA
- \_\_\_ Epilepsy/Seizures \_\_\_\_\_  
EPILEPSIA / ATAQUES EPILEPTICOS
- \_\_\_ Fracture/Dislocation/Strain \_\_\_\_\_  
FRACTURAS / LUXACIONES
- \_\_\_ Hearing Aid/Orthopedic Braces \_\_\_\_\_  
APARATO AUDITIVO / ORTHOPEDICO
- \_\_\_ Head Injury \_\_\_\_\_  
GOLPES DE LA CABEZA
- \_\_\_ Heart Problems \_\_\_\_\_  
PROBLEMAS DEL CORAZON
- \_\_\_ Kidney Problems \_\_\_\_\_  
PROBLEMAS DEL RINON
- \_\_\_ Ulcers/Digestive \_\_\_\_\_  
ULCERAS / PROBLEMAS DIGESTIVOS
- \_\_\_ Skin/Toes \_\_\_\_\_  
PROBLEMAS DE LA PIEL
- \_\_\_ Surgery \_\_\_\_\_  
CIRUGIAS
- \_\_\_ Other: i.e. ADHD/AIDS etc. \_\_\_\_\_  
OTRAS PROBLEMAS, EJEMPLO; PROBLEMAS CON ATENCION A SIDAS, ETC.

Is student currently under the care of a doctor for any problem not discussed above? Please provide details on back.  
 SI ESTA RECIBIENDO ATENCION MEDICA POR QUALQUIER OTRA RAZON, FAVOR INDICAR CON QUIEN Y PARA QUE.  
 NECESITAMOS LOS DETALLES.

**Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff Identification Number

\_\_\_\_\_  
Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

\_\_\_\_\_ Hispanic / Latino

\_\_\_\_\_ Not Hispanic/Latino

Race – choose one or more:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific

Islander

\_\_\_\_\_ White

Observer signature:

Campus and Date:

## My State Testing Agreement

All students enrolled in iQ Academy are required to report for State Mandated testing and Benchmark testing. The Texas Department of Education requires that all students in public schools be tested each year. By signing below you agree to report for state testing to one of the following regions for the tests required for your grade level. YOU CANNOT TEST AT YOUR LOCAL SCHOOL so please prepare to attend a location in one of the designated cities below.

<b>Testing LOCATIONS</b>			
Families must plan to report to one of the following cities to test during the testing dates listed. Based on enrollment these locations may be altered.			
Amarillo	Austin	Beaumont	Corpus Christi
Dallas	El Paso	Fort Worth	Houston
Lubbock	Midland	San Antonio	Temple
Tyler	Weslaco/Donna	Wichita Falls	

### **2010-2011 Testing DATES**

The dates listed below are the testing dates mandated by the State of Texas and iQ Academy Texas required Benchmark testing. All students MUST report for testing on those dates.

3	Reading & Math <b>November 9 – 10</b> <b>February 8 – 9</b> <b>April 26 – 27</b>	6	Reading & Math <b>November 9 – 10</b> <b>February 8 – 9</b> <b>April 26 – 27</b>		
	Writing, Reading, & Math <b>November 9 – 10</b> <b>January 25</b> <b>February 8 – 9</b> <b>March 1</b> <b>April 26 – 27</b>		7	Writing, Reading, & Math <b>November 9 – 10</b> <b>January 25</b> <b>February 8 – 9</b> <b>March 1</b> <b>April 26 – 27</b>	
	Reading, Science, & Math <b>November 9 – 10</b> <b>February 8 – 9</b> <b>April 4 – 5    April 28</b>			8	Social Studies, Science, Reading, & Math <b>November 9 – 10</b> <b>February 8 – 9</b> <b>April 4 – 5</b> <b>April 28 – 29</b>

### **STATEMENT of ASSURANCE – State Testing**

We have read the above information regarding state testing locations and dates. The student named below will be provided transportation to and from a state testing location listed above. The student will remain in Texas during the state testing window and complete the grade level mandated state tests.

