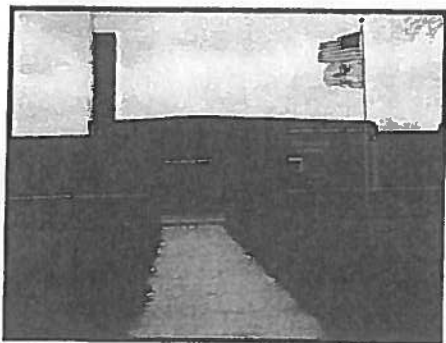


Eisenhower Academy Application/Admission Process



Admission and Registration Requirements

Applications for incoming first through fifth grades will be taken from November through March. Applications are used for the following school year only. If a student is not accepted, a new application should be completed for the next school year.

A parent must contact the school office for an application packet. The packet will include not only the **Application**, but also a **Registration Form**, **Parent Survey**, and a copy of the **Partners in Learning Agreement** that will be signed by all parties upon

acceptance to the program. The application packet must be filled out and returned to the school office prior to March 23rd of the preceding year.

Prospective first grade students must be six years old on or before September 1st of the school year in which they are entered. The child's birth certificate will be needed as proof of age upon acceptance to Eisenhower Academy. Three proofs of residency and child's social security number will be required at the time of testing in May.

Information regarding testing for incoming first graders is mailed home during the month of April. Generally during the first week of May, all first grade applicants are invited to Eisenhower and given informal assessments by our first grade selection committee. For second through fifth grade students, test data will be requested from their current school. However, if additional information is needed for the selection process, we may request that your child come in for further assessment.

Criterion for Admission to Eisenhower Academy

The Academy Program considers students for admission who demonstrate grade level or above skills along with positive behavior. All students are considered on an individual basis. Once the application packet and teacher information have been received, and the first grade informal testing is completed, the following information will be reviewed:

- Informal testing completed by selection committee (incoming 1st grade only)
- PARCC test scores or equivalent (incoming 4th and 5th grade)
- STAR360 scores, if available (incoming 2nd, 3rd, 4th, and 5th grade)
- Fountas and Pinnell scores, if available (incoming 2nd, 3rd, 4th, and 5th grade)
- Teacher Survey
- Parent Survey
- Current Report Card
- Behavior
- Tardies/Attendance Days
- Other pertinent information as requested by principal

The Academy principal, along with a selection committee, collaborates to select incoming first through fifth grade students. Notification letters indicating the child's acceptance status to the Academy will be mailed in June. Siblings of students applying to or currently attending the Academy are not automatically accepted into the program. **Applications are held for one year only. If a student is not accepted, then the application process MUST start over for the next school year.**

Parents of students entering from out of district or private schools must supply a copy of their child's birth certificate, current report card, current school physical, and record of transfer. A signed Release of Records form will also be required to request records from the student's previous school as well as an Illinois State Transfer Form.

Should openings occur throughout the school year applications will be reviewed and students may be accepted and enter the Academy at the end of the first quarter of the current school year. No new students will be accepted after the first quarter.

Dismissal from Eisenhower Academy

Eisenhower Academy is a magnet school offered as a choice for students in District #86. In the process of filling out the application and signing the Partners in Learning Agreement, parents and students agree to follow all policies of Eisenhower Academy. Dismissal from the Academy program may result from the following:

- Eight referrals (PAWS) to the office
- Severe behavior concerns
- Not maintaining a "C" average (2.0 grade point)
- Parents not attending four parenting sessions
- Accumulation of 18 days of unexcused absences
- Chronic tardiness
- Ineffective growth in the Response to Intervention (RTI) process at the Tier 3 Level

Student I.D. _____
State I.D. _____

2018-2019

Eisenhower Academy Application for Admission

406 Burke Dr., Joliet, IL 60433

Phone: 815-723-0233

Fax: 815-740-5455

Please complete and return: Application, Registration Form (front and back), and Parent Survey. Return all completed forms to Eisenhower Academy no later than March 24, 2018.

PLEASE PRINT CLEARLY

Child's Name: _____ Phone: _____

Address: _____ Zip Code: _____

Birth Date: _____ Birth City/State: _____ Current Grade: _____

Mother's Name: _____ Martial Status: _____

Father's Name: _____ Martial Status: _____

Guardian (other than Parent): _____

Student lives with (check all that applies): ☐ Mother ☐ Father ☐ Guardian

Primary language spoken at home: _____

Ethnic (Check One): Gender:

☐ American Indian

☐ Male

☐ Asian

☐ Female

☐ Black

☐ Hispanic

☐ Multi-racial

☐ White

School Currently Attending: _____

Address: _____

(PLEASE GIVE COMPLETE ADDRESS IF ATTENDING A NON-DISTRICT #86 SCHOOL)

If your child is currently attending a non-district #86 school, has he/she ever attended school in District #86? If yes, name of school: _____

Letters for first grade testing will be sent home in April. Testing for all incoming first graders will be held in May.

