

Lower School Families,

Welcome to IC Imagine! We are so glad you have chosen to join the IC Imagine Family and cannot wait to start this journey with you and your child! We are here to support you and your child as you make this transition, and we hope that it is a smooth one. We strive to create an environment where all children feel challenged, supported and nurtured. Throughout Lower School at IC Imagine, your child will be engaged, feel valued and encouraged to be a leader.

When school begins in August, your Champion will engage with curriculum in the core subject areas of English Language Arts, Math, Science and Social Studies. We follow the NC Common Core State Standards, the NC Essential Standards and utilize Core Knowledge for these areas. Your Champion will also engage with PE, Spanish, Music and Visual Arts. In the meantime, we will communicate with you via email and share any opportunities for your family to engage with us throughout the summer.

Valuing each other, our community and everyone's education is something that is large part of our focus at IC Imagine. When we come together at the beginning of the year we will begin building this culture on day one at our first grade level morning meeting of the 2018-19 school year.

At IC Imagine we utilize the common language from Dr. Sean Covey's work with *The Seven Habits of Highly Effective People* to encourage the development of leadership skills. In Lower School, we use language and stories from the *7 Habits of Happy Kids* to create a culture of student empowerment. We encourage you to pick up a copy of *7 Habits of Happy Kids* and read it as a family this summer! This will help your Lower Schooler begin to build their foundational knowledge of the habits.

We look forward to seeing you and getting to know each of your children in August, if not before then! If you have questions please feel free to reach out to us!

Sincerely,

Jamie Williams Principal of Lower School jamiewilliams@icimagine.org

Ellen Girardi Assistant Principal of Lower School ellengirardi@icimagine.org



## Lower School Enrollment Packet 2018-2019

### **Champion Enrollment Form**

This form is used to enroll your Champion in PowerSchool. PowerSchool is used for grading, attendance, and reporting data required by State and Federal mandates.

### **Getting to Know Your Champion**

This information will be used when determining classroom assignments.

### Media Release Form

Please use this form to authorize or refuse your Champion's participation in any IC Imagine publicized events. These publications could be via our school Facebook posts, school wide emails, local news media, etc.

### **Consent to Release Records**

IC Imagine will use this document to request your child's records from their current school.

### **Mission Statement and Peace Compact**

All families are expected to learn the mission statement. We recite it every day. It is the language that we use to communicate. The Peace Compact represents our school rules. Please review the Peace Compact and keep this copy for your records.

### Health Care Policies

Please review and keep this copy at home as a reference. This will come in handy should your Champion become ill and you need to refer to the school policy.

### **Nut-Free Campus Policy**

Due to the number of students with nut allergies and the openness of our campus, IC Imagine is a nut-free school.

### **Uniform Policy**

This is VERY important. Please review carefully. Champions who are in violation of the Dress Code Policy will be sent home for the day.

### School Academic Calendar

Please review this calendar. Note: We are a year round school. We begin school August 7, 2018. We have early release on the last Friday of each month. We also have late start Wednesdays, which begin at 9:30 am.

### Please complete the highlighted forms and return immediately to secure your enrollment position.

You may drop off your forms at our campus or mail to:

IC Imagine Attn: Enrollment 1000 Brevard Rd, Suite 175 Asheville, NC 28806



### IC Imagine Champion Enrollment Form 2018-2019

Champion Information				
Champion Last Name	Champion First Name		Champion Middle Name	
Property Address			Apartment Number	
City		State	Zip Code	
County	Home Phone		Cell Phone	
Mailing Address (If different from Property Address)				
Gender o Male Date of Birth (mm/dd/yyyy o Female	y)	Place of Birth (city, state,	county, country)	
Race (check one or more) o American Indian or Alaska Native o Asian o White o Native Hawaiian or other Pacific Islander o Black or African American	Is the Champion Hispanic o Yes o No Grade Level applying for		Has this Champio enrolled in a NC P o Yes A current NC Health Assessm immunizations are required fo in a NC Public school f	ublic school? o No nent & proof of required or all students enrolling
Public School District your child would attend if ridin	•	om your home address: Transylvania County		Polk County
Special Services				
Does your Champion have an Individualized Educa	tion Plan (IEP)? o Ye	es o No		
Does your Champion have a 504 Education Plan?	o Yes o No			
Does your Champion receive any other educational	services? o No	o Yes - Please list:		
Siblings				
Name: Ag	e: Grade:	Name:	Age:	Grade:
Name: Ag	e: Grade:	Name:	Age:	Grade:
Health Information				
List pertinent health or medical information and inst	ructions:			
List of all Allergies:		List of all Medications:		
Home Language Survey				
Federal and state policies require schools to determ below is a language other than English, your child n your child may be identified as Limited English Profi	nay be assessed by our st	aff to determine English la	nguage proficiency. Based or	
Date (month & year) your Champion first attended s		<u> </u>		
What was the first language your Champion learned	d to speak?			
What language does your Champion speak most of	ten?	What language is most of	ften spoken in the home?	

