



Cirrus Academy Charter School  
New Student Registration  
2020-2021 School Year

**REQUIRED ITEMS**

- o Birth Certificate
- o Social Security Card (or Waiver if requested)
- o Immunizations - GA Form 3231
- o Hearing, Vision, Dental Screening - GA Form 3300
- o Parent Government Issued Picture ID
- o Last Official Report Card and Withdrawal Form with current grades
- o Completely filled out registration packet

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**OFFICE USE ONLY:**

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

Last School Attended \_\_\_\_\_

City & State: \_\_\_\_\_

Records Requested (initial): \_\_\_\_\_ Records Received (initial): \_\_\_\_\_

**Contact Information**

Office: 478-250-1376 Fax: 478-787-4995



ENROLLMENT FORM  
2020-2021

FOR SCHOOL USE ONLY	
Date Registered:	Grade
Student ID Number:	GTID Number

Student Information

Student's Legal Name: \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (Middle)

Preferred Name: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(voluntary)

Place of Birth: \_\_\_\_\_ Country of Birth \_\_\_\_\_  
If born outside of U.S.A., date entered school in the U.S.A.? \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a temporary residence? \_\_\_ Yes \_\_\_ No Apartment Complex Name: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Information

List any medical conditions of the student: \_\_\_\_\_

Does this student have any life-threatening food or insect allergies?\_Yes\_No  
If YES, what are they? \_\_\_\_\_

Does this student have any dietary restrictions?\_Yes\_No  
If YES, describe restrictions: \_\_\_\_\_

Does this student have any other allergies?\_Yes\_No  
If YES, describe: \_\_\_\_\_

Medications taken by student at home: \_\_\_\_\_

Medications taken by student at school: \_\_\_\_\_

Note: To administer medication at school, the parent/guardian must complete the Assistance with Medication Form. Student may not transport medication to or from school. For more information, please contact the school nurse.

Ethnicity/Race

Please answer both parts of this two-part question. This information is required by federal regulations. (As per federal requirements, if you choose not to complete part of all of this section, the school is mandated to identify and assign a race and/or ethnicity to the student through an observer identification process.)

1. Is the student Hispanic or Latino? (Check one)     No, not Hispanic/Latino     Yes, Hispanic/Latino
  
2. Please select student's race(s) from the list below (Choose one or more that apply)
 

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	

### Enrolling Parent/Guardian Information

Enrolling Parent/Legal Guardian	Other Parent/Legal Guardian
Last Name: _____ First Name: _____ Middle Initial: _____ Relationship to Student: _____ Address: _____  City: _____ Zip Code: _____ Home Phone Number: _____ Work Phone Number: _____ Cellular Phone Number: _____ Email Address: _____  Active Duty U.S. Armed Forces? Yes No  _____	Last Name: _____ First Name: _____ Middle Initial: _____ Relationship to Student: _____ Address: _____  City: _____ Zip Code: _____ Home Phone Number: _____ Work Phone Number: _____ Cellular Phone Number: _____ Email Address: _____  Active Duty U.S. Armed Forces? Yes No  Is student allowed contact with this person? Yes No

### Custody Information

Who has legal custody?  
 Both Parents     Father     Mother     Grandparent(s)     Guardian(s)     Ward of Court  
 Independent (Copy of court order or other legal documents may be required.)

Student lives with ...  
 Both Parents     Father     Mother     Grandparent(s)     Guardian(s)     Foster Parent(s)  
 Alone     Other Relative(s)     Other, please explain: \_\_\_\_\_

Parent/Guardian is on active military duty:     Yes     No

### Student Enrollment History

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Did your student attend Bright From the Start Pre-K Program?  Yes  No County: \_\_\_\_\_  
Has this student previously attended another school?  Yes  No

If yes, list any previously attended schools and list dates (example: 01/01/2013)

Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dates of Attendance: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dates of Attendance: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Dates of Attendance: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Has This Student Received Any of These Services?

