

STUDENT APPLICATION

**Canaan Community Development Corporation**

**2840 Hikes Lane**

**Louisville KY 40218**

**502-776-6369**

[**www.ccdcky.org**](http://www.ccdcky.org)

| Sons of Issachar academyApplication | | | |
| --- | --- | --- | --- |
| STUDENT Information | | | |
| Name: | | | |
| School: | Grade: | | Date of Birth: |
| Current address: | | | |
| City: | State: | | ZIP Code: |
| Phone: | Free or reduced lunch? Yes or No | | Transportation? |
| Parent Information | | | |
| Name: | | | |
| Address: | | | Cell Phone: |
| Work Phone: | E-mail: | | Fax: |
| City: | State: | | ZIP Code: |
| Relationship: | Additional phone: | |  |
| Emergency Contact | | | |
| Name: | | | |
| Address: | | | Phone: |
| City: | State: | | ZIP Code: |
| Relationship: | | | |
| Persons who can pick up students | | | |
| Name: | | | |
| Address: | Relationship: | | Phone: |
| Name: |  | |  |
| Address: | Relationship: | | Phone: |
| Student History (answer all that apply) | | | |
| Academic Problems: | | | |
| Learning Disabilities: | | | ECE: Yes or No |
| Medical Issues: Yes or No | If yes explain? | | Medication: |
| Emotional Problems: Yes or No |  | |  |
| Additional Information: |  | |  |
| Hobbies or Talents | | | |
|  |  | |  |
|  |  | |  |
| Additional After school activities | | | |
|  | |  | |
| Signatures | | | |
| I acknowledge all information is truthfully provided. I authorize the verification of all information for the purpose of the Sons of Issachar Academy. | | | |
| Parent or Guardian of applicant: | | | Date: |
| Signature of spouse (only if for a joint membership): | | | Date: |

## Walk Home/ TARC Permission Slip

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

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent or Guardian who authorized (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing this waiver: I authorize my child (listed above) to walk home from the Sons of Issachar Academy.

Please note that this permission slip grants permission for child to leave the after school program without an adult supervision. The student may walk home, bike home, ride public transportation unsupervised ONLY when a permission slip is signed and dated by the Parent of Guardian and is on file with CCDC. If we do not have the slip your child will NOT be released without authorized adult supervision. The Parent or Guardian will be contacted and asked to pick your child up from program.

**Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

## Photo Release

I hereby grant Canaan Community Development Corporation the absolute and irrevocable right and unrestricted permission to use, re-use, display, distribute, transmit, publish, re-publish, copy, or otherwise exploit, either in whole or in part, either digitally, in print, or in any other medium now or hereafter known, for any purpose whatsoever and without restriction, photographs taken of me, or my child who is enrolled in Sons of Issachar (SOI) which I may be included; to alter the same without restriction; and to copyright the same. I understand and agree that CCDC may or may not use my name in conjunction with the photo.

I hereby release and discharge CCDC, and its agents, representatives and assignees from any and all claims and demands arising out of/or in conjunction with the use of the photographs, and video including without limitations any and all claims for invasion of privacy, right of publicity, and defamation.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents. This release shall be binging upon me, my heirs, legal representatives and assigns.

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

**Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Permission to Access Parent Portal

The Jefferson County Public Schools (JCPS) Parent Portal is a secure Website that you can use to track your child’s progress in school. The goal of the Parent Portal is to create a better partnership and dialogue between JCPS parents and teachers. We hope that you will use it regularly and become a partner with us in your child’s education. The following are some of the things we can do on Parent Portal.

* View assigned lessons (middle and high school only)
* View daily grades
* View your child’s report card
* View your child’s class schedule

The staff of Sons of Issachar Academy needs your permission by allowing us to access your child’s daily homework and grades so that we may better assist them. Please print below your parent portal information so we may be able to look up grades and homework assignments. If you do not have that information please contact your child’s school. They will be able to guide you through retrieving the information needed.

**Username \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Password \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**