



## CINCINNATI COLLEGE PREPARATORY ACADEMY

*"Education That Empowers"*

**2025 - 2026 School Year**

### **Cincinnati College Preparatory Academy Single Student Application CCPA is proud to offer a Free Public Education to all enrolled students**

Our mission is to holistically guide and direct students in the development of personal character and academic potential through top-quality teaching and child-centered programs in a safe, positive and caring environment.

We appreciate your interest in the Cincinnati College Preparatory Academy. Thank you for your thorough review of the school admission application and policies.

#### **Important Application Policies For Your Review – Parent /Guardian Initial Required.**

**Child Find Policy:** The school supports and complies with all applicable federal and state laws, procedures, and policies regarding the school's child find responsibilities. The school will conduct child-find activities and follow all state and federal policies. \_\_\_\_\_ Parent/Guardian Initial

**HB410 – Attendance/Tuancy: Did you know?** A student is chronically absent if he or she misses as few as 2 days of a school month. It is important for every student in Ohio to attend school every day. Missing too much school has long-term negative effects on students, such as slower achievement and graduation rates. Under the new definitions outlined in H.B. 410, the designation of "Habitual Truant" is defined as any child of compulsory school age who has been absent without legitimate excuse for: 30 or more consecutive hours, 42 or more hours in a school month or 72 or more hours in a year. \_\_\_\_\_ Parent/Guardian Initial

**Automatic Withdraw:** Once a student **has not participated in 72 consecutive hours** of instruction, CCPA is obligated to automatically withdraw the student and notify the student's resident district. \_\_\_\_\_ Parent/Guardian Initial

**State Testing Requirements:** "The Cincinnati College Preparatory Academy is a community school established under Chapter 3314. of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take 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 or the Ohio Department of Education." \_\_\_\_\_ Parent/Guardian Initial

**Special Education:** Does your child require Special Education Services or do you think your child may need Special Education Services? For more information on Special Education please refer to *A Parent's Guide to Special Education* on page 7 in this packet. \_\_\_\_\_ Parent/Guardian Initial

**McKinney Vento:**

Children and youth experiencing homelessness face unique challenges in accessing and succeeding in school. Certain documentation may not be required if the student applicant qualifies under the McKinney-Vento Act. Please refer to pages 6 and 7 for more information and complete all questions in the application packet for determination.

\_\_\_\_\_ Parent/Guardian Initial

Please see the school website at [www.ccpaonline.com](http://www.ccpaonline.com) under the drop-down policies tab for important admission policies for your review. For complete listings of all policies related to students, see the easily accessible handbook on the website in which you may view or download. If you cannot access the CCPA website you may contact the school office at 513-684-0777 and a hard copy will be printed for you.



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**School Admission at a glance...**

**Step 1: This application completed (for important school information)**

**Step 2: Placement Exam**

**Step 3: Lottery-** all positions will be filled per grade level by a lottery drawing.

**Enrollment is not guaranteed.**

**For ALL Kindergarten Applicants: If your child was born AFTER AUGUST 31<sup>st</sup> the application will not be considered unless the applicant passes the early KG admittance test. Early KG Testing is available at the expense of the parent.** \_\_\_\_\_ Parent/Guardian Initial

**Step 1: A COMPLETE APPLICATION SHOULD BE ACCOMPANIED BY:**

- |   |  |
|---|--|
| ___ Student Birth Certificate                                     | ___ Proof of Guardianship (if not the birth parent/s)      |
| ___ Student SS Card   | ___ 1 Valid Proof of Address (See POA Requirements page)   |
| ___ Current Report Card/Transcripts                               | ___ Copy of Parent / Guardian Driver's License or State ID |
| ___ CURRENT Immunization Record                                   | ___ Copy of current ETR and IEP (if applicable)            |
| ___ PLACEMENT EXAM (Exam Date/Time: _____ : _____ am/pm)          |  |
| ___ <b>STUDENT FEES (\$25 MUST BE PAID AT TIME OF ENROLLMENT)</b> |  |

**McKinney Vento - TEMPORARY LIVING ARRANGEMENTS**

Children and youth experiencing homelessness face unique challenges in accessing and succeeding in school. The following questions address the McKinney-Vento Act 42. U.S.C. Certain documentation may not be required if the student applicant qualifies under the McKinney-Vento Act.

