



SONS OF ISSACHAR

A C A D E M Y

STUDENT APPLICATION

Community Site Locations

Sons of Issachar @ Bates

Monday and Thursday

4:30pm-6:30pm

620 Lampton Street

Louisville, KY. 40203

502-636-0573

bates@soissachar.org

Sons of Issachar @ Burnett

Tuesdays

4:30pm-6:30pm

6800 S Hurstbourne Pkwy

Louisville, KY. 40291

502-491-8301

burnett@soissachar.org

Sons of Issachar @ Elim

Wednesdays

4:30pm-6:30pm

3114 Greenwood Ave

Louisville, KY. 40211

502-776-5993

elim@soissachar.org

Sons of Issachar @ 1st G

Thursdays 4:30pm – 6:30pm

Every 2nd Saturday 11:00am – 1:00pm

1159 Algonguin Pkwy

Louisville, KY. 40208

502-797-7100

1stg@soissachar.org

**SONS OF ISSACHAR ACADEMY
APPLICATION**

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

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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 or 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 binding 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 _____

Administrative Offices
P.O. Box 34020
Louisville, KY 40232-4020
(502) 485-3011
Fax: (502) 485-3991



*Community Partner Learning Place
Authorization to Release Education Records and Consent Form*

The students listed below are participating in the programs at _____, located at _____ hereafter referred to as the Organization. By signing this form, I am giving the Organization staff permission to communicate regarding services offered to me and/or my family, with the Jefferson County Public Schools (JCPS). I hereby authorize JCPS to release the education records of the students listed below to the Organization. The records to be released are the student's name, student ID number, school, address, grade level, State required assessment scores, classroom test scores, grades, attendance, suspensions, early childhood work sampling scores, kindergarten readiness, ACT scores, graduation readiness, college readiness, career readiness, senior transition, comprehensive school survey data, student login and password, and all instructional information gathered through computer-based intervention software. I understand that the Organization has agreed to keep these records confidential.

I understand that by authorizing the release of this information, it will be used for the sole purpose of providing and enhancing services to me, my family, and/or my child and to avoid duplication between the agencies. The disclosure of information will be limited to staff at the Organization and JCPS.

There may be times when JCPS, the Organization or the news media may take photographs (or other digital images) of students participating in activities. Those images may appear in JCPS's or the Organization's publications including electronic publications or in the news media for education related stories. By signing this form, I authorize JCPS and the Organization to use the name and image of the students listed below for these purposes and for the purpose of providing community recognition.

I understand that JCPS and the Organization are independent parties. I understand and agree that JCPS shall have no liability for the acts or omissions of the Organization, their employees and volunteers. I have read and understand the contents of this form. I have received a copy, and I agree to its provisions. I understand that I may revoke this authorization at any time by written request.

I understand that this authorization will remain in effect until revoked by me in writing and delivered to the address below.

Print Name of Parent/Guardian: _____
(or Student if 18 or over)

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Please print students' Name, Current School and Grade:

Original must be sent to Dr. Allene Gold, Volunteer Talent Center, VanHoose Education Center, 3332 Newburg Road, Louisville, KY 40218, copy kept on file at organization/agency and copy given to parent/guardian or eligible student.