Parent/Guardian Information			
Parent/Guardian Name:			Relationship to Champion:
Address:			1
Employer:	Email Address:		
Home Phone:	Cell Phone:		Work Phone:
Does this Parent/Guardian have legal cust o Yes o No	tody of the child?		rdian authorized to pick up child from school? If no, please provide legal documentation
Parent/Guardian Name:			Relationship to Champion:
Address:			
Employer:	Email Address:		
Home Phone:	Cell Phone:		Work Phone:
Does this Parent/Guardian have legal cust o Yes o No	tody of the child?		rdian authorized to pick up child from school? If no, please provide legal documentation
Parent/Guardian Name:			Relationship to Champion:
Address:			
Employer:	Email Address:		
Home Phone:	Cell Phone:		Work Phone:
Does this Parent/Guardian have legal cust o Yes o No	tody of the child?		rdian authorized to pick up child from school? If no, please provide legal documentation
Parent/Guardian Name:			Relationship to Champion:
Address:			
Employer:	Email Address:		
Home Phone:	Cell Phone:		Work Phone:
Does this Parent/Guardian have legal cust o Yes o No	tody of the child?		rdian authorized to pick up child from school? If no, please provide legal documentation
Emergency Contact Information - Ple	ease provide inforn	nation for contacts,	other than parents.
Name:		Relationship:	Phone:
Can this person pick up the student from school?		Detectionship	Discourse
Name:		Relationship:	Phone:
Can this person pick up the student from school? Name:		Relationship:	Phone:
Can this person pick up the student from school?	n otuno		
Required Parent/Legal Guardian Sig Parent/Legal Guardian Signature:	nature		Date:
***Failure to complete this enrollment form in assessm		proof of address, birth cert r relinquishment of enrollm	
	Office Use	Only	
Student ID# Er	ntry Date	Entry Code	Homeroom



# **Getting to Know Your Champion**

This information will be used to help us match Champions and Collegiate Leaders to the best of our ability. Please keep in mind that we will not be able to honor any requests for a specific Collegiate Leader.

Champion's name\_\_\_\_\_ Grade level for 2018-19 \_\_\_\_\_

What makes your champion special (talents, abilities, interests, etc.):

When is your Champion happiest?

What do you want your Champion to improve upon during the 2017 – 2018 school year?

What kind of environment do you feel your Champion will benefit from?

Some academic concerns I have for my Champion are:

Any other concerns or comments that you would like to share about your Champion:



1000 Brevard Rd, Suite 175, Asheville, NC 28806 | Phone: 828-633-6491 | Fax: 828-633-6494

## **MEDIA RELEASE FORM**

At times during the school year, school personnel and/or the news media may ask to interview and/or photograph students. While we enjoy having school events publicized, we respect your right as a parent to decide whether or not to have your child participate in an interview, have his/her picture in the newspaper or on the school website. Please indicate whether you agree to have your child's photograph or interview by completing the form below and returning it to your Champion's Collegiate Leader.

### <u>Please check one box only:</u>

- I hereby give permission to allow my child to be photographed and/or interviewed by the media. I agree to allow my child to participate in media projects without financial remuneration, and I understand that this releases the IC Imagine from any future claims, as well as from any liability, arising from the use of the said interview/photograph.
- I DO NOT grant permission for the school/internet/news media to take or use any interview/photograph of my child.
- □ I hereby give permission to allow my child's photo to be used by the media only <u>IF</u> the photo is a group shot where individual children are <u>not</u> identified.

In order to discontinue this authorization/release, I understand that I must do so in writing to IC Imagine.

Name of Champion:		
Address:		
City, State, ZIP:		
Signature of Parent or Guar	rdian:	
Phone:	Date:	Grade Level in 2018-19:

Note: All of the Champions attending IC Imagine will be in the annual yearbook which is available for purchase each school year. At any time you may amend this form for future uses/preferences by notifying the office in writing of your request.



