

Northridge Academy
4100 West Coldwater Rd.
Flint, MI 48504
Ph: 810-785-8811
Fx: 810-785-9844

Dear Parent or Guardian:

Thank you for choosing **Northridge Academy!**

As a charter public school, we are pleased to offer you a **free, quality** choice for your child's education.

Enclosed you will find a student registration packet. Completing the enclosed packet is the first step to applying for enrollment at Northridge Academy. This packet contains very important documents, including permission forms, special placement forms, medication notification and emergency procedure information. Please read these forms carefully, complete them thoroughly and return this packet to the main office.

We are pleased you have chosen our academy for your child and look forward to working with you and your student to achieve educational excellence.

Please have the following documents ready to submit **before** the student's first day of school:

- Original Birth Certificate
Students entering Kindergarten MUST be 5 no later than November 30, 2020
- Updated Immunization Record
- Parent/Guardian State ID/Driver's License
- Most Recent Report Card (**For students entering grades 1-8**)
- Behavior Record for last 2 years (**For students entering grades 1-8**)
- Most recent IEP (**If applicable**)
- Hearing/Vision Screen (**For students entering Kindergarten**)
- Proof of Guardianship (**If applicable**)

STUDENT REGISTRATION

Sec. 3314.041. The governing authority of each community school and any operator of such school shall distribute to parents of students of the school upon their enrollment in the school the following statement in writing:

"School Name is a community school established under Chapter 3314 of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administration or the Department of Education."

STUDENT INFORMATION

Last name _____ First name _____ Middle name _____ Home telephone _____
 Address _____ Apartment # _____ City _____ State _____ ZIP _____
 Was this student born outside of the U.S.? _____ If born outside of the U.S., when did the student attend a U.S. school? _____
 City of birth _____ Grade _____ Sex M or F (circle one) Birth date ____/____/____ Social Security # _____

PREVIOUS SCHOOL INFORMATION

Name of last school attended _____ Dates attended ____/____/____ - ____/____/____ Telephone number _____
 City _____ State _____ ZIP _____ School district in which parent or guardian lives _____

FAMILY INFORMATION

	Last name	First name	Employer	English proficient	Other language spoken and/or read	Daytime phone	Evening phone
Father				Yes or No			
Mother				Yes or No			
Step-parent				Yes or No			
Guardian				Yes or No			
Guardian				Yes or No			

Student lives with: check 1

Information on other children in home

Parents	
Father & stepmother	
Mother & stepfather	
Mother only	
Father only	
Guardians	
Court-appointed guardians	
Foster parents	

Name of other children in home	Birth date	Grade

Ethnicity - please check the box that applies to this student (optional)

- Native American or Aleutian
 Asian or Pacific Islander
 African American
 Hispanic/Latino
 Caucasian, non-Hispanic origin

Language spoken in home? _____ Is child proficient in English? Yes or No Other language child speaks and/or reads _____

Signature of Parent/Guardian _____ Date Enrolled _____

FOR SCHOOL USE ONLY

Date enrolled _____ Date records requested _____ Date records received _____ Student ID # _____ Homeroom teacher _____

Copy of birth certificate? Yes or No Social Security card? Yes or No 2 forms of proofs of residency? Yes or No

EMERGENCY PROCEDURE CARD

Date of admission		Date of release		Grade	
Child's name <i>(including last, first, middle initial)</i>			Child's address <i>(including house number and street, building/apartment number)</i>		
Child's date of birth	Home phone number ()	City		State	ZIP Code

Residency information

Student lives with *(please circle one)* parents, mother, father, stepmother, stepfather, other *(explain)*:

Father's/legal guardian's name			Mother's/legal guardian's name		
Home address <i>(if not child's address)</i>			Home address <i>(if not child's address)</i>		
City	State	ZIP Code	City	State	ZIP Code
Employer name			Employer name		
Employer address			Employer address		
City	State	ZIP Code	City	State	ZIP Code
Employer phone number ()	Hours of employment a.m. to p.m.		Employer phone number ()	Hours of employment a.m. to p.m.	

