



2022-2023 ENROLLMENT CHECKLIST

Student Name: _____

Open Enrollment for the 2022-2023 school year is **January 10, 2022 through April 1, 2022**. The following documents must be provided to complete your student's enrollment application in order to reserve their seat:

- *GALA Student Enrollment Packet*
- *Birth Certificate or Passport*
- *Current Proof of Residency*
 - Copy of your current lease/lease receipt **OR** mortgage statement/property deed/property tax bill.
 - Utility bill/statement (water, gas, electric dated within the last 30 days) with the parent/guardian's name and address.
- Individualized Education Plan (*IEP*) and Multi Factor Evaluation (*MFE*) (if applicable)
- *Proof of Custody* (if applicable) – Stamped certified copy of judgment or journey entry regarding custody or letters of guardianship from probate court.

****Some of these documents can be retrieved from the previous school. Please contact them to obtain these documents****

Please complete the following forms and return them to the school by the first day of school or your child will be unable to attend:

- *Immunization/Shot Record* – Official copy from previous school or signed/stamped copy from physician

****Parent/Guardian is ultimately responsible for submitting all required documentation and that all forms are filled out completely. If there are any blank spaces, or missing required signatures or documents; the whole packet is invalid and may not be considered for enrollment processing. You may be required to submit further documentation at various times throughout the school year.**

*** Your child must turn 5 years old by September 30th to be eligible for Kindergarten***

GALA Contact Information:

Call/Text: (216) 370-8006

Fax: (216) 274-9700

Email: info@GALACleveland.org

Visit: 13442 Lorain Avenue, Cleveland 44111

Learn more: www.GALACleveland.org



Application Information – Frequently Asked Questions

1. How do I submit my student's enrollment application?

Completed applications and required documents can be returned by:

Email: info@GALACleveland.org

Fax: (216) 274-9700

Mail/Drop Off:

Global Ambassadors Language Academy
13442 Lorain Avenue
Cleveland, OH 44111

2. Am I allowed to apply to both the Mandarin and Spanish programs at the same time?

If you are interested in either language program for your student(s), please write "1st Choice" and "2nd Choice" in the student application. Students can only enroll in one language program, and switching programs is not permitted.

3. Does my child need to have language skills in Mandarin or Spanish to enroll?

No, our dual language immersion program does not require any prior language skills.

4. Do I have to live in the city of Cleveland to attend GALA?

Anyone that resides in the state of Ohio are eligible to apply. GALA is tuition-free and public.

5. When is my student enrollment application due?

Enrollment for the 2022-2023 school year is January 10, 2022 through April 1, 2022. Any applications received after 4:00 p.m. on April 1, 2022 will be enrolled on a first come first serve basis until spaces are filled and wait-listed by the date they are received. Enrollment for the 2022-2023 school year ends on January 11, 2023.

6. All students who apply will be contacted within two weeks of April 1, 2022 to notify them of their status. If the school still has open positions after the lottery date has passed, then enrollment is conducted on a first come first served basis. Parents have one week to accept or decline the spot. If no response is received after one week, your application will be removed from the enrollment list.

7. What is your lottery policy?

During open enrollment, if GALA receives more applications than there are seats available for any given grade level or program, we will hold a lottery as required by law, on April 1, 2022 at 4:00 p.m. The lottery will be conducted in the following manner:

- Each applicant will be assigned a number;
- The numbers will then be drawn at random by a disinterested third party;
- The first number drawn will be the first new applicant placed on in the available spaces in the given program and then the waiting list and so on until all numbers are drawn;
- The School will separate the lottery and the waiting lists for each grade or age grouping;
- Preference shall be given to students attending the school the previous year, to siblings of students attending the school the previous year, to students who reside in the district in which the school is located, and to students who are the children of full-time staff members employed at the school (provided the total number of students is less than 5% of the school's total enrollment).