Answers to these questions will help determine what services a student may be eligible to receive.

Is the student's current address a temporary living arrangement ☐ Yes ☐ No

If Yes, is this temporary living arrangement due to the loss of housing or economic hardship ☐ Yes ☐ No

Please pay special attention to pages 5 & 6, and request a meeting with the School Liaison.

**Step 2: SCHOOL NURSE – MEDICAL FORMS VERIFICATION –**

**ALL Medical Forms must be completed.**

A Physician's signature is required for the Prescription and Non-Prescription Medication Forms. The school nurse must verify completed documentation prior to the student attending school.

- \_\_\_ Health History \_\_\_ Immunization Record \_\_\_ Physical Form \_\_\_ ER Med Authorization  
\_\_\_ Prescription and Non-Prescription Medication Forms

OFFICE USE ONLY:

Lottery Date: \_\_\_\_\_

Official Signature: \_\_\_\_\_



# CINCINNATI COLLEGE PREPARATORY ACADEMY

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## Student Background Information

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Entering Grade Level \_\_\_\_\_ Gender (Check one) ☐ Male ☐ Female

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

House Phone or Parent/Guardian Cell #: \_\_\_\_\_ Unlisted: ☐ Yes ☐ No

Student Cell #: \_\_\_\_\_

Student E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

**Race/Ethnic Code** (Please check all that apply) ☐ Black/African American ☐ White/Caucasian ☐ Multi-Racial  
☐ Hispanic/Latino ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native

**Student's Birthdate:** \_\_\_\_\_ (month/date/year)

**Student's Birthplace:** City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**Student's Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Reason for Enrollment** (Please check all that apply) ☐ From out of state/country ☐ from home school in Ohio  
☐ From an Ohio Public/Charter (community school) ☐ Not in Ohio Public/Charter schools since 2003  
☐ First time in Ohio public school due to age ☐ Not newly enrolled in this district

**List the name of the most recent Pre-K or School attended:** \_\_\_\_\_

**How did you hear about CCPA?** \_\_\_\_\_

## STUDENTS WITH SPECIAL NEEDS – Provide documents where needed.

Does the child require mobility assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the child ever had an ETR (Education Team Report)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>Yes</b> , is there an evaluation form available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the child receive Special Education and related services in the most recent school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this child have an IEP (Individualized Education Program)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>Yes</b> , which disability or special need exists? _____		
Does this child have a 504 Accommodation Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>Yes</b> , is there a 504 form available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the child receive Gifted services in the most recent school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>Yes</b> , is there a WEP or WAP (Written Education Plan; Written Acceleration Plan) Available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## STUDENT TRANSPORTATION

Will your elementary student be in need of transportation via Yellow Bus? ☐ Yes ☐ No

If **NO** what will be the means of transportation? ☐ Walker ☐ Parent Pick-up (If PPU, please ask Pick My Kid App)

**High School students will receive Metro Bus Cards.**



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## Family and Emergency Contact Information

**Mother/Guardian:** \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive text messages regarding school events, school closings, etc? ☐ Yes ☐ No

Are you an active duty member of the Military? ☐ Yes ☐ No

If Yes, which branch? ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Reserves

**Father/Guardian:** \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive text messages regarding school events, school closings, etc? ☐ Yes ☐ No

Are you an active duty member of the Military? Are you an active duty member of the Military? ☐ Yes ☐ No

If Yes, which branch? ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Reserves

In case of Emergency or if the school is unable to contact myself please contact the following

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip



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**LIST ANY ADDITIONAL CONTACTS HERE:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

**I understand that it is my responsibility to notify CCPA of any changes that may occur involving these contact people and phone numbers AS WELL AS my personal contact information.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**I understand that according to House Bill 21 that the school will require a current, to date proof of residency on an annual basis. The annual proof of residency should be submitted no later than September 1 of each school year or upon request of school administration.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# CINCINNATI COLLEGE PREPARATORY ACADEMY

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## McKinney-Vento Act Residency and Educational Rights

(Questionnaire must be completed for each student)

In the state of Ohio in 2016 over 355,000 individuals were found to be homeless of these individuals 4,113 were under the age of 18. The McKinney-Vento Homeless Assistance Act was created with the goal of ensuring the enrollment, attendance, and success of homeless children and youth in school.