<b>Student Name</b>	
<b>Student Signature</b>	
<b>Parent Signature</b>	
<b>Date</b>	
<b>Testing Location</b>	

## 2010-2011 Texas Minimum State Vaccine Requirements for Students Grades K-12



This chart summarizes the vaccine requirements incorporated in Title 25 Health Services, §§ 97.61-97.72 of the Texas Administrative Code (TAC).

This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services is granted authority to set immunization requirements by the Education Code, Chapter 38, Health & Safety, Subchapter A, General Provisions.

### IMMUNIZATION REQUIREMENTS

**A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.**

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level					NOTES
	K – 1 <sup>st</sup>	2 <sup>nd</sup> – 6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup> – 12 <sup>th</sup>	
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td) <sup>1</sup>	5 doses or 4 doses	5 doses or 4 doses	3 doses	3 doses	3 doses	5 doses of diphtheria-tetanus-pertussis vaccine; one dose must have been received on or after the 4 <sup>th</sup> birthday. However, 4 doses meet the requirement if the 4 <sup>th</sup> dose was received on or after the 4 <sup>th</sup> birthday. For students aged 7 years and older, 3 doses meet the requirement if one dose was received on or after the 4 <sup>th</sup> birthday.
Tetanus/Diphtheria/Pertussis (Tdap)			1 Tdap/Td booster <i>within last 5 years</i>	1 Tdap/Td booster <i>within last 10 years</i>	1 Tdap/Td booster <i>within last 10 years</i>	<b>For 7<sup>th</sup> grade:</b> 1 dose of Tdap is required if at least <b>5 years</b> have passed since the last dose of tetanus-diphtheria-containing vaccine. <b>For 8<sup>th</sup>-12<sup>th</sup> grade:</b> 1 dose of Tdap is required when <b>10 years</b> have passed since the last dose of tetanus-diphtheria-containing vaccine. Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.
Polio <sup>1</sup>	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses	4 doses of polio; one dose must be received on or after the 4 <sup>th</sup> birthday. However, 3 doses meet the requirement if the 3 <sup>rd</sup> dose was received on or after the 4 <sup>th</sup> birthday.
Measles, Mumps, and Rubella <sup>1,2</sup> (MMR)	2 doses	2 doses	2 doses	2 doses	2 doses	The first dose of MMR must be received on or after the 1 <sup>st</sup> birthday. For K and 1 <sup>st</sup> grade, 2 doses of MMR are required. For 2 <sup>nd</sup> – 12 <sup>th</sup> grade the requirement is 2 doses of a measles-containing vaccine, and one dose each of rubella and mumps vaccine.
Hepatitis B <sup>2</sup>	3 doses	3 doses	3 doses	3 doses	3 doses	For students aged 11-15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax) was received. Dosage and type of vaccine must be clearly documented. (Two 10 mcg/1.0 ml of Recombivax).
Varicella <sup>1,2,3</sup>	2 doses	1 dose	2 doses	2 doses	1 dose	The first dose of varicella must be received on or after the first birthday. 2 doses are required for K, 1 <sup>st</sup> , 7 <sup>th</sup> , and 8 <sup>th</sup> grade. 1 dose is required for all other grade levels. For any student who receives the first dose on or after 13 years of age, 2 doses are required.
Meningococcal			1 dose	1 dose		
Hepatitis A <sup>1,2</sup>	2 doses					The first dose of hepatitis A must be received on or after the first birthday.

<sup>1</sup> Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

<sup>2</sup> Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in place of vaccine.

<sup>3</sup> Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

## **Exemptions**

The law allows (a) physicians to write a statement stating that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools and child-care facilities should maintain an up-to-date list of students with exemptions, so they may be excluded from school in times of emergency or epidemic declared by the commissioner of public health.

**Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com)**

For children needing medical exemptions, a written statement by the physician should be submitted to the school.

## **Provisional Enrollment**

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

## **Documentation**

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.



