



Innovations Charter School
A Free Public Charter School

Application For
GRADES 6 - 9
2018 – 2019 School Year

www.imscharter.org

**Application for Admission:
Innovations Charter School**

located at:

2768 Hiawassee Rd, Orlando FL
Orlando, FL 32818
Corner of Hiawassee and Silver Star

School Phone: 407-440-2846
Enrollment Hotline: 407-429-4627 (ICS)
Academic Hotline: 954-EDUCATE (954-338-2283)
enroll@imscharter.org

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Innovations

Charter School of West Orlando

Innovations Charter School A Tuition Free Public Charter School Enrollment Form

Enrollment Date: _____ Current Grade: 6th 7th 8th 9th

Student's Name: Last: _____ First: _____ MI: _____ JR: SR:

Student's Gender: Male: Female: Race: W: B: H: A/PI: Am. Indian: Mixed:

Date of Birth: ___/___/___ City of Birth: _____ State: _____

Social Security #: _____ Orange County Student #: _____

Address: _____ Apt. #: _____ Bldg: _____

City: _____ Florida Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Mother/Guardian: Last: _____ First: _____ Day Phone: _____

Email Address: _____

Father/Guardian: Last: _____ First: _____ Day Phone: _____

Email Address: _____

Emergency Contact Person: Last: _____ First: _____ Phone: _____

Emergency Contact Person: Last: _____ First: _____ Phone: _____

Did student previously attend an ORANGE COUNTY SCHOOL? Yes NO

If "yes" name of school: _____

Is your child in any specific academic program: Yes: NO: _____

Is the student a United States Citizen: Yes: No: If "no", date of entry into the USA: _____

Parent/Guardian Printed: _____

Parent/Guardian Signature: _____ Date: _____

Registrar: _____ Date: _____

Distribution: ONE copy in student's permanent folder at school: ONE copy to Homeroom Teacher: ONE in contacts binder in Principals Office.



Innovations

Charter School of West Orlando

DATE OF APPLICATION:

Student Name _____
Last First Middle

Residential Address _____, FL _____
No. Street City Zip

Mailing Address _____, FL _____
(If different from above) No. Street City Zip

Male ___ Female ___ Race: W ___ B ___ A/PI ___ Am. Indian ___ Mixed ___

Date of Birth ___/___/___ Place of Birth _____

Previous School _____ City: _____ State _____

Primary Guardian Student lives with ___ both parents ___ one parent: ___ shared custody ___ Other

Parent/Guardian Name _____
First Last M.I.

Phone: Work _____ Ext. _____ Cell/Other _____

Email: _____ Occupation/Title: _____

Parent/Guardian Name _____
First Last M.I.

Phone: Work _____ Ext. _____ Cell/Other _____

Email: _____ Occupation/Title _____



EMERGENCY CONTACT INFORMATION: Mandatory List two emergency contacts, (if the parent cannot be reached) authorized to pick-up and assume responsibility for student.

Name: _____ Relationship to Parent: _____

Address _____

Email _____

Work Phone _____ Home Phone _____ Cell Phone _____

Name: _____ Relationship to Parent: _____

Address _____

Email _____

Work Phone _____ Home Phone _____ Cell Phone _____

FAMILY MEMBERS IN ORANGE COUNTY SCHOOLS:

SIBLINGS: List the names, date of birth and schools attended :

<u>Sibling Name:</u>	<u>DOB</u>	<u>School Attending</u>	<u>Grade Level</u>

How will your child get to school? walk city bus car rider

Has the student been expelled or referred to an alternative program for disciplinary reasons? Yes No

Has the student been arrested, charged, convicted or pled guilty to a felony? Yes No

Is the student on probation? Yes No Name/Number of PO: _____

Has the student ever attended school in Orange County? Yes No

Last school attended _____ When _____

Address _____

Has student ever attended any other Florida school? Yes No

School Name _____ When _____

City _____ County _____

As the custodial/enrolling parent I verify that the information provided is true and correct.

Parent/Guardian Printed: _____

Parent/Guardian Signature: _____ Date: _____

Registrar: _____ Date: _____



Innovations Dress Code

“Innovations students are expected to be in professional dress code at all times for pride and ownership”

TOPS

- Innovations Logo Shirt Only.
- Must cover body (no mid-section of body showing); Must be Tucked in and fit appropriately.