The McKinney-Vento Act provides certain rights for homeless students. This includes waiving certain requirements such as proof of residency when students are enrolling and allowing eligibility for certain services, such as free textbooks, school meals, etc.

<p>When families and students find themselves in transition due to their housing situation, it is important that they know their rights regarding education. If students meet the requirements as stated in the McKinney-Vento Act (42 U.S.C 11431 et seq., Title VII, Subtitle B), their rights are as follows:</p>	<p>According to the U.S. Department of Education, people living in the following situations are considered homeless:</p>
<ul style="list-style-type: none"><li>• Students may attend their school of origin or the school where they are temporarily residing.</li><li>• Students must be provided a written statement of their rights when they enroll and at least two additional times per year.</li><li>• Students may enroll without school, medical or similar records.</li><li>• Students have a right to transportation to school.</li><li>• Students must be provided a statement explaining why they are denied enrollment or any other services.</li><li>• Students must receive services, such as transportation, while disputes are being settled.</li></ul> <p>Students are automatically eligible for Title I services. <i>Educational services for which the homeless student meets eligibility criteria including services provided under Title 1 of the Elementary and Secondary Education Act or similar State or local programs, educational programs for students with limited English proficiency</i></p>	<ul style="list-style-type: none"><li>• Doubled up with family or friends due to loss of housing or economic hardship</li><li>• Living in motels and hotels for lack of other suitable housing</li><li>• Runaway and displaced children and youth – Unaccompanied Youth</li><li>• Homes for unwed or expectant mothers for lack of a place to live</li><li>• Homeless and domestic violence shelters</li><li>• Transitional housing programs</li><li>• The streets</li><li>• Abandoned buildings</li><li>• Public places not meant for housing</li><li>• Cars, trailers (does not include mobile homes intended for permanent housing), and campgrounds</li><li>• Awaiting foster care</li><li>• Migratory children staying in housing not fit for habitation</li></ul>



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## McKinney-Vento Residency Form

**Please complete this form and return it with this enrollment packet.** Questions may be directed to your Principal, Social Worker, or Andrea Cope, Director of Student Services/McKinney-Vento Liaison, 513-684-0777 Susannah Wayland, McKinney-Vento State Coordinator, 614-387-7725

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade:** \_\_\_\_

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are **temporarily** sharing the housing of other persons due to the loss of housing or economic hardship."

☐

*Does not apply; the student is not homeless*

**Please check one of the following statements if your family is experiencing temporary homelessness:**

☐

*Living in a shelter, including transitional housing shelters (i.e. City Gospel Mission, Cornerstone, Haven House, Lighthouse); awaiting foster care, etc. – Please provide name and address of shelter: \_\_\_\_\_*

☐

*Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation--Please provide information regarding the area in which student is living: \_\_\_\_\_*

☐

*Living in hotels/motels for lack of other suitable housing. Please list name and address of hotel/motel: \_\_\_\_\_*

☐

*Doubled-up; temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide the address of where the student is living: Address: \_\_\_\_\_*

*Please answer the following if you check one of the four boxes above:*

How long do you expect to be at this address? \_\_\_\_\_

Are you seeking permanent housing? \_\_\_\_\_ Date student moved to this address: \_\_\_\_\_

Is a parent living in the home with the student? \_\_\_\_\_

If no, with whom is the student living? \_\_\_\_\_ Relationship: \_\_\_\_\_

The School Homeless Liaison may be in contact with you if clarification or bus transportation is needed.

We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act:

\_\_\_\_\_  
*Signature of Parent/Guardian/Unaccompanied Youth*

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

--



## CINCINNATI COLLEGE PREPARATORY ACADEMY

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If you are a parent of a child who has a disability that interferes with his or her education, or if your child is suspected of having such a disability, this basic guide will serve as a valuable resource for your child's education.