IC Imagine Public Charter School 1000 Brevard Road, Suite 175 • Asheville, NC 28806 fax: (828) 633-6494 • phone: (828) 633-6491

### **CONSENT OF PARENTS/GUARDIANS TO RELEASE STUDENT RECORDS**

I hereby request release of all academic records, including without limitation, achievement tests, health records, 504 plans, IEPs (including EC records and speech records) to IC Imagine for the following student:

Student's Full Na	ame:		
Birthdate: (mon	th/date/year)	//	
	-	nas attended, <b>beginning with the school yo</b> <b>wolled at IC Imagine.</b>	<u>ur child was</u>
Name of school stu	ıdent is curren	tly enrolled in	
Grade(s) Ye	ear(s)	Address of School	
Name of school stu	ıdent is curren	tly enrolled in	
Grade(s) Ye	ear(s)	Address of School	
Name of school stu	ıdent is curren	tly enrolled in	
Grade(s) Ye	ear(s)	Address of School	
Name of school stu	ıdent is curren	tly enrolled in	
Grade(s) Ye	ear(s)	Address of School	
Parent's/Guardian	's Signature _		Date

# Return this form to IC Imagine.

Please do <u>not</u> send this form to your child's previous school.



IC Imagine Public Charter School • 1000 Brevard Road, Suite 175 • Asheville, NC 28806 Phone: 828.633.6491 • Fax: 828.633.6494

### **CONSENT OF PARENTS/GUARDIANS TO RELEASE STUDENT RECORDS**

I hereby request release of the following records, including without limitation;

- EC records (including initial placement, current annual review, most recent reevaluation, all Psychological, OT, Speech, and /or PT evaluations),
- □ 504 plans,

to IC Imagine for the following student:

Student's Full Name: \_\_\_\_\_

Date of Birth: (month/day/year) \_\_\_\_\_/\_\_\_/\_\_\_\_/

List other schools your child has attended, beginning with the school your child was scheduled to attend if not enrolled at IC Imagine.

Name of School	Grade (s)	Year (s)
Address of School		
Name of School	Grade (s)	Year (s)
Address of School		
Parent/Guardian Name	 Parent/Guardian Signature	Date

Return this form to Stephanie Fletcher, EC Department, IC Imagine. Please do not send this form to your child's previous school.



## **MISSION STATEMENT**

At INVEST COLLEGIATE, we imagine, we nurture, we value, we engage, we sustain, we transform as we champion opportunities in leadership and learning – embracing greatness, inspiring achievement within a telescopic environment.

### IC Imagine Peace Compact

You have the right to be yourself here. This means you will be treated fairly, no matter your skin color, your size, your height, your gender or your socioeconomic status.

You have the right to feel safe here. This means you will always feel comfortable, accepted and respected here.

You have the right to be respected and treated kindly here. This means your feelings and opinions are important to everyone here.

You have the right to hear and be heard here. This means we will all use appropriate voice levels and respect the person who's speaking.

You have the right to learn about yourself here. This means you are free to express your feeling and opinions without interruptions or punishment.

These rights apply to all members of our community.

\*Please keep this copy for your records.



### **HEALTH CARE POLICIES**

In an effort to protect all children from contagious illness, IC IMAGINE adheres to the following health care policies:

In the event of illness, we will contact the parent/or designated emergency contact to pick up the child from school within 1½ hours. Both to prevent transmission to the other children, and to provide comfort for the child. Your child must be kept home for 24 hours (without symptoms) before returning to school. In cases of contagious illness (or suspected contagious illness), a doctor's note will be required prior to your child returning to school. IC IMAGINE understands that it is difficult for a parent to leave or miss work; therefore, it is suggested that alternative arrangements be made in advance. The following conditions will result in you being contacted to pick up your child:

- Temporal temperature of 100 degrees or more.
- One or more episodes of vomiting during the course of the school day.
- Diarrhea or loose stools, inconsistent with usual bowel movements and not associated with antibiotic use.
- Any suspicious rash.
- Purulent drainage from eyes (Pink eye or other contagious eye infection).
- Colored nasal discharge (if transmission cannot be controlled).
- Any symptoms requiring one-on-one care and/or causing severe discomfort.
- Any symptoms accompanied by open, oozing, bacterial infections and/or severe or bloody diarrhea.