English to Speakers of Other Languages/ESOL English as Second Language (ESL)/ Bilingual  Yes  No  
Special Education  Yes  No Speech  Yes  No Title I  Yes  No

Gifted  Yes  No Remedial Education/Early Intervention (EIP)  Yes  No

RTI  Yes  No SST  Yes  No 504  Yes  No

Student is  CURRENTLY participating, or  PREVIOUSLY participated, or  HAS NEVER participated in any of the above listed special programs.

### Impaired/Handicapped Access

Does the student or any immediate family member need assistance due to a mobility impairment or require handicapped access?  Yes  No

If yes, please specify need: \_\_\_\_\_

### Transportation

This student will be a:

Walker in the Morning  Car Rider in the Morning  Day Care Van Rider in the Morning  
 Walker in the Afternoon  Car Rider in the Afternoon  Day Care Van Rider in the Afternoon

Additional transportation information if needed: \_\_\_\_\_

Do NOT release my child to the following person(s):

1. \_\_\_\_\_  
2. \_\_\_\_\_

### Home Language Survey

Which language does your child most frequently speak at home? \_\_\_\_\_

Which language do adults in your home most frequently use when speaking with your child? \_\_\_\_\_

Which language(s) does your child currently understand or speak? \_\_\_\_\_

Does parent/guardian speak/read English?  Yes  NO

Please note that students whose language is other than English are screened to determine their level of proficiency in English, in accordance with federal requirements.

Would you prefer to receive information your child's academic progress in English?  Yes  No

If no, in what language would you prefer to receive information? \_\_\_\_\_

### Suspension/Expulsion Status

Is the student currently serving a term of suspension/expulsion from another school?  Yes  No

If yes, at what school? \_\_\_\_\_

in which school district? \_\_\_\_\_

Reason for suspension/expulsion:

### List Others In Your Household Who are Cirrus Academy Charter School Students

Name

Grade

Your Relationship to the Student

### Parent/Guardian Certifications

Please read and initial the following:

\_\_\_\_ I am authorized to enroll this student, and understand that in compliance with O.C.G.A. 20-2-780 that having

enrolled the student, I am the only person who can withdraw the student, unless a court order applies.

The address listed on this form is the physical location where the student actually resides.

I have provided the student's Georgia Certificate of Immunization (Form 3231) – OR – agree to provide Form 3231 within the time specified on the Notification of Waiver form.

This student is NOT currently on suspension or expulsion status from another school.

I understand that this student's enrollment is pending receipt of all disciplinary records from any prior schools attended.

I understand that if this student is being provisionally enrolled in \_\_\_\_\_ grade without all required documentation, this student is being provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher assigned, type of instructional setting and any other changes that the school administrators deem necessary, especially regarding emergency arrangements to fulfill compliance requirements. I will assume financial responsibility for all changes to the above. I understand in the event of an extreme emergency, the closest doctor or medical facility will be utilized.

### Parent/Guardian Signature

My relationship to the student is:

Parent

Legal Guardian (documentation needed)

Person having lawful Court Order (copy required)

Other (NON-Parental Affidavit required)

Self/Student (must be 18 years or older)

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Registered

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



# REQUEST FOR RECORDS

**The student named below is enrolling at Cirrus Academy Charter School.**

**Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Current Grade Placement:** \_\_\_\_\_

Releasing School / Agency	Requesting School / Agency
<b>School/Agency:</b> _____	<b>School/Agency:</b> <u>Cirrus Academy Charter School</u>
<b>Address:</b> _____	<b>Address:</b> <u>1870 Pio Nono Avenue</u>
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	<b>City:</b> <u>Macon, GA 31204</u>
<b>Phone:</b> _____	<b>Phone:</b> <u>(478) 250-1376</u>
<b>Fax:</b> _____	<b>Fax:</b> <u>(478) 259-0582 Attention: Registrar</u>

Please mail the following records for enrollment.