### WHAT HAPPENS IF MY CHILD IS HAVING TROUBLE LEARNING IN SCHOOL?

The Individuals with Disabilities Education Improvement Act of 2004, the federal law commonly referred to as IDEA, has established a process for determining your child's educational needs, determining whether or not your child has a disability, and obtaining special education services, if your child's disability requires them. Here is that process, in roughly the order it will be carried out:

**Request for assistance**—This step helps you begin a relationship with your school district so that together you can address any early warning signs that your child may have difficulty in school.

**Request for evaluation**—School districts have qualified personnel who have a lot of experience determining how well children learn and function in school. Because of this, they can bring valuable resources to the task of assessing your child.

**Evaluation**—This is the step that allows the school district to pinpoint whether your child has a disability that will require special education services (not all disabilities do). The evaluation will suggest what kinds of special education services your child will need or confirm that your child will be able to learn in a general education classroom with other students. You will be a partner in the evaluation process and a member of your child's evaluation team.

**Development of an individualized education program (IEP)**—If the evaluation reveals that your child has a disability that requires special education, this customized program will be designed to set goals for your child's learning and keep your child on track.

**Annual review**—Each year the public school district will review with you and the IEP team how well your child's IEP is working and will be prepared to adjust the plan to ensure that your child is making appropriate progress.

**Reevaluation**—The IDEA law provides for your child to be evaluated again every three years to detect any important changes in his or her ability to learn. This "reevaluation" also tells you and the school district whether the supports and services your child is receiving are the right ones. The school district can then act accordingly.

**Independent educational evaluation (IEE)**—If you do not agree that the school district's evaluation of your child is accurate, you can arrange an evaluation of your child by a qualified professional or professionals who are not employed by the school district. In certain cases, this can be done at the school district's expense.

**You may obtain a copy of A Guide to Parent Rights in Special Education From the school office or visit our website at [ccpaonline.com](http://ccpaonline.com).**

You may also review the entire guide by visiting  
[http://education.ohio.gov/getattachment/Topics/Special-Education/ODE\\_ParentRights\\_040617.pdf.aspx](http://education.ohio.gov/getattachment/Topics/Special-Education/ODE_ParentRights_040617.pdf.aspx)





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## Parent Consent Form

I hereby give consent for the following children to receive all of the below-stated services and grant permission for all of the below items:

- ☐ My child may participate in activities or field trips that involve being transported or walking within a 1-mile radius of the school grounds and/or are routine field trips scheduled such as trips to the following: park, children's theater, library, union terminal, art museums, YMCA swimming pool, Cincinnati recreation center, Cincinnati Zoo, Newport on the Levee, and others as needed upon the discretion of the principal.
- ☐ I grant permission for my child to have photos taken to be used for media publications at the discretion of the school superintendent or designee.
- ☐ I give my permission for the principal or his/her designee to administer prescribed medication or treatment.
- ☐ I give my permission for my children to participate in the school-based health program i.e. seeing the doctor or nurse practitioner for any health needs while at school or involved in a school-supported event.
- ☐ In the event medical attempts have been unsuccessful, I hereby give consent for 911 to transfer the child to any hospital reasonably accessible if the administration of any treatment deemed necessary by school-based health physicians or designated practitioners is not available or successful.
- ☐ I understand The Cincinnati College Preparatory Academy is a community school established under Chapter 3314. Of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take 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 or the Ohio Department of Education.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE READ CAREFULLY

**By signing this application, I certify under oath that the information given in and attached to this application is true, complete and correct. I understand that falsifying information on this application could result in the loss of enrollment for my student.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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CINCINNATI COLLEGE PREPARATORY ACADEMY

DISTRICT IRN 133512

Release of Student Records

**Student Information:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please release all appropriate past and present academic, discipline, medical, confidential and special education records (including psychological information, diagnostic summaries, IEP, etc.) on the student named above.

