



## Global Village Academy STUDENT REGISTRATION

5720 State Rd. Parma, OH 44134 ♦ Phone: (216) 767-5956 ♦ Fax: (216) 767-5653 ♦ [office@gva.school](mailto:office@gva.school) ♦ [www.globalvillageacademy.net](http://www.globalvillageacademy.net)

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### Registration Packet

Parents or legal guardians must register their children prior to being admitted into Global Village Academy.  
Please complete and/or provide copies of the following documents:

1. **Annual \$225 School Fee:** Due immediately to secure your child's seat (\$50 non-refundable administrative fee)
2. **Registration Forms:** Attached papers must be filled out completely
3. **Signed Parent/Student Handbook Agreements:** Will be provided once registration documents are completed
4. **Birth Certificate:** Copy of student's original Birth Certificate, plus an English translation (*if not in English*)
5. **Social Security Card:** Copy of student's Social Security card to verify number (*if student has one*)
6. **Driver's License:** State ID, Driver's License, or Passport of parent/guardian registering student
7. **Proof of Residency:** Must provide at least **one of the following documents.**  
The document must include parent's/guardian's full name, full address of residence, and a date.
  - a) Current deed, mortgage, lease, or property tax bill
  - b) Home owner's or renter's insurance declaration page
  - c) Utility bill or receipt of utility issued within 90 days of enrollment
  - d) Paystub issued to the parent within 90 days of enrollment that indicates the address of residence
  - e) The most recent bank statement issued to the parent that indicates the address of residence
8. **Physical Examination:** signed by the child's physician, including the following
  - a) Vision Screening
  - b) Hearing Screening
  - c) Current Immunization Record
  - d) Allergy Information
9. **Court Order of Custody (*if applicable*):** Stamped, certified copy establishing custody or guardianship
10. **Transcripts/Records Request (*if applicable*):** Completed and signed for transfer students

**As the parent or legal guardian of the child being registered, you have a continuing responsibility to inform Global Village Academy of any change of residence, email address, phone number, or legal custody.**

#### Age Limitations:

**Kindergarten:** Student must be **five years old** on or before **August 1<sup>st</sup>** in the school year they are enrolling.  
**First Grade:** Student must have successfully completed Kindergarten.

Global Village Academy is an equal opportunity provider and employer.



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**Instructions:** Please print using a **black or blue ballpoint pen**. Complete all pages, sign and date the last page.

**STUDENT INFORMATION**

1. Legal *Last* Name \_\_\_\_\_ Legal *First* Name \_\_\_\_\_
2. Legal *Middle* Name \_\_\_\_\_ 3. Grade \_\_\_\_\_ 4. Gender:  Female  Male
5. Birthdate (*Month/Day/Year*) \_\_\_\_\_ 6. City of Birth \_\_\_\_\_
7. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 8. Mother's Maiden Name \_\_\_\_\_
9. Citizen Status:  US Citizen  Resident Alien  Non-Resident Alien  Refugee  Other \_\_\_\_\_
10. Race/Ethnic Category: Is the student Hispanic/Latino?  Yes  No
11. Racial Group (*check one or more of the following*):  
 White  Black  Asian  Native American or Alaskan Native  Native Hawaiian or Other Pacific Islander
12. Home Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
13. GVA Language and Cultures Class Choice (*select ONE*):  Ukrainian  Spanish

**LANGUAGE USAGE SURVEY**

Per Ohio Law: If a language other than English is indicated, your student will be referred for an English language proficiency assessment to determine if they qualify for English Language Learner services. Answers to these questions ensure your child receives the education services to succeed in school.

14. In what language(s) would your family prefer to communicate with the school? \_\_\_\_\_
15. What language did your child learn first? \_\_\_\_\_
16. What language does your child use the most at home? \_\_\_\_\_
17. What languages are used in your home? \_\_\_\_\_
18. In what country was your child born? \_\_\_\_\_
19. Has your child ever received formal education outside of the United States?  Yes  No
  - If yes, how many years/months? \_\_\_\_\_
  - If yes, what was the language of instruction? \_\_\_\_\_
20. Has your child attended school in the United States?  Yes  No
  - If yes, when did your child first attend a school in the US (*Month/Day/Year*)? \_\_\_\_\_
21. Any additional information to help us understand your child's language experiences and educational background:



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**FAMILY INFORMATION**

**Parent/Legal Guardian #1**

22. Legal *Last* Name \_\_\_\_\_ 23. Legal *First* Name \_\_\_\_\_

24. Relationship to student \_\_\_\_\_ 25. Email Address \_\_\_\_\_

26. Home Address (*if different from student*) \_\_\_\_\_ Apt # \_\_\_\_\_

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

27. Primary Phone No. \_\_\_\_\_ Type:  Home  Cell  Work

28. Secondary Phone No. \_\_\_\_\_ Type:  Home  Cell  Work

29. Employment \_\_\_\_\_

30. Member of the Armed Forces on active duty or full-time National Guard?  Yes  No

**Parent/Legal Guardian #2**

31. Legal *Last* Name \_\_\_\_\_ 32. Legal *First* Name \_\_\_\_\_

33. Relationship to student \_\_\_\_\_ 34. Email Address \_\_\_\_\_

35. Home Address (*if different from student*) \_\_\_\_\_ Apt # \_\_\_\_\_

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

36. Primary Phone No. \_\_\_\_\_ Type:  Home  Cell  Work

37. Secondary Phone No. \_\_\_\_\_ Type:  Home  Cell  Work

38. Employment \_\_\_\_\_

39. Member of the Armed Forces on active duty or full-time National Guard?  Yes  No

**Additional Information**

40. Parents are:  Married  Divorced  Separated  Never Married  Other \_\_\_\_\_

41. Student Lives With (*check one*):

Mother & Father  Mother ONLY  Father ONLY  Mother/Stepfather  Father/Stepmother

Grandparent(s)  Ward of Court  Other \_\_\_\_\_

42. *If applicable*, Court Ordered Placement/Legal Custody Arrangements (*must provide copies of legal documents*):