BOTTOMS

- Khaki, Cotton Long Pants Shorts, or Skirts
- No leggings, no stretch pants, no tight pants/shorts/skirts.
- Bottoms must be plain (no stripes, patterns, writing or camouflage).
- Must be worn at the waist with a belt (**no sagging pants**). Gentlemen must wear belts.
- No holes, rips or tears
- Shorts/Skirts must be longer than mid-thigh at knee.
Length Test: Stand straight up, put arms down. If fingers touch skin, bottoms are too short.

SHOES

- Closed toe shoes must be worn at all times. No high heels, no stilettos, no steel tipped boots. (**No flip flops, no sling shoes, no slippers, thong sandals**).

OTHER

- Clothing, jewelry, buttons, haircuts, or other items or markings which are, suggestive, revealing or indecent, associated with gangs or cults, encourage the use of drugs, alcohol, or violence or support discrimination on the basis of age, color, disability, ethnicity, gender, linguistic differences, marital status, national origin, race, religion, socioeconomic background, sexual orientation, physical appearance or for any other reason are not allowed.
- Administration reserves the right at its discretion to deem any item a student wears as unacceptable (as needed) in order to maintain a positive educational climate.
- No hats, no bandanas, no do rags, scarves, bonnets. No colors.
- Earrings must not be larger than a quarter size, and only 2 earrings allowed per student. Any facial piercing must be removed or use invisible earrings.

As a student at Innovations Middle Charter School I hereby agree to the guidelines of the dress code policy.

Student Signature: _____ Date: _____

As parent/guardian of _____, I hereby understand and agree to the guidelines of the Innovations dress code policy.

Parent/Guardian Signature: _____ Date: _____



Technology Usage Policy

- Use of computers, networks, and online telecommunications systems must be related to the student's educational activities.
- Students must recognize that computers, networks, and equipment used to support online telecommunication systems are shared devices and agree to use them in ways which will maintain their continued operability for all users.
- No illegal activity may be conducted using Innovations Middle Charter School computers, networks or online telecommunications systems.
- Students must not access or distribute offensive, obscene, inflammatory, or pornographic material.
- Students shall not intentionally spread computer viruses, vandalize data, infiltrate systems, or degrade / disrupt computer and / or network performance.
- All users of computers, networks, and online telecommunications systems shall adhere to laws regarding copyright.
- If a student intentionally destroys or breaks any computer device in the school, the parent will be held financially responsible.
- All students are held responsible for appropriate computer usage, and are subject to the Innovations Code of Conduct with regards to consequences for incidents.
- All students are expected to stay on task in the computer labs by following the curriculum and daily assignments toward completion and accuracy. The computer labs are for learning and academics only.

I understand that when I am using the internet or any other telecommunication systems, I must adhere to all rules of courtesy, etiquette and laws regarding access and copying of information. My parents and I agree to follow the guidelines of the Technology Usage Policy.

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____



ORANGE COUNTY PUBLIC SCHOOLS
SCHOOL ENROLLMENT INFORMATION

To register your student in school, the following documentation is necessary:

*The School Board of Orange County, Florida is authorized to collect social security numbers ("SSN") of students as set forth in Sections 1008.386 and 119.071 (5) (a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.

Verification of Legal Name

- Birth Certificate

Verification of Age (with one of the following):

- Birth Certificate
- Passport

To enter **Kindergarten**, a child must be 5 years old on or before Sept. 1.

To enter **first grade**, a child must be 6 years old on or before Sept. 1 and successfully completed Kindergarten.

Verification of Immunization and Physical Exam

- **Proof of immunizations** on a Form 680, which can be obtained at the Orange County Health Department; 832 W. Central Blvd., Orlando, Fl. Phone Number: 407-836-2600
- **Proof of physical examination** by a U.S. doctor within a year of enrollment (first day of entry at school).

Verification of Academic History

- Transcript
- Withdrawal Form
- Last report card

Verification of Special education information (if applicable)

- Current IEP
- Current 504 plan

Verification of your domicile in Orange County (with one of the following):

- Current Homestead Exemption Card, property tax statement or signed Settlement Statement
- Current lease (Additional documentation could be requested)
- Verification of address: Documents required available at OCPS.net. The Office of Student Enrollment 6501 Magic Way 100-B Orlando 32809 Schedule your appointment at <http://enrollment.ocps.net>

Verification of Guardianship

- Birth Certificate

If applicable, you must provide one of the following:

- Court Custody Documentation (this includes divorce decrees)
- OCPS Educational Guardianship (given only when the parent/guardian lives outside of Orange County or adjacent counties of Brevard, Osceola, Polk, Lake, Seminole and Volusia) available at:

The Office of Student Enrollment is located at:

6501 Magic Way 100-B., Orlando, Fl. 32809 Schedule your appointment at <http://enrollment.ocps.net>

Temporary Documentation Exemption: Students who lack a fixed, regular and adequate nighttime residence, have a right to immediate enrollment under the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. A completed Student Residency Questionnaire is needed to determine eligibility (page 8).