8. How can I visit the school to learn more?

We encourage you to visit GALA for a tour of the school, meet the staff, and ask questions. Register to attend an Enrollment Information Session at: www.GALACleveland.org/enrollment-information-session Schedule a time to visit at: <http://www.GALACleveland.org/schedule-visit/>. Or contact us at (216) 370-8006 or info@GALACleveland.org.



Complete this application if you are a parent or legal guardian of the student(s) applying. Fill out one form per family and list each child.

GALA Student Enrollment Application

DATE: _____

PARENT/GUARDIAN INFORMATION

Relationship to Student(s) _____ First Name _____ Last Name _____

Home Address _____ Apt./Unit/Suite _____ City, _____ ZIP Code _____

Email Address (*please provide the best email(s) to contact you at, this will be used for all school communications) _____

Contact Preference:

Mobile Phone Number _____ Home Phone Number _____

Text
 Phone Call

Work Phone Number _____ Additional Phone Number _____

Email

Check all that apply.

Mother's Maiden Name

How did you hear about GALA?

STUDENT INFORMATION

First Name _____ Middle Name _____ Last Name _____

_____/_____/_____
Birth Date

Birth City

Gender: Female Male

Grade Applying To: K 1 2 3 4 5 6 7

Program Language Interest :
(*If you are interested in either language, write "1st choice" and "2nd choice") _____ Spanish Immersion _____ Mandarin Immersion

Current Grade

Current School. If none, write none.

Is your child currently expelled from his/her current school? Yes No

Race (choose one or more): _____ American Indian or Alaskan Native _____ Asian _____ Black or African American
_____ Native Hawaiian or Pacific Islander _____ White

Is your student Hispanic/Latino? Yes No

The United States Department of Education has issued guidelines regarding the collection of data on race and ethnicity for public school students. The federal government requires all states to collect this information. If the above questions are not answered by the parent or guardian, the District Enrollment Officer will use observation identification to determine the student's designation. The determination will be reported to the parent or guardian.

Please initial each of the statements below expressing your understanding and agreement:

_____ GALA's school model is most effective when students are in school, on time, every day.

_____ GALA's school model is most effective when parent(s) or legal guardian(s) are engaged. GALA will expect families to make a minimum 10 hours per school year family participation commitment. (i.e. Parent-teacher conferences, school events, award ceremonies, community events, volunteering at the school, etc.)

_____ I understand that this application is the first step towards enrollment at GALA, but does not guarantee admission. If more applications are received than there are seats available, a lottery will be held.

Parent Signature

Date

Questions and/or Comments: _____

GALA recruits and admits students of any race, religion, national or ethnic origin, disability sex, or sexual orientation and affords them all of the rights, privileges, programs, and activities generally accorded or made available to our students. GALA does not discriminate on the basis of race, religion, national and ethnic origin, or sexual orientation in the administration of its educational policies, admissions policies, educational programs and/or extracurricular activities. GALA will not discriminate on the basis of race, color, or ethnic origin in the hiring of its certified or non-certified personnel.

GALA is a community school established under chapter 3314 of the Ohio Revised Code. The school is a public school and students enrolled in and attending the School are required to take the 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 of the Ohio Department of Education. ORC 3314.41

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
<p>Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>	
<p>Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year</p>	
<p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p>		
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>





MEDIA RELEASE

I, _____, parent(s) or legal guardian(s) of
_____, a student at GALA (“the School”),

_____ Consent (YES)

_____ Do not consent (NO)

to the use of my son/daughter/ward’s picture or likeness recorded on videotape, film, audio tape, paper, digital medium, or otherwise by the School, its agents, servants, or employees for any proper and legitimate educational, commercial, artistic, or marketing purpose and acknowledge the School’s ownership of any such recording.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____



ALLERGY NOTIFICATION

Student Name: _____ Date: _____

My child does not have any allergies. Parent/Guardian Initials: _____

List Allergies:

Allergy	Reaction	Life Threatening
		<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

Does your child require an EpiPen (epinephrine)? Yes No

If yes, please explain: _____

Explain action to be taken for life threatening allergies: _____

List medication to be taken for allergies: _____

Medications: If any medication needs to be administered in school, a physician must complete a separate School Medication Authorization Form available at the school.