Eisenhower Academy Grade 1 Parent Survey

Child's Name: _____ Birth Date: _____

Current School Attending: _____ Grade: _____

Parent(s) Name: _____

PLEASE COMPLETE ALL QUESTIONS LISTED BELOW

1. Does your child have a homework time and a quiet place to do his/her homework?

____Yes ____No

Explain:

2. How often do you and your child read for pleasure at home?

3. Does your child have consequences for behavior? ____Yes ____No

Explain:

4. What kind of problems do you have most often with your child?

Explain:

5. Check the characteristics below, if any, that apply to your child:

☐ cries easily

☐ does not like to share

☐ temper tantrums

☐ destructive

☐ daydreams

☐ Other (explain)

☐ sleeping problems

☐ fearful in new situations

☐ easily angered

☐ sucks thumb

☐ bites nails

☐ eating problems

☐ sulks

☐ whines

☐ jealous

☐ none of these

6. What, if anything, would you like your child's teacher to know about your child?

Eisenhower Academy

Parent Survey - Grades 2-5

Child's Name: _____ Birth Date: _____

Current School Attending: _____ Grade: _____

Parent(s) Name: _____

PLEASE COMPLETE ALL QUESTIONS LISTED BELOW

1. Does your child have a homework time and a quiet place to do his/her homework?

☐ Yes ☐ No

Explain:

2. How often do you and your child read for pleasure at home?

3. Does your child have consequences for behavior? ☐ Yes ☐ No

Explain:

4. What kind of problems do you have most often with your child?

Explain:

5. What, if anything, would you like your child's teacher to know about your child?

Eisenhower Academy
406 Burke Dr.
Joliet, IL 60433
815-723-0233

Joliet Public Schools District 86
420 N. Raynor Ave.
Joliet, IL 60434
815-740-3916

Student Registration Form

Please PRINT and COMPLETE all information accurately on both pages (front/back). RETURN PROMPTLY.

STUDENT INFORMATION:

Legal Name: _____ Grade: _____
First Middle Last
Birth Date: _____ Birth City/State: _____ Gender: Male / Female
Street Address: _____ Zip Code: _____
Mailing Address (if different from Above): _____ Zip Code: _____

FAMILY INFORMATION:

Primary Parent Living with Student Send Mailings in Spanish: Yes / No Head of Household: Yes / No

Name: _____ Relationship: _____ Martial Status: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Proper Mailing Name: _____ (Mr. / Ms. / Mr. & Mrs.)
Employer: _____ Phone: _____ Ext: _____
Spouse: _____ Relationship: _____ Martial Status: _____
Cell Phone: _____
Email Address: _____
Employer: _____ Phone: _____ Ext: _____

Alternate Parent (Parent NOT Living with Student):

Name: _____ Relationship: _____ Send Mailings: Yes / No
Address: _____ City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Employer: _____ Phone: _____ Ext: _____
Spouse: _____ Relationship: _____
Cell Phone: _____
Employer: _____ Phone: _____ Ext: _____
Comments: _____

**** ALERT ** DO NOT RELEASE CHILD TO:** _____

Is there a court order? Yes / No Is it Attached: Yes / No

(over)

Emergency Contacts (Please list 3 Emergency Contacts other than Parent):

1) Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Comments: _____

2) Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Comments: _____

3) Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Comments: _____

Please list all siblings living in your home regardless of age or current school enrollment:

<u>Name</u>	<u>Birth Date</u>	<u>Current School</u>	<u>Grade</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Federal and State Reporting Requirements:

Joliet District 86 has several Federal and State reports required to be completed throughout the year. Please circle below how you would like your child to be reported.

Ethnicity: Hispanic or Latino
Not Hispanic or Latino

Race (Circle as many as apply): American Indian/Native Alaskan
Asian
Black/African American
Native Hawaiian/Pacific Islander
Hispanic
White

Mother's maiden name: _____ **Primary language spoken in home:** _____

I understand that my child will **ONLY** be released to the individuals listed on this form. School staff may also call these individuals to pick up my child in the event of illness or emergency if I cannot be notified.

Parent Signature: _____ **Date:** _____

TO BE COMPLETED BY HOME SCHOOL SECRETARY ONLY
PREK through 8th TRANSPORTATION FORM

SPECIAL NEEDS _____/ADAPTATIONS Y N GEN ED _____ PARENT REQUEST _____

School _____ STUDENT I.D. _____ D.O.B. _____
(required)

Student Name _____ Grade _____ am ___ pm ___

Home Address _____ Joliet, IL Zip _____

Home &/or Cell Phone # _____ Parent Name _____

____ CARRIDER.- Parents will be responsible for transporting their child to and from school. Bus stops will not be assigned.
IN _____ OUT _____

____ BUS RIDER- transportation requests may take 3-5 days. Once the bus pass is received busing will start.
School stop assignments are done by the home address ONLY.

Alternate transportation requests

Alternate transportation requests may not be awarded due to these factors: school boundaries, home to school distance (1.5 or more) or bus route availability

HEADSTART/PICK UP ADDRESS FOR STUDENT (or headstart):

Street Address _____ APT # _____

Name of sitter _____ phone number _____

HEADSTART/DROP OFF ADDRESS FOR STUDENT:

Street Address _____ APT # _____

Name of sitter _____ phone number _____

Reason for the change or request.

Date _____ filled out by _____

faxed to: _____
(815 740 2819)