**Note: According to Georgia DOE Board Rule 160-5-1-.14, schools must mail or deliver requested records within 10 calendar days of receipt of request. Schools shall not withhold any student record because of nonpayment of fees.**

<input type="checkbox"/> <b>Withdrawal Form</b> <input type="checkbox"/> <b>Attendance (Georgia Law)</b> <input type="checkbox"/> <b>Eye, Ear, Dental (Georgia Law)</b> <input type="checkbox"/> <b>Speech Records</b> <input type="checkbox"/> <b>Transfer Grades</b> <input type="checkbox"/> <b>EIP/Title/Remedial Records</b> <input type="checkbox"/> <b>Special Education Records</b> (IEP; Eligibility; Psychological Evaluation or Reports; GAA Portfolio)	<input type="checkbox"/> <b>Birth Certificate</b> <input type="checkbox"/> <b>Current Transcript</b> <input type="checkbox"/> <b>Gifted Records</b> <input type="checkbox"/> <b>Summer School Grades</b> <input type="checkbox"/> <b>504 (active or inactive)</b> <input type="checkbox"/> <b>State Test Scores</b> <input type="checkbox"/> <b>RTI Records (Reading/ELA)</b> <input type="checkbox"/> <b>RTI Records (Math)</b> <input type="checkbox"/> <b>RTI Records (Behavior)</b>	<input type="checkbox"/> <b>Social Security Card (copy)</b> <input type="checkbox"/> <b>Immunization Certificate</b> <input type="checkbox"/> <b>Discipline Records with Notes</b> <input type="checkbox"/> <b>Student Support Team Records</b> <input type="checkbox"/> <b>Psychological Reports (not special ed)</b> <input type="checkbox"/> <b>Report Cards from previous school terms</b> <input type="checkbox"/> <b>All other records</b>
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**Note: According to Georgia Department of Education policy, personally identifiable data utilized in making and maintaining placement in special education programs may be transferred to another school system (in or out of state) which the child plans to attend. Note: If your office does not house this information, please forward this request to the appropriate personnel.**

<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>NO</b>	<b>Is this student currently serving a suspension or expulsion from another school?</b>
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>Has this student been indicted or had information filed in court, or has this student been convicted of or adjudicated of having a felony or any delinquent act which would be a felony if committed by an adult?</b>

*If you answered yes to either question above, please provide the reason and terms for suspension, expulsion, adjudication, or conviction.*

**Parental Consent: My consent is given for my child's records and/or all other pertinent information to be released to Cirrus Academy Charter School. All information obtained will be kept strictly confidential. I give permission for Cirrus Academy Charter School to obtain verbal clarification on any information received.**

\_\_\_\_\_  
**Parent/Guardian Printed Name** **Parent/Guardian Signature** **Date**



# FAMILY HOUSEHOLD DATA FOR STUDENT INFORMATION SYSTEM DATABASE

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

**Date of Birth:** \_\_\_\_\_ **Current Grade Placement:** \_\_\_\_\_

**Section 1: Primary Household (household in which students on this form reside the majority of the time)**

**Household LastName Only:** \_\_\_\_\_ **Primary Telephone Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Name of Subdivision or Apartments:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Primary Household Parent/Guardian (check one) <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother	Primary Household Parent/Guardian (check one) <input type="checkbox"/> Father <input type="checkbox"/> Step-Father
<b>Name:</b> _____	<b>Name:</b> _____
<b>Email Address:</b> _____	<b>Email Address:</b> _____
<b>Cell Phone:</b> _____	<b>Cell Phone:</b> _____
<b>Employer:</b> _____	<b>Employer:</b> _____
<b>Work Phone:</b> _____	<b>Work Phone:</b> _____
<b>Marital Status:</b> Married Single Divorced Separated	<b>Marital Status:</b> Married Single Divorced Separated

**Section 2: Non-Household Address, if applicable [Applies to parent(s) not living at the same residence as student(s)]**

Non-Household Parent/Guardian (check one) <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother	Non-Household Parent/Guardian (check one) <input type="checkbox"/> Father <input type="checkbox"/> Step-Father
<b>Name:</b> _____	<b>Name:</b> _____
<b>Physical Address:</b> _____	<b>Physical Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Mailing Address:</b> _____	<b>Mailing Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Email Address:</b> _____	<b>Email Address:</b> _____
<b>Primary Telephone Number:</b> _____	<b>Primary Telephone Number:</b> _____
<b>Cell Phone:</b> _____	<b>Cell Phone:</b> _____
<b>Employer:</b> _____	<b>Employer:</b> _____
<b>Work Phone:</b> _____	<b>Work Phone:</b> _____
<b>Marital Status:</b> Married Single Divorced Separated	<b>Marital Status:</b> Married Single Divorced Separated



**Section 3: Student Information (Include new students enrolling and currently enrolled students)**

Please provide the names of all students residing in the primary household, along with the date of birth and relationship to each Parent/Guardian (i.e. son, daughter, step-son, step-daughter, granddaughter, grandson, sister, brother, etc.)