I consulted with the school to make an Allergy Action Plan (if applicable) and have trained my child as to his/her needs and safety. We will review the monthly lunch menu together and discuss the vigilance required to self-monitor food products brought for potlucks or classroom celebrations and foods served on school-sponsored trips.

I do I do not give consent for the School to notify others of my child's allergy.

Parent/Guardian Signature _____ **Date** _____

EMERGENCY MEDICAL AUTHORIZATION

School _____ Student Name _____
Address _____
Tel _____

Residential Parent or Guardian

Mother living with family? Yes No

Father living with family? Yes No

Mother _____ Daytime Tel _____

Father _____ Daytime Tel _____

Other Name _____ Daytime Tel _____

Relative or Childcare Provider _____ Tel _____

Address _____ Relationship _____

PURPOSE - To enable parents to authorize the emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

PART I OR PART II MUST BE COMPLETED

PART I (TO GRANT CONSENT)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Tel _____

Dentist _____ Tel _____

Medical Specialist _____ Tel _____

Local Hospital _____ Tel _____

In the event reasonable attempts to contact me at _____ (tel #) or _____ (other parent) at _____ (tel #) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred doctor) or Dr. _____ (preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date Signature of Parent Address

DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I

PART II (REFUSAL OF CONSENT)

I DO NOT GIVE MY CONSENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Date Signature of Parent Address



Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____

Witness Signature _____ Date _____

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
----------------	--	---------------------------

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. _____
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> NO medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?
 Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?
 Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /
-------------------	-------------------------	----------------

Allowable Drivers List

Child's Name: _____ Parent/Guardian Name: _____

By signing this paper, you are indicating that the people below are allowed to pick up your children.

Name _____ Relationship to Child _____

Phone number _____

Name _____ Relationship to Child _____

Phone number _____

Name _____ Relationship to Child _____

Phone number _____

Name _____ Relationship to Child _____

Phone number _____

Name _____ Relationship to Child _____

Phone number _____

Name _____ Relationship to Child _____

Phone number _____

I give permission to the people mentioned above to pick up my child. I give the school permission to release my child to any of the above mentioned people. I understand that anyone who is not on this list will NOT be permitted to pick up my child unless I call the office and notify them ahead of time.

Signature: _____ **Date:** _____



GALA IRN: 015737

OFFICIAL CONSENT FOR RELEASE OF RECORDS

Student Name: _____ Birthdate: _____ Grade: _____

I hereby authorize: _____
(Previous School District) If School/Preschool is private, please indicate name. If none, write "none"

(Street Address)

(City, State, Zip Code)

Phone: _____ Fax: _____

We are requesting the following information/records for the above named student:

All personally identifiable data on file.

The following records only: _____

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student named above in the manner indicated.

(Parent/Guardian) _____
(Street Address)

(Date) _____
(City, State, Zip Code)

SCHOOL USE ONLY

PLEASE PROVIDE THE FOLLOWING INFORMATION AND INCLUDE A COPY OF THIS COMPLETED REQUEST FORM WITH RECORDS.

CBA Enrollment Date: _____

Student SSID Number: _____

Previous District/School IRN: _____

Previous District/School Withdrawal Date: _____

Records can be faxed to:

(216) 274-9700
Attn: Secretary

Records can be mailed to:

GALA, 13442 Lorain Avenue
Cleveland, Ohio 44111
Attn: Secretary

FOR OFFICE USE ONLY

Records requested	Date	By	Fax	Mail
1 st Request				
2 nd Request				
3 rd Request				