Contact instructions

Please indicate whom we should contact in case of an emergency *(other than parent)*:

1 st choice:	Daytime phone:	()
	Alternate phone:	()
2 nd choice:	Daytime phone:	()
	Alternate phone:	()
Doctor:	Office phone:	()
	Alternate phone:	()

Name(s) of person other than parent or legal guardian to whom child may be released:

Please indicate whom we should contact in case of an early dismissal *(other than parent)*:

1 st choice:	Daytime phone:	()
	Alternate phone:	()
2 nd choice:	Daytime phone:	()
	Alternate phone:	()

Are there any restrictions on your child's activities at school? Yes or No If Yes, please explain.

Is there any medical information/concern you would like to share with the school which might help better serve your child? This information is confidential.

In case of separated or divorced parents, are there any legal restrictions on the release of child to either parent? If so, provide a copy of formal documentation to keep in your child's file.

Emergency instructions

- I give permission to Achieve Career Preparatory Academy to secure emergency medical and/or surgical treatment for the above named minor child while in its care.
- I do not give permission to Achieve Career Preparatory Academy to secure emergency medical and/or surgical treatment for the above named minor child while in its care.

Hospital preferred in case of emergency: Phone: ()

Health insurance policy name and number:

Allergies:

Signature of Parent or Guardian Date

REQUEST FOR RELEASE OF STUDENT RECORDS

Please forward the transcript(s) of _____, born ____/____/____
(print student's full name) (birth date)

who enrolled in grade _____ at **Northridge Academy** on ____/____/____
(date)

It is requested that information about courses taken, grades earned to the date of withdrawal, standardized test results, parent-teacher conferences, health records, psychologist reports and other important data be included.

In addition, if the student had a 504 plan or was receiving special education services, please forward these records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

The parent or guardian who has signed below has been informed of this transfer request and grants permission for the information to be sent.

Thank You,
Northridge Academy

Send records to:

Northridge Academy
4100 West Coldwater Rd.
Flint, MI 48504

Parents

Please sign and complete the information below as a request for release of your child's student records.

Name and address of school last attended:

School Name: _____

Address: _____

City: _____

State: _____ ZIP _____

Phone: (____) _____ - _____

Signature of Parent or Guardian

Date

AFFIRMATION OF PRIOR DISCIPLINE RECORD

Check the appropriate box, provide all appropriate information and sign this document.

I affirm that the information provided here is true and that any false statement may result in forfeiting my child's enrollment privileges at **Northridge Academy**.

- The undersigned affirms that _____
has not been suspended or expelled from any school.
- The undersigned affirms that _____
has been suspended or expelled from a school.

If the student has been suspended or expelled, please provide the school name, date of suspension and/or expulsion, along with a detailed description of the incident(s).

Signature of Parent or Guardian

Date

Signature of School Name Staff Member

Date copy sent for verification

Former school district

Name and address of responding school district:

School Name: _____

Address: _____

City: _____

State: _____ ZIP _____

Phone: (_____) _____ - _____

Please check one:

- According to our records, we verify that the information provided above by the parent/student **is** correct.
- According to our records, the information provided above by the parent/student **is not** correct. Appropriate documentation of suspensions and/or expulsions is attached.

Signature and title of sending district administrator

Date

NATIONAL SCHOOL LUNCH PROGRAM NOTIFICATION

Northridge Academy participates in the National School Lunch Program (NSLP). The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. The program was established under the National School Lunch Act, signed by President Harry Truman in 1946.

To find out if your student qualifies for free or reduced lunch rates for the 2020-2021 school year, please request the appropriate paperwork from the **Northridge Academy** office. Forms and guidelines will be available after July 1, 2020.