Student Name	Date of Birth	Relationship to Primary Household Parent/Guardian	Relationship to Non-Household Parent/Guardian

If there are custody issues that prevent any of the previously indicated parent(s)/guardian(s) from having access to the student(s) listed above, please provide details. If such restrictions apply to a natural parent or legal parent/guardian, court documentation must be provided.

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The following people have permission to pick up my child(ren) from school without further contact from me and in the event of an emergency when the Parent/Guardian cannot be reached. (If registering more than one student and emergency contacts differ, please see the Registrar/Secretary. If an emergency contact has more than one phone number (e.g., home phone and cell phone), please use two different contact boxes. Do not put any of the names previously listed as Parent/Guardian in the following spaces. **NOTE: Only Emergency Contacts are able to pick up students from school. Picture ID will be required.**

Name	Phone Number	Relationship to Student

*I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge and that if called upon to testify, I would be competent to testify.*

Name of Person Completing Form:

Printed Name

Signature

Date



# MCKINNEY-VENTO HOMELESS ASSISTANCE ACT

## TITLE X, PART C

This form is intended to address requirement of the McKinney-Vento Homeless Assistance Act, Title X, Part C in the determination of student eligibility for services.

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

Date of Birth: \_\_\_\_\_ Current Grade Placement: \_\_\_\_\_

Please answer the following questions:

1. Is your family's home address a temporary living arrangement?  Yes  No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No
3. As a student, are you living with someone other than your parent or legal guardian?  Yes  No

If you've answered YES to any of the above questions, please complete the remainder of this form. If you've answered NO to all of the above questions, you may stop here.

Please list all of your pre-school and school-aged children:

Student's Name	Date of Birth	Grade
1. _____		
2. _____		
3. _____		

4. \_\_\_\_\_  
 Current residence of the student(s) listed above (check the box next to the that applies)

<input type="checkbox"/> In a motel/hotel	<input type="checkbox"/> In a shelter	<input type="checkbox"/> Transitional housing
Name of motel/hotel: _____	Name of shelter: _____	Name of transitional housing: _____

With more than one family in a house or apartment      Moving from place to place      In a location not designed for sleeping accommodations such as a car, park or campsite.

Are your circumstances due to a fire?  Yes  No  
 How long have you lived at this residence? \_\_\_\_\_  
 How long do you plan to live at this residence? \_\_\_\_\_  
 Will the student(s) need transportation to attend school from this residence?  Yes  No  
 Address for transportation: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_

Parent/Legal Guardian/Designated Adult or Unaccompanied Youth Contact Information (please print):  
 Full Name: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_  
 Emergency Contact Name and Phone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge and that if called upon to testify, I would be competent to testify.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



## MEDIA RELEASE FORM

I \_\_\_\_\_, agree to grant Cirrus Academy Charter School and Cirrus Education Group, Inc. the right to use photo and/or video images and sound for use as news and/or educational programs including but not limited to videos that promote civic responsibility in whole or in part for any currently known media or media to be developed.

I agree to release Cirrus Academy Charter School and Cirrus Education Group, Inc. from any and all claims, damages, and liabilities and costs I now or might have regarding my appearance in association with news stories and/or educational programs.

I hereby release all rights that I, my heirs, or assigns might have now or in the future to all or part of the said production, including but not limited to the publishing, printing, development, editing, and use in newspapers and other forms of print media, broadcasting, cablecasting, webcasting, podcasting, video on demand, or any other public or private presentation or screening purposes by Cirrus Academy Charter School and Cirrus Education Group, Inc.

I knowingly and willingly waive any and all rights or entitlements, including payments for my appearance or for the subsequent distribution of the products related to this program.