For further assistance, please visit: www.homeless.ocps.net or call office: 407-317- 3485.



ORANGE COUNTY PUBLIC SCHOOLS

Orlando, Florida

Emergency Student Information Form

School Year 2018-2019

Emergency Information - English

Student Number: _____

STUDENT INFORMATION

Last Name (Legal)	Generation (i.e. Jr., II)	First Name (Legal)	Middle Name (Legal)
Preferred Name		Legal Documentation (example: custody, restraining order, etc.) *****Please provide supporting documentation	
Parent/Guardian - Primary E-mail Address	Gender	Birth Date	Primary Phone
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address Domicile	Apt #	City	Zip Code
Mailing Address	Apt #	City	Zip Code
Do you need communication in a language other than English?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Spanish	<input type="checkbox"/> French <input type="checkbox"/> Portuguese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Vietnamese

PHYSICIAN INFORMATION

Doctor's Name	Dentist's Name	Preferred Hospital
Doctor's Phone Number	Dentist's Phone Number	Currently Under Physician's Care
		<input type="checkbox"/> No <input type="checkbox"/> Yes
Insurance	Insurance Phone Number	Policy #
		Group #

Medicine Currently Taking
Medical History
Allergies

PARENT/GUARDIAN INFORMATION (Please list parent/guardian in order of contact priority.)

Last Name	First Name	Relationship	Pick up
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

Last Name	First Name	Relationship	Pick up
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Domicile Address	Apt #	City	Zip Code
Home Phone	Cell Phone	Employer	Business Phone

ADDITIONAL CONTACTS ON THE NEXT PAGE

****Proof of address must be presented to the school Registration Office in order for the address to be officially changed in the system.**

Student Name: _____

Student Number: _____

ADDITIONAL CONTACTS

Last Name	First Name	Relationship	Contact Phone	Custody	Pick up
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL HEALTH SERVICES

I hereby give my consent for this child to participate in the School Health Services Program. My child will receive emergency care in school, and health appraisals including vision, hearing, growth and development.

"**Ka** 'wr qp'cf o lpxvgtlpi 'c'xlukqp'uetggplpi 'vj tqwi j 'vj g'uej qqn'qt'cp{ 'qyj gt'QERU'r tqi tco . 'o { 'ej kf 'ku'f gvgto kpgf 'vq'j cxg'c'pggf 'hqt'c'hqmy /wr "' xlukqp'gzco lpcvqp'cpf 'ki'o { 'ej kf 'ku'gri kdr'qt'qyj gty lug'hkpcpekm' 's wcrk'kgf . 'Kj gtgd { 'cwj qtk g'hqt'QERU'qt'c'f guli pcvgf 'vj kf 'r ctv' 'vq'r tqxkf g' a no-cost comprehensive vision examination by a licensed optometrist which may include dilation, refraction, and glasses if prescribed.

In the event of an EMERGENCY, I understand that the school will access the **911** emergency medical system immediately. To expedite care I give my permission for school personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission. I agree to be financially responsible for my child's total treatment, and transport.

(This form is effective for one year from the date signed)

I authorize the School District of Orange County, Florida to release and exchange my child's equivalent information to the school personnel and staff to initiate treatment and transport to an appropriate facility. I request to be notified of my child's condition and admission. I agree to be financially responsible for my child's total treatment, and transport.

Parent/Guardian:

Date:

*The School Board of Orange County, Florida is authorized to collect social security numbers ("SSN") of students as set forth in Sections 1008.386 and 119.071 (5) (a) 6, Florida Statutes. The provision of a student's SSN on the enrollment form is optional and is not required as a condition for enrollment within the District. Any SSN provided in connection with enrollment will only be used for research, reporting and recording purposes. The collection of the SSN shall not be used for immigration enforcement. Providing the student's SSN to the School Board of Orange County, Florida for these purposes means that you consent to the use of the student's SSN in the manner described.