When returning your child to IC IMAGINE after an illness, please remember:

- A child must be free from symptoms such as fever, vomiting, and diarrhea for a full 24-hour period prior to returning to school. Please do not give your child tylenol, ibuprofen or other fever-reducing medications to mask symptoms.
- Any child prescribed an antibiotic must take it for 24 hours before returning to school.
- Any contagious illness (such as measles or chickenpox) requires a doctor's note, specifying that the child is no longer contagious, prior to returning to school.
- A child must be able to participate in ALL activities (including outdoor activities) upon returning to school. State law requires that children Kindergarten through 5<sup>th</sup> Grade go outside everyday (weather permitting). If your child is unable to go outdoors, a doctor's note, including a limit to the time when the child must remain indoors, is required.

### \* Keep this copy for your records.



Nut-Free Policy 义

At IC Imagine, we have a number of and families dealing with serious peanut and tree nut allergiesthe food allergy that claims more lives each year than any other. We are a **Nut Free** building in order to provide a safe learning environment for our children. In order to remain successful, we must closely monitor and manage our practices and what we allow into this facility as it relates specifically to lunch and snack. It is our hope to prevent cross contamination.

We have the following safety guidelines in effect:

#### Lunch:

• Please do not send any peanuts, peanut butter, or foods containing peanuts or tree nuts to be eaten for lunch in the classroom.

### Classroom Snacks:

• Please do not send any peanuts, peanut butter, or foods containing peanuts or tree nuts to be eaten as snacks in the classroom, this includes items processed on equipment (or in a facility) that processes peanuts and tree nuts.

### Food Pantry Donations:

• Please do not send any peanuts, peanut butter, or foods containing peanuts or tree nuts to be stored in our school food pantry, this includes items processed on equipment (or in a facility) that processes peanuts and tree nuts.

### Minimizing Cross Contamination:

• Cross contamination is the most difficult piece to manage. We are placing great importance on hand washing and sanitizing before and after students eat. Similarly, if your child ate peanut butter for breakfast, we would greatly appreciate your making sure that his/her hands are washed with soap and water before leaving for school. Water alone does not do the trick!

We trust that you understand how deeply important it is to respect and adhere to these guidelines. If throughout the course of the year you have any questions or concerns about a food allergy, please do not hesitate to contact the school.

Thank you,

IC Imagine



## Uniform Policy • 2018 - 2019

#### **Bottoms**:

- color: khaki
- shorts, capris, or pants with belt loops
- skirts or skorts
- fingertip length or longer
- no cargo pants or cargo shorts
- black, gray or white leggings, tights or biker shorts must be worn under skirts/dresses Black or brown belt for bottoms with belt loops is required.

### Tops:

- color: white, light yellow, gray and black
- polo or oxford shirts
- solid color (no stripes, dots, designs, etc)
- no logos (except ICI logo ordered from Lands End)
- short-sleeve or long-sleeve
- must have collar
- shirts tucked in (unless girls' polo has slit on side)

### Dresses:

- khaki jumpers/dresses with collared shirt underneath
- polo style dresses in white, light yellow, gray or black
- solid color (no stripes, dots, designs, etc)
- no logos (except ICI logo ordered from Lands End)
- fingertip length or longer
- black, gray or white leggings, tights or biker shorts must be worn under dresses

### Shoes:

- closed toe and closed heel
- tennis shoes recommended
- tennis shoes required on PE days
- no shoes with wheels

### Sweaters, Cardigans, or Hoodies:

- color: black, gray, white, light yellow
- no navy clothing
- can be worn indoors
- must be worn over polo top
- hoodies must be Spirit Wear

### Jackets or Coats:

- any color
- must be removed and put in cubby
- only for outside use
- black fleece jackets (ICI logo only, no stripes, dots, designs, etc) may be worn inside

### Backpacks:

- color: any color
- lunch boxes: any color
- Case-it style organizer may be used instead

### Spirit Wear:

- Any top sold by IC Imagine as "spirit wear"
- Must be worn with khaki bottoms
- Can only be worn on designated spirit wear days (hoodies may be worn every day)

#### Please Note:

- No logos other than IC Imagine logo
- All clothing must fit appropriately (no tight or baggy clothing)
- All accessories should be appropriate and non-distracting
- Sunglasses outside only
- Appropriate hair accessories

- No jeans, jean skirts, or jean jumpers
- No cargo shorts or pants
- No tongue, eyebrow or nose rings
- Hats/caps not permitted inside the building
- No exposed midriffs or backs