**Records should be sent to the school address as indicated.**

Cincinnati College Preparatory Academy  
Attn: Student Records  
1425 Linn Street  
Cincinnati, OH 45214

Phone: 513-684-0777 Fax: 513-684-8888

**Name and Address of School releasing records:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**CCPA USE ONLY:**

STUDENT INFO FOR REVIEW ONLY: \_\_\_\_\_

STUDENT HAS ENROLLED AS OF: \_\_\_\_\_



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**TO BE COMPLETED BY PREVIOUS OHIO SCHOOL DISTRICT  
OR OUT OF STATE SCHOOL  
ENROLLMENT/WITHDRAWAL INFORMATION**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Student SSID# \_\_\_\_\_

School District Name: \_\_\_\_\_

District IRN#: \_\_\_\_\_

School Name: \_\_\_\_\_

Last day the student attended your district: \_\_\_\_\_

**Expulsion Information:** Please advise if this student has been expelled from your school, reason for expulsion and dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DENIAL OF RECORDS RELEASE**

**If you CANNOT release cumulative school report cards/transcripts, we would appreciate the return of this sheet with the following information provided. We will relay it to the parent/guardian. Thank you for your assistance.**

Cumulative School Records for the above-named student CANNOT be released for the following reason(s):

\_\_\_\_\_ Fees Due (Amount owed \$ \_\_\_\_\_) \_\_\_\_\_ Books not returned \_\_\_\_\_ Grades Incomplete

\_\_\_\_\_ No records available \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date

Signature/Title of Sender

RETURN TO: CINCINNATI COLLEGE PREPARATORY ACADEMY

1425 LINN STREET

CINCINNATI, OHIO 45214

FAX: 513-684-8888



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**Proof of Address/Residency  
Requirements**

Upon your student being awarded an enrollment position, 1 current proof of residency will be required for all new enrollees and when a change of address occurs. Residency shall be established by providing an original or copy of one (1) item from List A or List B.

LIST B ITEMS: Proof of residency must show a visible month, day, and year and must be current within the previous 30 days, and must be addressed to the parent at their residence.

LIST A	LIST B
<b>Homeowner Deed</b>	<b>Homeowner or Renter Insurance Statement Dated within the last 12 months</b>
<b>Property Tax Statement</b> dated within the previous year and addressed to the parent at the residence	<b>Gas/Electric or Water Statement Dated within the last 30 days</b>
<b>Mortgage Statement</b> dated within the previous 60 days and addressed to the parent at the residence	<b>Any piece of mail from the federal, state or local government. Dated within the last 30 days</b>
<b>Rental Agreement</b> Must be current and signed by both landlord and tenant and include the landlord's contact information.	
<b>Construction Contract</b> (Must include: (1) a sworn statement describing the location of the house to be built and stating the parent's intention to reside there upon completion; and (2) a statement from the builder confirming that a new house is being built for the parent and that the house is at the location indicated in the parent's sworn statement.	

ALL DOCUMENTATION MUST BE IN THE STUDENT'S FILE BEFORE ENROLLMENT CAN BE COMPLETED.

ENROLLMENT AND TRANSPORTATION COULD BE AFFECTED IF PROPER DOCUMENTATION IS NOT SUBMITTED.

*A current Proof of Residency will be requested on a yearly basis to satisfy the requirements of the student data updates.*

*Students/Families qualified under the McKinney Vento Act will be omitted from this requirement.*



CINCINNATI COLLEGE PREPARATORY  
ACADEMY

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**CINCINNATI COLLEGE PREPARATORY ACADEMY  
HEALTH HISTORY FORM**

**This form is required by Ohio State law. Please complete, sign and return to the school office as soon as possible.**

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

1. Is your child allergic to any medications? ☐ Yes ☐ No

If Yes, please list: \_\_\_\_\_

2. Any food allergies? (Please list)

Any other allergies? (Latex, Environmental, Insect Bites/ Stings) (Please list)