# Home Schooling Transcript Page 1

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Grades Included:

City/State/Zip: \_\_\_\_\_

1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>

Grade	Subject	Course	Book/Materials Used	Credit Earned	Comments/Level of Mastery
1 <sup>st</sup>	Math				
	Science				
	English				
	Reading				
	Social Studies				
	Fine Arts				
	PE/Health				
	Technology				
	Other				
2 <sup>nd</sup>	Math				
	Science				
	English				
	Reading				
	Social Studies				
	Fine Arts				
	PE/Health				
	Technology				
	Other				
3 <sup>rd</sup>	Math				
	Science				
	English				
	Reading				
	Social Studies				
	Fine Arts				
	PE/Health				
	Technology				
	Other				
4 <sup>th</sup>	Math				
	Science				
	English				
	Reading				
	Social Studies				
	Fine Arts				
	PE/Health				
	Technology				
	Other				

# Home Schooling Transcript Page 2

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Grades Included:

City/State/Zip: \_\_\_\_\_

5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>

Grade	Subject	Course	Book/Materials Used	Credit Earned	Grade Earned	Comments
5 <sup>th</sup>	Math					
	Science					
	English					
	Reading					
	Social Studies					
	Fine Arts					
	PE/Health					
	Technology					
	Other					
6 <sup>th</sup>	Math					
	Science					
	English					
	Reading					
	Social Studies					
	Fine Arts					
	PE/Health					
	Technology					
	Other					
7 <sup>th</sup>	Math					
	Science					
	English					
	Reading					
	Social Studies					
	Fine Arts					
	PE/Health					
	Technology					
	Other					
8 <sup>th</sup>	Math					
	Science					
	English					
	Reading					
	Social Studies					
	Fine Arts					
	PE/Health					
	Technology					
	Other					

## Online Code of Conduct 2010 - 2011

### Introduction

Access to iQ Academy data and information, and access to IT accounts, systems, and applications, is based on your need for access and your consent to use that access appropriately. These services are integral to the operation of the school, and security and privacy laws and other school policies protect much of the information. Therefore, before you can be granted access, you must read and agree to follow these acceptable usage standards, and must accept responsibility to preserve the security and confidentiality of information that you access, in any form, including oral, print, or electronic formats. Read the information below carefully. It sets out user responsibilities.

### Passwords

Students and parents will all be issued user names and passwords to be used in accessing their courses and their school-provided e-mail accounts. Students and parents are required to keep their login information private. Passwords should never be shared with other iQ Academy students or with any individuals outside of iQ Academy. This information is used to identify a student or parent online and to help in the tracking of student progress. Students or parents who suspect that their login information has been accidentally compromised should contact the school office immediately to request a change of password.

### E-Mail Accounts

iQ Academy e-mail accounts are to be used for school-related communication only. Students and parents are also required to use their iQ Academy e-mail account for all school-related e-mail communication. Students and parents are required to check their school-assigned e-mail account on a daily basis for important communications from the school or from their teachers. Teachers will be identifying student e-mails by their assigned e-mail accounts, and so students should never use another student's webmail account for any purpose. Students or parents should report any problems with their school-assigned e-mail account to the school office or the technology support desk by phone for prompt assistance.

### Internet Safety

iQ Academy provides a secure, password-protected online learning environment for students. All course materials are located within this system. At times, teachers will provide students links to appropriate internet sites for students to do additional research or exploration. At no time will an iQ Academy teacher or staff member direct students to an internet site with sexually explicit or other inappropriate internet content. Students should only access internet sites that are approved by iQ Academy.

Parents need to be vigilant in monitoring their child's internet use. Laptop computers that are loaned to students have internet filtering software loaded on them that will block inappropriate internet content. iQ Academy recommends that parents providing a home computer for their student to use purchase internet filtering software for their home computer to provide internet protection for times when parents may not be working directly with their student. Some practices that can help keep students safe when working online include: keeping student work areas in a public area of the home where their internet use can be more easily monitored, talking with your child about the importance of keeping their

personal information private, to only visit internet sites approved by iQ Academy, make use of internet filtering and other programs that track student access to the internet so that parents can periodically review their child's web surfing habits. Students or parents who have concerns about internet sites that are required for school should feel free to contact the school office or the student technical support team to report the issue for prompt response.

### **Submission or Posting of Inappropriate Content**

Students are not allowed to submit, post, write about, or otherwise promote any inappropriate content in any of their courses, in the iQ Commons area of the learning management system or on iQuad. This includes drug-related content, sexually explicit content, or anything that violates laws or the generally accepted standards of school appropriateness.