School Health Examination Record – Health & Immunization History

PART I - TO BE COMPLETED BY PARENT / GUARDIAN

Child's Name _____
(Print) Last First Middle

A. ALLERGIES – PLEASE LIST AND DESCRIBE ALLERGIES OR REACTIONS TO:

Medicines/Drugs: _____

Foods/Plants/Animals/Other: _____

Recommended treatment is allergy is severe: _____

B. INJURIES AND ILLNESSES – PLEASE LIST ANY SEVERE INJURIES OR ILLNESSES:

Injury / Illness	Age of Child	Check if hospitalized

C. ADDITIONAL INFORMATION:

What medications are given daily? _____

What medications are given frequently, not daily? _____

This child is usually: very active normally active rather inactive

Does any relative or anyone in the home have tuberculosis, diabetes or other serious illness? _____

Is there anything about your child that the school/teacher needs to know to understand him/her better? _____

D. OTHER PERTINENT MEDICAL INFORMATION:

E. SIGNATURE OF PARENT/GUARDIAN:

Signature of Parent/Guardian

Date Signed

School Health Examination Record – Health & Immunization History

PART II – TO BE COMPLETED BY PHYSICIAN PRIOR TO SCHOOL ADMISSION

Print Student's Last Name _____

First _____

M.I. _____

Date of Birth _____

F. IMMUNIZATION RECORD: Minimum requirements are listed for each vaccine. Those marked with an (*) are required by the Ohio Department of Health; all others are recommended by the Centers for Disease Control and Prevention.

RECOMMENDED IMMUNIZATION (ENTER MONTH, DAY AND YEAR)					
VACCINES	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
Diphtheria (DTaP), Tetanus (DT/Tdap/Td), Pertussis*					
DTap (7 th – 9 th grade only) *					
Hepatitis B (Hep B) *					
Measles, Mumps, Rubella (MMR) *					
Polio (IPV or OPV) *					
Varicella (Chicken Pox) * [2 doses K-2; 1 dose 3 – 6]					
Influenza					
Pneumococcal Conjugate (PCV)					
Meningococcal					
Hepatitis A					
Haemophilus Influenza – type b (HIB, preschool only)					
Human Papillomavirus (Gardasil)					

Recommended Assessments/ Screenings:

Vision: Yes No Date: _____

Hearing: Yes No Date: _____

Dental: Yes No Date: _____

Lead: Yes No Date: _____

BMI: Yes No Date: _____

Other: Yes No Date: _____

*I have examined this child and found that he/she is in suitable condition for participation in school.
 The child has had the age appropriate immunizations as recommended by the Ohio Department of Health.
 My office has entered the child's immunization record as noted above or attached a printed record of the immunizations or found that this child should be exempt from immunizations for the following reasons:*

List any limitations or health conditions for this child (including allergies, daily medication and dietary restrictions):

G. SIGNATURE OF PHYSICIAN/PHYSICIAN'S ASSISTANT/ADVANCED PRACTICE NURSE:

_____ Date of Examination _____

Printed Name _____

Office Address _____

City/State/Zip _____

Office Phone: _____



School Grade

2020 - 2021 Report Card for Global Ambassadors Language Academy

Districts and schools report information for the Ohio School Report Cards on specific marks of performance, called measures, within broad categories called components. They receive grades for up to 10 measures and six components. *The 2020-2021 report card will not have grades or ratings per Ohio law.*

Achievement

This component represents whether student performance on state tests met established thresholds and how well students performed on tests overall.

Performance Index

54.8%

Indicators Met

NC



Component
Grade

Progress

This component looks closely at the growth all students are making based on their past performances.

Value-Added

Overall

Gifted

Lowest 20% in Achievement

Students with Disabilities

--

NR



Component
Grade

Gap Closing

This component shows how well schools are improving or meeting the performance expectations for all students in English language arts, math, graduation, and English language proficiency. *The English language proficiency data is not available this year.*

Annual Measurable Objectives

NC

NR



Component
Grade

Graduation Rate

This component shows the percent of students who are successfully finishing high school with a diploma in four or five years.

Graduation Rates



Component
Grade

Improving At-Risk K-3 Readers

This component looks at how successful schools are at improving reading for at-risk students in grades K-3.

Improving At-Risk K-3 Readers



Component
Grade

Prepared for Success

This component looks at how well-prepared Ohio's students are for future opportunities, whether



Component
Grade