**3. Does your child have any of these problems? (Please circle Yes or No)**

Abnormal spinal curvature	Y or N	Allergies/Hay fever	Y or N	Anemia or other blood problems	Y or N
Anaphylactic reaction	Y or N	Asthma or Wheezing	Y or N		
Behavior problems	Y or N	Broken Bones	Y or N	Attention Deficit Disorder	Y or N
Chicken pox – When-	Y or N	Cancer Type -	Y or N	Heart Disease Type -	Y or N
Depression	Y or N	Chronic Diarrhea/Constipation	Y or N	Chronic Ear Infections	Y or N
Elevated lead levels	Y or N	Diabetes	Y or N	Eye problems/Poor vision	Y or N
Frequent sore throats	Y or N	Emotional/Psychological Problems	Y or N	Eczema/Chronic Skin Infections	Y or N
Heart murmur	Y or N	Frequent stomach aches	Y or N	Frequent headaches	Y or N
Hepatitis	Y or N	Hearing loss	Y or N	HIV/AIDS	Y or N
Hives	Y or N	High/Low Blood Pressure	Y or N	Nervous twitches or tics	Y or N
Learning Problems	Y or N	Please Check __High or __Low		Seizure disorder/epilepsy	Y or N
Nightmares	Y or N	Hyperactivity	Y or N	Sleep problems	Y or N
Sickle Cell Disease	Y or N	Muscle/Joint problems	Y or N	Stool soiling	Y or N
Speech problems	Y or N	Overweight	Y or N	Underweight	Y or N
Toothaches/dental problems	Y or N	Sinus trouble	Y or N	Other: _____	Y or N
Urinary Tract Infections	Y or N	Tuberculosis	Y or N	_____	
Kidney Disease -	Y or N	Wetting during day/night	Y or N	_____	
Type-			Y or N		

Please list any other health problems or illnesses: \_\_\_\_\_

Does your child see a physician/physician specialist for any items you checked above? ☐ Yes ☐ No

If yes please list: \_\_\_\_\_



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**HEALTH HISTORY FORM continued**

4. Does your child CURRENTLY take any medications? ☐ Yes ☐ No

If Yes, name of medication(s): \_\_\_\_\_  
\_\_\_\_\_

5. Has your child had any operations, serious injuries or hospitalizations? Yes\_\_\_\_ No\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

6. Specifically, has your child had any heart surgery? Yes\_\_\_\_ No\_\_\_\_

Explain: \_\_\_\_\_

7. Does your child have any dental problems and/or toothaches? Yes\_\_\_\_ No\_\_\_\_

8. Is your child on any special diet or has special dietary needs? Yes\_\_\_\_ No\_\_\_\_

Explain: \_\_\_\_\_

9. Is there anything else related to your child's health, physically, mentally, and/or emotionally that we (the school health staff) should know about?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns you want the school health care provider to address during this school year?

\_\_\_\_\_  
\_\_\_\_\_

**NOTE TO SCHOOL NURSE: Students with Food Allergies must be reported to the School Food and Nutrition Department.**



CINCINNATI COLLEGE PREPARATORY  
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**CCPA PHYSICAL EXAMINATION FORM 2025 - 2026**

**TO BE COMPLETED BY A PHYSICIAN**

Student Name: \_\_\_\_\_ Examination Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Head Size: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Normal \_\_\_\_ Abnormal \_\_\_\_

Problems or Abnormalities: (ie.. Speech, Communication)

Development: \_\_\_\_ Normal \_\_\_\_ Abnormal Comments: \_\_\_\_\_

Hearing – Type of Test: \_\_\_\_\_ Vision - Type of Test: \_\_\_\_\_

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

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

Results: \_\_\_\_ Normal \_\_\_\_ Abnormal

Results: \_\_\_\_ Normal \_\_\_\_ Abnormal

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Vaccine	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	4 <sup>th</sup> Dose
HepB				
RV1; RV5				
DTaP				
Tdap				
Hib				
PCV13				
PPSV23				
IPV				
IIV;LAIV				
MMR				
VAR				
HepA				
HPV2 or HPV4 (females only)				
Hib-MenCY / MenACWY-D / MenACWY-CRM				

Based upon an examination consistent with Cincinnati College Preparatory Academy  
this child is in suitable condition for enrollment.