### **Virtual Classroom Conduct**

In order for a virtual classroom session to be educationally effective for students, all students should abide by a standard set of rules. The following rules govern student conduct in the virtual classroom:

- Students' written and oral communications must be free of vulgar, belittling, or offensive language.
- Students must abide by rules established by the course instructor.
- Students must comply with usage instructions communicated orally or in writing by the instructor.

Students who violate the virtual classroom rules of conduct will be warned by the instructor to correct their behavior. If the student does not comply with the instructor's instructions, he/she will be removed from the virtual classroom for the rest of the session.

### **Use of Language and Images**

Students must not use vulgar, obscene, abusive or demeaning language, writing, pictures, signs or acts in written or oral communications, including email, discussion board, virtual classroom, student websites, or in photographs. Students are prohibited from posting content from or links to suggestive, lewd or otherwise inappropriate websites.

### **Personal Respect**

Administrators, instructors and students know that personal respect is the foundation of learning. Language, comments, or images that show a lack of respect for individuals or groups will lead directly to disciplinary action.

### **Defiance**

Students should follow the requests of school staff; failure to do so is defiance toward school personnel or rules. Defiance is defined as defying instructions of school personnel, the bold resistance of school authority, and/or contemptuous behavior or attitude that is manifested by breaking of school rules. Acts of defiance may result in disciplinary action.

### **Harassment, Intimidation and Bullying**

No one should be subjected to harassment at school for any reason. Therefore, it is school policy that all students will deal with all persons in ways which convey respect and dignity. Harassment in the form of name-calling, taunting, gestures, intimidation, conduct, jokes, pictures, slurs or ridicules are prohibited. Such conduct referencing or directed at an individual or group that demeans that

person/group on the basis of race, ethnicity, religion, gender, sexual orientation, creed, age, disability or other extraneous factors is prohibited and shall be grounds for disciplinary action.

The School has a zero tolerance policy towards intimidation, harassment, bullying and/or fighting. Intimidation, harassment, bullying, fighting and racial and/or sexual harassment are violent acts against others. These behaviors cannot be tolerated, and the natural consequence is to be barred from interactions with others. The School will promptly and thoroughly investigate reports of harassment and bullying, whether of a physical or of a nonphysical form. If it is determined that either has occurred, the School will act appropriately within the discipline codes of the school and will take reasonable action to end bullying.

### **Usage Responsibilities**

The following points detail your responsibilities as you access, use, or handle information or information technology (IT) at iQ Academy.

#### **Secure Usage**

- Be mindful that different computer systems and applications provide different levels of protection for information, and seek advice on supplemental security measures, if necessary. For example, a mobile laptop provides inherently less protection than a desktop computer in a locked room.
- Respect the school's information and system security procedures (i.e., never attempt to circumvent or "go around" security processes).
- Make appropriate use of the tools provided (e.g., virus detection, training, etc.) to uphold the security of the school's IT systems and applications, and the confidentiality of information stored on them.
- Take steps to understand "phishing attacks," computer viruses, and other destructive software, and take steps to protect your accounts from such threats (e.g., never reply to emails asking for account passwords or passphrases, never open unsolicited email attachments, never click unknown links, use virus scanning software, etc.).
- Secure unattended computers (e.g., log off, lock, or otherwise make inaccessible), even if you will only be away from the computer for a moment.

#### **Legal Usage**

- Use information and IT for legal purposes only.
- Respect and comply with all copyrights and license agreements.
- Never use your access to information or IT to harass, libel, or defame others.
- Never damage equipment, software, or data belonging to others.
- Never make unauthorized use of computer accounts, access codes, or devices.
- Never monitor or disrupt the communications of others, except in the legitimate scope of your assigned school duties.
- Report unauthorized access to, inadequate protection of, and inappropriate use, disclosure, and/or disposal of information, immediately to your school office.

**Ethical Usage**

- Access institutional information only in the conduct of school business and in ways consistent with furthering the school's mission of education and public service.
- Use information and IT in ways that foster the high ethical standards of the school.
- Never use information or IT to engage in academic, personal, or research misconduct.
- Never access or use institutional information (including public directory information) for your own personal gain or profit, or the personal gain or profit of others, without appropriate authorization.
- Respect the confidentiality and privacy of individuals whose records you may access.