FOR SCHOOL USE ONLY

Date of follow-up contact with parent to complete paperwork ____/____/____ (if registration packet completed before July 1, 2020)

*Free and reduced lunch paperwork for the 2020-2021 school year **must** be included with registration packets distributed after July 1, 2020.
Do not use paperwork from the 2020-2021 school year.*

INCLUSIVE EDUCATION

IDEIA 2004 states that, to the maximum extent appropriate, children with disabilities should be educated with children who are not disabled. Special classes, separate schools or other removal of children with disabilities from the regular educational environment should occur only when the nature or severity of the disability of a child is such that education within regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Northridge Academy embraces this philosophy, believing that special education students can best be educated in the regular classroom. Our teachers accept responsibility for all students in their classroom and modify, accommodate and adjust teaching techniques and classroom activities to meet the learning abilities of all children.

Please indicate on the Special Education Records Request form in this registration packet if your child has an Individual Education Plan in place. You will receive an invitation from the intervention specialist or resource teacher to attend an IEP meeting, if necessary, within the first month of your child's enrollment at our academy.

The following signature indicates that I understand the instructional philosophy of the school.

Signature of Parent or Guardian

Date

The academy is participating in an effort to identify, locate and evaluate all children who may have disabilities. For more information regarding assistance for students with disabilities or if you suspect a child may have a disability, please contact the school leader.

SPECIAL EDUCATION RECORDS REQUEST

Please complete this form for all new students who were enrolled in special education at their previous school. This request will then be forwarded to the special education department of your child's previous school district.

Student Name _____ Grade _____ Date of Birth ____ / ____ / ____

Parent(s) Name _____ Phone Number _____

Address _____ City _____ ZIP _____

Previous District Attended _____ School Building: _____

Address: _____ City: _____ State: _____ ZIP _____

Phone: (____) _____ - _____

Disability _____

District Contact Person _____ Phone _____

Date of last Individual Education Plan _____ *(please attach a copy)*

Please sign below so that we may request your child's special education records, including all evaluation reports, Multidisciplinary Team Reports and Individual Education Plans.

I grant permission for **Northridge Academy** to receive the special education records for my

child _____ from _____ school district.
(please print name) *(please print name)*

Signature of Parent or Guardian _____ Date ____ / ____ / ____

FOR SCHOOL USE ONLY

Date form forwarded to special education teacher ____ / ____ / ____

Date records requested from previous school ____ / ____ / ____

Date records received from previous school ____ / ____ / ____

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that **Northridge Academy**, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, **Northridge Academy** may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures.

The primary purpose of directory information is to allow **Northridge Academy** to include this type of information from your child's education records in certain school publications.

Examples include:

A playbill, showing your student's role in a drama production;
The annual yearbook;
Honor roll or other recognition lists;
Graduation programs; and
Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks.

If you do not want **Northridge Academy** to disclose directory information from your child's education records without your prior written consent, you must notify the District.

Northridge Academy has designated the following information as directory information:

Student's name	Major field of study
Participation in officially recognized activities and sports	Dates of attendance
Weight and height of members of athletic teams	Grade level
Photograph	The most recent educational agency or institution attended
Degrees, honors, and awards received	
Date and place of birth	

Military Recruiter Notification (*applicable only to students enrolling in grades 11 and 12*)

School Name shall provide military recruiters the same access to high school students as is provided generally to higher education institutions, community colleges and prospective employers.

If you do not want your student's name, address and telephone listing released to armed forces recruiters, please complete the following portion of this form. Your statement of objections will be placed in your child's records and we will not release this information to military recruiters without your written consent.

Do not release the name, address and telephone listing for my student, _____, to military recruiters without my prior written consent.

Name of Student (*please print*)

Signature of Parent or Guardian (*or student if 18 years or older*)

_____/_____/_____
Date

MEDIA RELEASE

Please check the boxes of the items you would like to allow your child to participate in and sign below.

News Information Release

There may be times during the school year when the academy, The Leona Group, news media or others wish to photograph or videotape your child at **Northridge Academy** for use in print, video, Internet or other communications methods.

I give my permission to **Northridge Academy** to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used for display or in promotional material in a variety of mediums for the academy or its management company, The Leona Group, and/or in local media coverage of academy events.

Communication Release

There may be times during the school year when the academy, The Leona Group or others wish to identify your student by name and grade in newsletters, publications or yearbooks.