Joint Custody  Mother ONLY  Father ONLY  Guardian  Foster Parent



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**SIBLINGS**

43. Please list any siblings.

<i>Sibling Name</i>	<i>Age</i>	<i>Gender</i>	<i>School (if in school)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMERGENCY CONTACTS**

**In an emergency, the parents/guardians listed on the previous page will be called first. By listing a name or names in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.**

**Emergency Contact #1**

44. Full Name \_\_\_\_\_ 45. Relationship to Student \_\_\_\_\_

46. Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

47. Primary Phone No. \_\_\_\_\_ Type:  Home  Cell  Work

48. Secondary Phone No. \_\_\_\_\_ Type:  Home  Cell  Work

**Emergency Contact #2**

49. Full Name \_\_\_\_\_ 50. Relationship to Student \_\_\_\_\_

51. Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

52. Primary Phone No. \_\_\_\_\_ Type:  Home  Cell  Work

53. Secondary Phone No. \_\_\_\_\_ Type:  Home  Cell  Work



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**PREVIOUS SCHOOL INFORMATION**

54. School Name \_\_\_\_\_ 55. Grades & Years Attended \_\_\_\_\_

56. Address \_\_\_\_\_ 57. City \_\_\_\_\_ 58. State \_\_\_\_\_

59. Special Programs and Services:

- Does your student have a current Individualized Education Plan (IEP)?  Yes  No
- Does your student have a current Section 504 Plan?  Yes  No
- Does your student have a Reading Improvement Monitoring Plan (RIMP)?  Yes  No
- Is your student in a Talented and Gifted Program?  Yes  No
- Is your student in an English as a Second Language or ELL Program?  Yes  No

60. General Standing Questions:

- Has your student ever been retained?  Yes  No      What grade level? \_\_\_\_\_
- Has your student ever skipped a grade?  Yes  No      What grade level? \_\_\_\_\_
- Has your student ever been suspended?  Yes  No      When? \_\_\_\_\_
  - Please Explain: \_\_\_\_\_
- Is your student now under expulsion or scheduled for an Expulsion Hearing?  Yes  No
  - Please Explain: \_\_\_\_\_

**STUDENT MEDICAL INFORMATION**

**School staff need to know if your student has a medical condition for which they may require assistance during the school day. Remember to advise the school of any changes in information.**

61. Doctor's Name (optional) \_\_\_\_\_ 62. Phone No. (optional) \_\_\_\_\_

63. Preferred Hospital \_\_\_\_\_

*Emergency Medical Services (EMS) makes the final decision for site of best available care when serious illness, accident or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.*

64. Any current medical conditions:  Yes  No

Allergies \_\_\_\_\_

Life Threatening?  Yes  No

Asthma

Heart Disease

Seizure Disorder

Diabetes:  Type I  Type II

65. Any other special health needs the school should be aware of? \_\_\_\_\_



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**REGISTRATION AGREEMENT**

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**By signing this form, I agree that all the information provided in this registration packet is true. I certify that the student's name listed on the first page is his/her legal name and that I/we have legal custody. I will notify Global Village Academy immediately of any changes that may occur.**

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

Parent Name (PRINT) \_\_\_\_\_

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

Global Village Academy recognizes the diversity and worth of all individuals and groups and their roles in society. It is the policy of the Global Village Academy Board of Education that there will be no discrimination or harassment of individuals or groups on the grounds of age, color, creed, disability, marital status, national origin, race, religion, sex or sexual orientation in any educational programs, activities or employment.



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**REQUEST FOR TRANSFER FOR STUDENT RECORDS**

**RECORDS OF:** \_\_\_\_\_  
*Student Name* \_\_\_\_\_ *Grade* \_\_\_\_\_ *Date of Birth* \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ *Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

**RELEASED FROM:** \_\_\_\_\_  
*School/Agency*

\_\_\_\_\_ *Address*

\_\_\_\_\_ *City, State, Zip*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RELEASE TO:** **Global Village Academy**  
**Attn: Registrar**  
**5720 State Road**  
**Parma, OH 44134-2594**

**Phone: (216) 767-5956 FAX: (216) 767-5653**

*Please include all items listed below:*

- \_\_\_ Transcripts/Academic Grades (current and prior years)
- \_\_\_ Standardized Test Scores (State Tests, MAPS, etc.)
- \_\_\_ IEP/ETR or 504 Plan
- \_\_\_ Reading Improvement Monitoring Plan
- \_\_\_ Records of Interventions/Extra Services (LEP, Title I, etc.)
- \_\_\_ Other, please specify \_\_\_\_\_

*I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and I understand that I have the right to receive a copy, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.*

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Date* \_\_\_\_\_