**Facilitative Usage**

- Never cause community or shared resources to be inaccessible or unusable.
- Use shared information technology resources efficiently.
- Regularly delete unneeded files and information from your accounts.
- Never send mass email (i.e. unsolicited bulk email or spam) without appropriate approval.
- Never send or respond to chain email.

**Disciplinary Action**

Failure to comply with these standards will be dealt with seriously, and may result in disciplinary actions, including but not limited to withdrawal from iQ Academy.

**Assent**

To be entrusted with access to iQ Academy data and information, and access to IT accounts, systems, and applications, new or continuing students and affiliates must accept these responsibilities and standards of acceptable use. By accepting these terms, you agree to follow these rules in all of your interactions.

I have read, understand, and agree to abide by the practices outlined in this agreement.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Parental/Guardian Release for Use of Student Information/Photos

This release permits iQ Academy Texas to use the following items for publication on the school website, in school brochures, and in other school promotional materials:

1. Photos/video of your child taken at school events/activities or during student interviews.
2. Information submitted in your child's Application for Admission to iQ Academy Texas including, but not limited to, short-answer essays, student goals and expectations. Other information pertaining specifically to your child that is protected by the Federal Educational Rights and Privacy Act (FERPA) will not be used in these materials.
3. Student/parent comments and questions submitted or expressed to iQ Academy Texas during the student interview, at school events/activities, via e-mail or other correspondence, phone calls, or other communication with iQ Academy Texas.

If you wish to revoke this release at any time, you must do so in writing.

---

Student Name:

---

Parent Name:

---

Parent/Guardian Signature:

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

I do not wish to sign this release. (Please fill in student name and parent name.)

## Middle School Course Selection

To help you choose appropriate courses we have included a sheet that outlines which courses are typically taken at each grade level. If you would like to see a detailed course description you can go to <http://www.igacademytx.com/curriculum/index.php>. There you should be able to find and open the Course Catalog.

Last		Grade Level '10-'11	
First		Date of Birth	

Once your course selections are received, a counselor will look over them with your transcripts and then respond to you. Please be sure to include all information requested on this form.

### Physical Education

Did you successfully complete a physical education or athletic credit?

	Yes	No
6 <sup>th</sup> Grade Semester 1	<input type="checkbox"/>	<input type="checkbox"/>
6 <sup>th</sup> Grade Semester 2	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Grade Semester 1	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Grade Semester 2	<input type="checkbox"/>	<input type="checkbox"/>
8 <sup>th</sup> Grade Semester 1	<input type="checkbox"/>	<input type="checkbox"/>
8 <sup>th</sup> Grade Semester 2	<input type="checkbox"/>	<input type="checkbox"/>

**Please NUMBER all elective choices by preference (1 = First Choice, 2 = Second Choice, etc.)**

### 6<sup>th</sup> Grade

- \_\_\_\_\_ Art
- \_\_\_\_\_ Music
- \_\_\_\_\_ Career Explorations
- \_\_\_\_\_ World Language Survey
- \_\_\_\_\_ Health

### 7<sup>th</sup> Grade

- \_\_\_\_\_ Art
- \_\_\_\_\_ Music
- \_\_\_\_\_ Career Explorations
- \_\_\_\_\_ World Language Survey
- \_\_\_\_\_ Spanish 1A
- \_\_\_\_\_ Digital Photography
- \_\_\_\_\_ Computer Applications 1
- \_\_\_\_\_ Computer Applications 2
- \_\_\_\_\_ Health

### 8<sup>th</sup> Grade

- \_\_\_\_\_ Art
- \_\_\_\_\_ Music
- \_\_\_\_\_ Career Explorations
- \_\_\_\_\_ Digital Photography
- \_\_\_\_\_ Computer Applications 1
- \_\_\_\_\_ Computer Applications 2
- \_\_\_\_\_ World Language Survey
- \_\_\_\_\_ Spanish 1A
- \_\_\_\_\_ Spanish 1B
- \_\_\_\_\_ Spanish 1
- \_\_\_\_\_ Latin 1
- \_\_\_\_\_ French 1
- \_\_\_\_\_ Health