I give my permission to **Northridge Academy** and its management company, The Leona Group, to identify my child by name and grade in newsletters, publications or yearbooks.

Artwork Release

There may be times during the school year when the academy, The Leona Group, news media or others wish to use artwork created by your child at the academy for use in print, video, internet or other communications methods.

*I give my permission to **Northridge Academy** to provide information concerning school activities with my child to the general news media. I also give my permission for my child's name, portrait, picture or voice to be used (both now and in the future) for display or in promotional material in a variety of mediums for the academy or its management company, The Leona Group, and/or in local media coverage of academy events.*

*I acknowledge that subsequent to the date my child ceases to be enrolled at **Northridge Academy** , I may revoke the foregoing grant of permission by providing **Northridge Academy** , with specific written notice of such revocation.*

Student's Name *(please print)*

Signature of Parent or Guardian

Date

MEDICATION

Physicians may find it necessary to prescribe medication to be given during school hours. If your child is taking any medication it must be dropped off at the school office by the parent, accompanied by the primary care physician's written instructions. **A form is available in the main office to have filled out by your primary care physician.**

Such medication must be in its original container and accompanied by the physician's written instructions, containing the following information:

1. Student's name
2. Name of prescribing doctor
3. Name of medication
4. Instructions such as dosage and time to be given

Student's Name _____ Birth Date _____

Name of Medication _____ Diagnosis/Purpose of Medication _____

Form of Medication Tablet/Capsule Liquid Inhaler Injection Nebulizer Other _____

Dosage _____ Frequency _____ Time _____

How is medication to be administered? _____

Should the school be aware of any adverse reactions or precautions?

Home Phone _____ Emergency Phone _____

Doctor's Name _____ Doctor's Phone _____

The undersigned parent/guardian authorizes **Northridge Academy** through its administrators and/or staff to administer medication or to supervise the taking of medication by my child.

It is understood that the undersigned parent/guardian shall immediately notify school personnel in writing in the event the prescription shall be discontinued or modified. Refills of the prescription shall be the responsibility of the parent/guardian.

Further, the undersigned shall release and indemnify **Northridge Academy** and its employees from any liability or damage which may result from the administration of said medication as prescribed by the physician.

Signature of Parent or Guardian

Date

IMMUNIZATION

State law prohibits a principal or teacher from admitting new entrants to school without a record of having received at least one dose of each of the following: measles, mumps, rubella, polio, diphtheria, tetanus, pertussis and hepatitis B. Children who have not received the required immunizations will be excluded from school until parents provide proof that all required immunizations have been received or until the school has a waiver on file. To remain in school, parents must provide the school with a record showing that the student has received all of the following immunizations:

Immunization schedule

Immunization	Ages 4 – 6	Ages 7-18
Diphtheria, Tetanus and Pertussis*	4 doses are required. If a dose was not given on or after the 4 th birthday, a booster dose of DTP is required. Most children will have 5 doses.	4 doses are required. If a dose was not given in the last 10 years, a booster dose of Td is required.
Polio	3 doses are required. If the last dose was not given on or after 4 th birthday, a booster dose is required. Most children will have 4 doses.	3 doses are required.
Measles, Mumps and Rubella	2 doses are required. The 1 st dose must be given on or after the 1 st birthday. The 2 nd dose must be given at least 28 days from the 1 st dose.	2 doses are required. The 1 st dose must be given on or after the 1 st birthday. The 2 nd dose must be given at least 28 days from the 1 st dose.
Hepatitis B	3 doses are required. Minimum of 28 days between 1 st and 2 nd doses; minimum of 56 days between 2 nd and 3 rd doses; minimum of 4 months between 1 st and 3 rd doses; and 3 rd dose must be administered on or after 24 weeks or 168 days of age.	
Varicella (Chickenpox)**	1 dose required on or after 1 st birthday.	1 dose required if received on or after the 1 st birthday but prior to the 13 th birthday OR 2 doses required, administered at least 28 days apart, if the child received the 1 st dose on or after the 13 th birthday.