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**Student's Name (Print)**

**Signature**

**Date**

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**Guardian/Parent's Name (Print)**

**Guardian/Parent's Signature (if you are a minor)**

**Date**

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**Cirrus Academy Charter School Representative**

**Date**



Georgia Department of Education

Richard Woods, Georgia's School Superintendent  
"Educating Georgia's Future"

School District: \_\_\_\_\_

District Completed: \_\_\_\_\_

**Parent Occupational Survey**

Please complete this form to determine if your child(H'D) qualifies to receive additional services under Title I, Part C

Has your family moved in order to work in another city, county, or State in the last 12 months ( 3 ) years? D Yes D No

If so, what is the date your family arrived in the city/town you reside? \_\_\_\_\_

Has anyone in your immediate family been involved in one of the following occupations; either full or part-time or temporarily during the past three(3) years? (Check all that apply)

- 1) Agriculture; planting/picking vegetables or fruits including tomatoes, grapes, onions, strawberries, blueberries, etc.
- 2) Planting, growing, or cutting trees (pulpwood)/raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meatprocessing/Seafood
- 6) Fishing or fish farms
- 7) Other(Please specify occupation) \_\_\_\_\_

Name of Student(s) \_\_\_\_\_

Name of School \_\_\_\_\_

Grade \_\_\_\_\_

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

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

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

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank You!

Please return this form, to the address below

The address below is for the Title I, Part C Program. If you are unable to reach the address below, please contact the Title I, Part C Program at the address below.

Note: If you are unable to reach the address below, please contact the Title I, Part C Program at the address below. If you are unable to reach the address below, please contact the Title I, Part C Program at the address below.

GaDOE Region 1, P.O. Box 780, West Lake, Georgia 30087  
Toll free (800)621-5217 Fax (912)412-5544  
GaDOE Region 2 MEP, 221 N. Peachtree Street, Atlanta, Georgia 30303  
Toll free (866) 505-3182 Fax (229) 546-31251



## Parent/Volunteer Background Process

All volunteers who work with the children must adhere to a background check via Verified Volunteer. Please follow the instructions below.

Go to the Verified Volunteers website, <https://app.verifiedvolunteers.com/Mains/Home> and click "Create" an Account under the Candidates section on the right.

Follow the directions to create your online credentials. Please make note of your credentials, as we do not have access to them.

Click "Get Verified" to begin the process.

Input the Good Deed code of **qy4qviv** on the left side of the page and click "Submit".

Enter your personal information and click "Continue" to proceed to the next page. Enter your current address and click "Continue".

Read and acknowledge your rights and understanding of this background check process via Verified Volunteers.

Enter your payment information, as this process does carry a fee of \$23.00.

Please contact April Dean, Parent Engagement Coordinator, [April.Dean@cirrusacademy.org](mailto:April.Dean@cirrusacademy.org), should you have any questions or need additional information.

**For Office Use Only**  
Verified Volunteer \_\_\_\_\_  
Background Check \_\_\_\_\_  
A \_\_\_\_\_ D \_\_\_\_\_ Hold \_\_\_\_\_  
Notification Sent \_\_\_\_\_



**VOLUNTEER APPLICATION**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

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

Employer: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Grades Preferred: K - 3 \_\_\_\_\_ 4 - 6 \_\_\_\_\_ 7 - 8 \_\_\_\_\_

Type of Volunteer Service(s) Preferred:

Tutoring - Math \_\_\_\_\_ Special Events \_\_\_\_\_ Festivals \_\_\_\_\_

Kindergarten Reading Group \_\_\_\_\_ Lunchroom Monitor \_\_\_\_\_

Music Assistant \_\_\_\_\_ Media Assistant \_\_\_\_\_ Fundraisers \_\_\_\_\_

P.E. Assistant \_\_\_\_\_ Clerical – Office \_\_\_\_\_

Clinic Helper \_\_\_\_\_ Classroom Assistant \_\_\_\_\_

Morning or Afternoon Dismissal \_\_\_\_\_

Children Enrolled in Cirrus Academy Charter School:

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

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

How often would you like to volunteer? \_\_\_\_\_

**Please return this completed form to April Dean, Parent Engagement Coordinator.**