Orange County Public Schools

2018-2019 Student Residency Questionnaire

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. The OCPS MVP office: 407-317- 3485; www.homeless.ocps.net

Section A: Housing is Fixed, Regular, and Adequate

Please **DO NOT** complete this form, if you currently:

- Rent/own your home **OR** Live with someone by choice (not due to financial hardship)

Section B: Housing is NOT Fixed, Regular, and Adequate (Complete all sections below and return to school)

Student(s) Current Nighttime Residence:

- In an emergency/transitional shelter (A)
- Temporarily with another family due to loss of housing, economic hardship, or similar reason (B)
- In a vehicle of any kind, trailer park or campground, abandoned building or other substandard housing (D)
- In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

Cause of Temporary Residence:

- Foreclosure (M)
- Natural Disaster Type: _____
- Other: (Please Explain) _____

How long have you been at this temporary residence? _____

Section C: Student Information (All OCPS students including pre-school children living together as indicated above)

Student Name	Student ID#	M/F	DOB	Grade	School

Current Street Address: _____ City: _____ Zip: _____

Contact Phone Number: _____ Email: _____

Name of Parent(s) / Legal Guardian(s): _____

Section D: Unaccompanied Homeless Youth Must Complete This Section (U)

Student is living with an adult that is not a parent or legal guardian.

Caregiver Name: _____

Relationship to student: _____ Phone: _____

Student is living alone without an adult.

How long has the student been living alone? _____

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin (if over 2 miles).

Please check if you allow this information to be released to social service agencies for possible assistance. Expires 6/30/19

The undersigned certifies that the information provided is accurate.

Signature of Parent/Legal Guardian (OR) Unaccompanied Homeless Youth

Date

Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

OCPS DISTRIBUTION

If it is determined that this student is eligible for McKinney-Vento Program services, copies go to:

1. MVP Liaisons; Fax 407-317-3332
2. School Food Service Manager
3. School-based McKinney-Vento Coordinator



ORANGE COUNTY PUBLIC SCHOOLS

Authorization for Release of Information School Year 2018-2019

Date:

Student Number: _____

To Whom It May Concern:

The following student has enrolled at your school. Please send records including grades, courses taken, test scores, special education, psychological data, current individualized education plan (IEP), health records and immunization dates. Also, please include all grades earned this school year and/or withdrawal grades, if any.

Identifying Information	
Student's Name First _____ Middle _____ Last _____	Date of Birth _____
Parent(s)/Guardian(s) Name _____	Phone # _____
Name of Last School Attended _____	
Complete Mailing Address of Last School Attended	
Street _____	City _____
State _____	Zip _____
Phone# _____	Fax# _____
Send Requested Records To	

Parent/Guardian Signature

Date:

Principal or Records Clerk

Prior written consent of the parent or guardian of the student is **not** required to transfer records to schools in which the pupil or student seeks or intends to enroll.

- 1st request _____
- 2nd request _____
- 3rd request _____

The School Board of Orange County, Florida, does not discriminate in admission or access to, or treatment or employment in its programs and activities, on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information or any other reason prohibited by law. The following individuals at the Ronald Blocker Educational Leadership Center, 445 W. Amelia Street, Orlando, Florida 32801, attend to compliance matters: ADA Coordinator & Equal Employment Opportunity (EEO) Supervisor: Carianne Reggio; Section 504 Coordinator: Beverly Knestrick; Title IX Coordinator: Gary Preisser. (407.317.3200)

Family Survey Form 2018-2019

The reason for this survey is to collect data that will be used to decide the amount of funds available for the public school district to provide Title I instructional services to our school. Determining the number of our students who would qualify for free and reduced-price meals, or qualify for public assistance defines this. The information requested below is confidential. **Thank you for your cooperation and prompt return of this form.**

IMPORTANT NEEDED FOR ALL STUDENTS- THIS HELPS US TO OBTAIN FUNDING SO WE CAN CONTINUE TO FEED ALL STUDENTS FREE BREAKFAST AND FREE LUNCH with the NATIONAL LUNCH PROGRAM, and receive supplemental TITLE ONE FUNDS.

Student Social Security# _____ Student Name: _____

(1) Find your family size and look at the annual gross income level listed beside it on the chart printed below.