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

**Physician Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician Signature/Stamp:** \_\_\_\_\_



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## Emergency Medical Authorization 2025-2026

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **DOB** \_\_\_\_\_

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**Residential Parent or Guardian:**

Relationship to student: \_\_\_\_\_  
Parent or Guardian Name (please print) \_\_\_\_\_

Home Number (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

Work Number (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Part 1: TO GRANT CONSENT.** I hereby give consent for the following medical care providers and local hospitals to be called.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts have been unsuccessful, I hereby give consent for 911 the administration of any treatment deemed necessary by the above-named doctors, 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 any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for surgery, are obtained prior to the performance of such surgery.

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

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**Part II: REFUSAL TO GRANT CONSENT.** I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school to take the following action:

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_





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**Dispensing Non- Prescription Medications  
at School 2025-2026**

A registered nurse is on duty part-time to provide emergency and supplemental care for students. Students often have minor ailments and complaints that prohibit maximum effort in school, but can be eased, with simple over-the-counter remedies. The nurse may also use alternate methods of care (ice packs, rest) when possible.

We require written permission annually from you and your physician for each child, if our nurse is to give intermittent non-prescription remedies. Students who routinely use certain medications are encouraged to provide their own non-prescription medicine. This medicine will be kept in the Health and Wellness Office.

\_\_\_ YES, I hereby grant permission for the school nurse to dispense only those over-the-counter medications, which are checked below. I release the nurse and school personnel from any liability for the administration of said preparations.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**Physician, Please complete the medications you permit:**

OTC Medication	Dosage	Frequency	Indications	Reaction
Ibuprofen				
Acetaminophen				
Sudafed				
Cough Drops				
Antacids				
Ammonia Inhalant				
Vaseline				
Triple Antibiotic Ointment				
Caladryl/Benadryl				
Hydrocortisone 0.5 or 1%				
Visine/Eye Drops				
Sports Cream				
Other:				

List any drug allergies: \_\_\_\_\_

\_\_\_\_\_

List all routine OTC medications: \_\_\_\_\_

\_\_\_\_\_



CINCINNATI COLLEGE PREPARATORY  
ACADEMY

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## Dispensing Prescription Medications at School 2025-2026

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### TO BE COMPLETED BY THE STUDENT'S PHYSICIAN:

Name of Medication(s): \_\_\_\_\_

Dosage: \_\_\_\_\_ Duration of Dosage: \_\_\_\_\_

How Administered: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Physician Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician Signature/Stamp:** \_\_\_\_\_

### TO BE COMPLETED BY THE PARENT:

The undersigned agree not to file or make any claim against anyone for the negligence in connection with the administration or non-administration of any medications and further agree to save such individuals and hold them harmless from liability incurred as a result of the administration or non-administration of any medications.

I give my permission for the Principal or his/her designee to administer the prescribed medication.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

1425 Linn Street, Cincinnati, OH 45214

513.684.0777

[www.ccpaonline.com](http://www.ccpaonline.com)



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## Contact Information 2025 -2026

(For Nurse /Student Medical File)

\_\_\_\_\_  
**Date**                      **Student Name**                      **DOB**

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Address**    **City/State/Zip**

Home Numbers: \_\_\_\_\_

Work Numbers: \_\_\_\_\_

Cell Numbers: \_\_\_\_\_

Other Numbers: \_\_\_\_\_

In case of Emergency or if the school is unable to contact myself please contact the following people:

\_\_\_\_\_  
**Name**    **Relationship to Child**                      **Phone**

\_\_\_\_\_  
**Address**    **City/State/Zip**

\_\_\_\_\_  
**Name**    **Relationship to Child**                      **Phone**

\_\_\_\_\_  
**Address**    **City/State/Zip**

\_\_\_\_\_  
**Name**    **Relationship to Child**                      **Phone**

\_\_\_\_\_  
**Address**    **City/State/Zip**

List any additional contacts on the back of this form

I understand that it is my responsibility to notify CCPA of any changes that may occur involving these contact people and phone numbers AS WELL as my personal contact information.

\_\_\_\_\_  
**Parent/Guardian Signature**    **Date**