### **6<sup>th</sup> Grade**

Language Arts  
Math  
Science  
Social Studies  
Physical Education  
2 semester- long electives

### **7<sup>th</sup> Grade**

Language Arts  
Math  
Science  
Social Studies  
Physical Education  
3 or 4 semester electives

### **8<sup>th</sup> Grade**

Language Arts  
Math  
Science  
Social Studies  
4 semester electives or 2 year electives

### **Middle School Electives**

Career Explorations  
World Language Survey  
Art 6, 7, 8  
Music 6, 7, 8  
Health 6, 7, 8

#### 7<sup>th</sup> and 8<sup>th</sup> only

Digital Photography  
Computer Applications I  
Computer Applications II  
Spanish 1A\*

#### 8<sup>th</sup> only

Spanish 1\*  
Spanish 1B\*  
French 1\*  
Latin 1\*

\*Year – long elective

## School Year 2010-2011 Computer Option

---

Beginning School Year 2010-2011, students will be given the opportunity to either use the school's laptop or their home personal computer to access their course work. Many of our families have expressed interest in using their own computer so they do not need to be responsible for the iQ laptop. If you decide you would like to use your home computer, we will mail you a resource CD to upload the supplemental software at no fee. Please check one of the options below:

- My child, \_\_\_\_\_, will be using the school's laptop to access their school work. *Please fill out the 2010 -11 Technology Use Agreement included with this letter, and provide required insurance and parent identification.*
  
- My child, \_\_\_\_\_, will be using his/her personal computer to access their school work. My personal computer has met the minimum requirements outlined below.

### PC or Macintosh Hardware Requirements

- PC Operating System: Windows XP Service Pack 2 or Windows Vista
- Mac Operating System: Mac OS X 10.3 or higher
- 256K of RAM or higher
- Sound card with speakers or a headset
- Internal microphone or USB microphone
- CD-ROM or DVD drive
- Keyboard and mouse or compatible pointing device

### If you are choosing to use your home computer, please answer the following questions:

Do you have a PC or a Macintosh computer? \_\_\_\_\_

What is your Operating System: e.g., Windows XP, Vista, or OS X? \_\_\_\_\_

Do you have word processing software: e.g., Microsoft Word? \_\_\_\_\_

**Parent / Guardian's Name (please print):** \_\_\_\_\_

**Parent / Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **iQ Academy Texas Enrollment Agreement**

A student enrolled in iQ Academy Texas has access to all the tools needed to be successful. iQ Academy teachers and support staff will be there every step of the way, but parents and students also have some responsibilities to ensure a successful iQ experience. We have outlined those responsibilities below, and in order to make sure that students and parents understand their roles, we are asking for your names and signatures below. Please keep a copy for your records and return the signed copy with your other enrollment paperwork. We look forward to another successful year at iQ Academy Texas!

Student Name: \_\_\_\_\_

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

### Parent and Student Responsibilities

- Identify a work space that allows for quiet concentration
- Commit to participating in required student orientations at the beginning of the school year
- Arrange for transportation to mandatory state testing sessions, including benchmarks, around the state
- Create a learning schedule that allows for 25-30 hours per week of dedicated school time
- Attend regularly scheduled Elluminate sessions weekly making-up any missed sessions within 1 week of the scheduled session
- Provide a reliable internet connection before school starts, and identify a back up internet plan in case of service interruptions
- Report any missing textbooks or materials to the school immediately
- Report technical problems to the iQ Academy Help Desk immediately to receive timely assistance
- Contact course instructors first on any questions related to course content, assignments, exams or grades
- Check my assigned iQ email account on a regular basis (parents at least once per week, students every day) to receive communications and progress reports from the school
- STAY ON PACE with weekly assignments, tests, and quizzes.
- Participate in all required state testing preparation such as Study Island, tutorial Elluminate sessions, and benchmark testing
- Contact the school if my student will be unable to participate in classes for more than 3 consecutive days
- Return iQ textbooks, software and/or supplementary materials upon request to avoid charges
- Contact the school with my telephone number or address changes in a timely manner so I will continue to receive regular communications from iQ

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

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_