Income Chart

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
FOR EACH ADDITIONAL FAMILY MEMBER, ADD	7,437	620	310	287	144

(2) Answer the following questions:

Is your family income less than the amount on the chart on the line beside your family size?
 _____ Yes _____ No

Is your family qualified for or does your family receive **SNAP assistance**?
 _____ Yes _____ No (if yes, what is your case number? _____)

Are you receiving Temporary Assistance to **Needy Families (TANF) Assistance**?
 _____ Yes _____ No (if yes, what is your case number? _____)

Are you a recipient of **Medicaid**?
 _____ Yes _____ No (if yes, what is your case number? _____)

Do you or your child live with another family? Circle YES or NO: (Name of family: _____)

(3) Please provide the following information:

Parent/Guardian Name: _____

Address/phone number: _____

Parent/Guardian Signature: _____

*** Please return this form at your earliest convenience to Innovations Middle Charter School.**



Orange County Public Schools Home Language Survey Part II

Student's Name _____ Date _____
First Name Middle Initial Last Name

School _____ Grade _____ Birth Date _____

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Address _____
Street City State Zip

Phone Number _____
Home Work

- 1. Is a language other than English used in the home? Yes No
2. Did the student have a first language other than English? Yes No
3. Does the student most frequently speak a language other than English? Yes No
4. What is the language most frequently spoken at home?
5. What is the student's country of origin?
6. Which language did your son/daughter learn when he/she first began to talk?
7. What language do you most frequently speak to your son/daughter? (Father) (Mother)
8. Please describe the language understood by your child. (Check only one)
A. Understands only the home language and no English.
B. Understands mostly the home language and some English.
C. Understands the home language and English equally.
D. Understands mostly English and some of the home language.
E. Understands English only.
9. If available, in what language would you prefer to receive communication from the school?

Parent or Guardian's Signature Date

All students who answer yes to any of the Home Language Survey questions on the registration form must complete this form.



Dated Issued:_____
Card Number:_____

Youth Reduce Fare Program ID Application

The Youth fare is for riders between the ages of 7 and 18. The Youth fare is extended to anyone 19 or older, who can prove they are still in high school.

Riders eligible for the Youth fare must fill out the form below and present either a birth certificate or government issued ID (school registration papers, driver's license, state ID, or passport) to obtain a valid LYNX ID.

Riders eligible for Youth fares can obtain a valid LYNX ID in the terminal lobby at LYNX Central Station. LYNX' staff is available Monday-Friday 8:30 a.m. to 4:30 p.m. and on the 3rd Saturday of every month from 9 a.m. – 1 p.m.

Last Name:_____First Name:_____

Physical Address:_____

City:_____County:_____Zipcode:_____

Date of Birth: ___/___/___ Age:_____

Legal Guardian's Name:_____

Contact Number: _____

Signature:_____

For office use only: Proof Used : <ul style="list-style-type: none">• Birth Cert. State:_____DOB:___/___/___• Other ID Type:_____Exp. Date: _____



Online Learning Programs Introduction

Welcome parents and students to Innovations Middle Charter School! We are happy to have the opportunity to give you more information about our small school and unique programs.

Here at Innovations Middle Charter School we are dedicated to the success of each child. We have flexible Online Learning Programs geared towards credit recovery. The program scheduled for each child will depend on their academic history, school schedule, and skill level. *We will complete a thorough review of each child's academic history prior to placing them in an Online Learning Program.* It is vital to each child's success that they are placed into the most suitable program. The 3 programs offered are **Fast Track, Diversion, and Star Academy.**

In addition to our unique Online Learning Programs, *all students at Innovations Middle Charter School have the opportunity to receive tutoring during the school day* in their troubled areas either in a small group or a one on one setting.

Innovations has a proven track record in Orange County for middle school credit recovery and double promotion, our students succeed! If your child has been held back, you have found the right place to get them back on track!





Fast Track Program:

Students who are working towards *double promotion* in 1 school year and attend normal school hours would be placed in our Fast Track Program. This is a hybrid program of Direct Instruction and Online Learning. Each day students travel together for direct instruction and have time in the Fast Track computer lab to complete their credit recovery courses. Innovations Middle Charter School was founded with the Fast Track Program. It is the root from which the other credit recovery programs (Star Academy and Diversion) stemmed from. Fast Track is our largest and most popular program.

Star Academy:

Students who are working towards *mid-year grade level promotion* would be placed in our Star Academy Program. Students receive direct instruction throughout the school day, but are scheduled to leave their cohort to work in the Star Academy computer lab each day. In this small cohort, each student is hyper focused on finishing their coursework. To qualify for this program, the student must have a 90% attendance rate, maintain a 3.0 in direct instruction courses, and complete online coursework according to pace chart with an 80% minimum target grade to completion.

Diversion Program:

Students who are 2 grade levels or more behind and/or need more flexible hours are placed in our Diversion Program. This cohort does not travel to the traditional classrooms and has a modified schedule. A Certified Teacher and Teacher Assistant monitor progress, attendance, and behavior, while working with the student's one on one.