* Children ages 4-6 must have 4 doses of pertussis. DT is only accepted if a signed waiver is on file for that particular dose of pertussis vaccine.

** Reliable history of chickenpox vaccine is acceptable in lieu of the vaccine

Student's immunization records

Please complete this table if it is not possible to make copy of Student's Immunization Record. Make two copies, send original to **Northridge Academy** and keep one for your records.

Immunization	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
Diphtheria					
Tetanus					
Pertussis					
Polio					
Measles					
Mumps					
Rubella					
Hepatitis B					
Varicella (Chickenpox)					

Immunization waiver

A parent or guardian wishing to exempt his/her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. That child will be subject to exclusion from the school or program if an outbreak of a vaccine-preventable disease to which s/he is susceptible occurs.

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should s/he contract a disease that could have been prevented through proper vaccination.

I object to having my child immunized against the diseases I have checked below:

- | | | | | |
|-------------------------------------|------------------------------------|----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Measles | <input type="checkbox"/> Rubella | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Polio | <input type="checkbox"/> Mumps | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Other _____ |

Reason: _____

Student's Name (PLEASE PRINT)

Signature of Parent or Guardian

Date

MILITARY CONNECTED STUDENTS

In accordance with the Every Student Succeeds Act (ESSA), schools are required to identify and report if a student is a dependent of a parent or a legal guardian who is a member of the Armed Forces, on active duty. The Armed Forces will include the following: Air Force, Air National Guard, Army, Army National Guard, Coast Guard, Marine Corps, and Navy.

Please check the appropriate box below, provide all appropriate information and sign this document.

	<p>Student Name _____ is not a dependent of an active duty member of the Armed Forces (Air Force, Air National Guard, Army, Army National Guard, Coast Guard, Marine Corps, and Navy).</p>
	<p>Student Name _____ is a dependent of an active duty member of the Armed Forces (Air Force, Air National Guard, Army, Army National Guard, Coast Guard, Marine Corps, and Navy). Please provide (print) the name(s) of the active duty parent(s) or guardian(s): _____ _____</p>

Please inform **Northridge Academy** if the above information changes.

Signature of Parent or Guardian

Date

INTERNET ACCEPTABLE USE POLICY

Prior to receiving authorization to use the Internet, students and their parents/guardians must sign the following permission and contract document.

Parents

I give permission for my child to participate in the use of the Internet, a worldwide telecommunications network. I realize that (s)he will be able to access major networks throughout the world using the Internet. I understand that this access is designed and intended for educational purposes only. I also understand that the student will receive instruction in the appropriate use of this resource.

I realize the Internet contains material that is inappropriate for school purposes. I support the school's position that students are responsible for not accessing such material. Such unacceptable use of the network will result in the suspension of all privileges. I will not hold **Northridge Academy** accountable for unsuitable materials acquired by the student through Internet usage for school.

I acknowledge that I have read the Internet Acceptable Use Policy.

Student's Name *(please print)*

Signature of Parent or Guardian

Date

Students

I will abide by the Internet Acceptable Use Policy. I understand that the Internet contains material inappropriate for school use and, therefore, will take personal responsibility not to access this material. I recognize that it is impossible for **Northridge Academy** to prevent access to all controversial materials, and I will not hold them responsible for materials found or acquired on the network. I further understand that any violation of the regulations in this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and appropriate school discipline and/or legal action may be taken.

Student's Name *(please print)*

Grade

Signature of Student

Date

HOME LANGUAGE SURVEY

Student's Name _____ Grade _____ Date of Birth ____/____/____

Parent(s) Name(s) _____ Phone Number _____

Address _____ City _____ ZIP Code _____

What was the first language your child learned? _____

What language does the family speak at home most of the time? _____

What language does the parent(s) speak to his/her child most of the time? _____

What language does the child speak to his/her parent(s) most of the time? _____

What language does the child speak to his/her brother/sister most of the time? _____

What language does the child speak to his/her friends most of the time? _____

Can an adult family member or extended family member speak English? _____

Can they read English? _____

What languages, other than English, are spoken in the home? _____

Was your child receiving help with English in their previous school? _____

Do the parents/guardians request oral and/or written communication from the school in English? _____

If no, in what language? _____

Comments:

Signature of Parent or Guardian

Date

STUDENT RESIDENCY

By completing this questionnaire, you help the school comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the school identify services that the student may be eligible to receive.