A word to our students:

You are in the right place and you can do this! Your goal, and ours, is to have you progress to the grade level that you are working towards. We are happy that you found IMS and know that with your hard work and dedication you will be successful! There are a few things that you must keep in mind as you go forward with your education in our Online Learning Programs:

1. In order to be successful, you **need** to attend your assigned credit recovery program every day, you need to stay focused, and work on your PLATO coursework outside of school.
2. **Take your notes as you progress through each course. Come prepared with your notebook each day.**
3. Being in any of the online learning programs for credit recovery at IMS is a privilege. Please be respectful and abide by the policies you will learn about in your orientation. These policies are in effect at ALL times in ALL school computer labs.



What is a Family-School Compact?

A School-Parent Compact for Achievement is an agreement that parents, students and teachers develop together. It explains how parents and teachers will work together to make sure all our students reach grade-level standards.

Effective Compacts:

- Link to goals of the school improvement plan
- Focus on student learning skills
- Describe how teachers will help students develop those skills using high-quality instruction
- Share strategies parents can use at home
- Explain how teachers and parents will communicate about student progress
- Describe opportunities for parents to volunteer, observe, and participate in the classroom

Jointly Developed

The staff, students, and parents of Innovations Middle Charter School jointly developed this School-Parent-Student Compact for Achievement. Teachers suggested home learning strategies, parents added ideas to make them more specific, and students told us what would help them learn. Meetings are held each year to review the Compact and make changes based on student needs.

Parents are welcome to contribute comments at any time.

If you would like to volunteer, participate and/or observe in the classroom, please contact Mrs. Gillens at sgillens@imscharter.org or (407)440-2846.

Activities to Build Partnerships

Innovations Middle Charter School

View our Parent Involvement Plan online at www.imscharter.org/title_one

We appreciate all comments and suggestions.

Student Learning

Innovations Middle Charter School is committed to involving parents in their child's education. We will make many attempts to communicate with our parents through

- Progress reports every three weeks
- Parent Teacher conferences whenever necessary
- Weekly phone calls whenever necessary
- Monthly Parent Involvement meetings

Any questions you have for your child's teacher can be received at (407) 440-2846. You can also find your teachers e-mail address on the school website at www.imscharter.org.



**School-Parent-Student
Compact for Achievement
2018-2019**

**Innovations Middle Charter
School
2768 N. Hiawasse Rd.
Orlando FL 32818**

Teachers, Parents, Students – Together for Success

Our Goals for Student Achievement

School Goals

This compact pledges our school community to increase academic achievement skills so that all students will increase their fluency by the end of the year.

- Create partnerships with families in our schools
- Monitor student progress in reading, math, science, and writing and update parents every nine weeks.
- Make sure all students get help as soon as it is needed.
- Explain our approach to learning, expectations, and grading system to students and families.
- Continually work on teaching strategies so we can successfully teach each student
- Assign work that is relevant and interesting,
- Make sure students understand assignments, what they will learn and grade it promptly.

Every day, in every community,
every child benefits from a
quality public education!

Innovations Teachers

We will help each student to excel in math by mastering

- Ratios and Proportional Relationships
- The Number System
- Expressions and Equations
- Geometry
- Statistics and Probability

We will help each student to gain and present complex ideas and evidence while listening and speaking.

Students will be able to solve problems and build understanding through small group and one-on-one instruction.

We will monitor student progress, provide differentiated instruction, keeping student and parents updated.

Teacher Signature: _____

Date: _____

Innovations Parents

Innovations parents completed surveys and offered input and suggestions as to how they will assist their children in having a successful school year.

- Let the teacher know if my child is having a problem with learning and personal concerns
- Read to/with my child 20 minutes a day
- Teach my child how to use reading, math, writing, and science to pursue his/her interest in life
- Ensure that my child attends school regularly and arrives on time
- Monitor my child's progress and meet with his/her teachers whenever necessary.

Parent Signature: _____

Date: _____

Innovations Students

Innovations Middle Charter School students, staff, and parents worked together to develop ideas about how students can be the most successful. Student's offered these ways to connect what they learn at home with their study habits at home:

- Let my teacher and family know if I need help.
- Read on my own and with my family every day.
- Work on my reading, writing, math, and science skills every day.
- Write down assignments, do my homework and turn it in when it is due.

OPTIONAL:

- My own personal learning goal is: _____
- My teacher can help me reach it by: _____
- My parent can help me accomplish it by: _____

Student Signature: _____

Date: _____