Student's Name _____

Date of Birth _____ Age _____ Sex Male Female

Parent(s) Name _____ Phone Number _____

Address _____ City _____ ZIP Code _____

1. Where is the student living now? *(check one box)*

- In a shelter
- In a car
- In a motel or hotel
- In a trailer park or campsite
- With more than one family in a house or apartment
- With friends or family members other than parent or guardian
- None of the above

If you checked the box marked "None of the above" you do not have to complete the remainder of this form. Please sign below and return a copy of this form to the school office.

2. Does the living arrangement marked in Question 1 result from a loss of housing or economic hardship?

- Yes No Unsure

3. The student lives with:

- 1 parent
- 2 parents
- 1 parent and another adult
- A relative, friend(s) or other adult(s)
- Alone with no adults
- An adult who is not the parent or legal guardian

Signature of Parent or Guardian

Date

FOR SCHOOL USE ONLY

- Student not covered by McKinney-Vento Act
- Student covered by McKinney-Vento Act
- Follow-up required

Contact person at the student's school who may know of the family situation:

Name _____ Phone number _____

FAMILY FEEDBACK

Date _____/_____/_____

Thank you for choosing **Northridge Academy** . We are committed to serving our families in a pleasant and courteous manner. Please take a few minutes to complete this brief questionnaire. Your feedback is very important and your responses will be kept confidential.

How did you hear about **Northridge Academy** ?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Radio commercial | <input type="checkbox"/> Flier | <input type="checkbox"/> Saw building or sign |
| <input type="checkbox"/> Newspaper article | <input type="checkbox"/> TV commercial | <input type="checkbox"/> Postcard in mail | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Website | <input type="checkbox"/> Billboard | <input type="checkbox"/> Referral , friend or relative | |
| <input type="checkbox"/> Re-enrolling | <input type="checkbox"/> Facebook | <input type="checkbox"/> Billboard | |

What words would you use to describe why you and your child chose **Northridge Academy** ?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Quality education | <input type="checkbox"/> Safe, secure building | <input type="checkbox"/> Family-oriented | <input type="checkbox"/> Curriculum focus |
| <input type="checkbox"/> Caring staff | <input type="checkbox"/> Transportation | <input type="checkbox"/> Good reputation | <input type="checkbox"/> Diverse student body |
| <input type="checkbox"/> Small school atmosphere | <input type="checkbox"/> Uniforms | <input type="checkbox"/> Best option available | <input type="checkbox"/> No other choice |
| <input type="checkbox"/> Close to my home | <input type="checkbox"/> School leader | <input type="checkbox"/> Attention given to student and family needs | |

If you called for information, was the call answered promptly in a friendly and courteous manner?

- Yes
 No, please explain: _____

If you requested information via the school Website, was your request answered promptly in a friendly and courteous manner?

- Yes
 No, please explain: _____

If you visited the school for information, were you greeted promptly in a friendly and courteous manner?

- Yes
 No, please explain: _____

Were all of your questions regarding the school answered to your satisfaction?

- Yes
 No, please explain: _____

Other comments:

Please use this area to share any other comments you have.

MISSION STATEMENT

Northridge Academy provides learning experiences in a safe, caring, and respectful environment that is second to none. The academy will employ best practices to produce well-educated, compassionate students ready to compete in a global society.

VISION STATEMENT

Northridge Academy will provide an exciting learning environment that utilizes the entire community as its classroom while successfully preparing students for current and emerging 21st century opportunities.

I, _____, parent of _____
support the mission, vision and educational goals of **Northridge Academy** .

Signature of Parent or Guardian

Date