Augsburg Fairview Academy

2009-2010 Enrollment Form

[to be filled out ONLY by AFA staff]

Contact Information	
Important: Enter a valid e-mail address. Correspondence will be sent to this address.	
*Student's Best Contact Info:	Phone:
	E-mail:
1st Day of Attendance at AFA	
*Date:	
Program Enrollment	
*In which Program are you Enrolling?	○ Integrated Studies Program (ISP) ○ Essential Studies Program (ESP)
Student's Personal Information	
*Student's First Name:	
Student's Middle Initial:	
*Student's Last Name:	
Have you ever registered for school under a different name?	○ Yes, Name: _____ ○ No
*Address Line 1:	
Address Line 2:	
*City:	
*State:	
*Zip Code:	

How long have you lived at this address?	○ More than 3 years ○ 2-3 years ○ 1-2 years ○ 6 months - 1 year ○ Less than 6 months
***Home school district:**	
***Home Phone Number:**	
Alternate Phone:	
Cell Phone:	
***Date and Location of Birth:**	Date: Location: Verified by:
Date First Entered US (if applicable):	
Status of Immigrant Student (if applicable):	○ Refugee ○ Visitor Visa ○ Student Visa ○ Other
***Will your enrollment be temporary or permanent to end of school year?**	○ Temporary ○ Permanent to end of school year
***Moved to District for Temporary Seasonal Agricultural or Fishing Work in the Last 36 Months?**	○ Yes, Date: _____ ○ No
***Where are you presently living?**	○ With parent(s)/guardian(s) in own house/apartment ○ With more than one family in a house or apartment ○ In a shelter ○ In a motel, car, or campsite ○ With friends or family other than parent/guardian ○ None of these choices apply
***Whom do you live with?**	○ 1 parent ○ 2 parents ○ 1 parent and another adult ○ a relative, friend, or other adult ○ Alone with no adults ○ An adult that is not your parent or legal guardian
***Gender:**	○ Male ○ Female
***Are you Hispanic/Latino?**	○ Yes, Hispanic/Latino ○ No, not Hispanic/Latino

***What is your race?** *(Check ALL that apply)*	○ American Indian or Alaskan Native ○ Asian ○ Black or African-American ○ Native Hawaiian or other Pacific Islander ○ White
***Language spoken at home:**	○ English only ○ Spanish ○ Oromo ○ Somali ○ Arabic ○ Hmong ○ Other
If Other, please enter language:	

Educational Experience

***Grade you are entering in '09-10:**	○ 9th ○ 11th ○ 10th ○ 12th

Most Recent Schools Attended

***School Name:**		
***City, State:**		
***Grade(s) Attended:**		
***Dates Attended:**		
***Reason for Leaving:**		

To meet any special needs that you might have in school, please answer the following question about Special Education:

***Have you ever had an IEP?**	○ Yes ○ No ○ Not Sure

To meet any language needs you might have in school, please answer the following question about English as a second language:

***Have you ever had ELL classes?**	○ Yes ○ No ○ Not Sure

Family Information

*Whom do you live with?	○ Both Parents ○ Mother ○ Father ○ Guardian ○ Other
If Other, whom:	
*Does student have any children?	○ Yes ○ No

Contact Information for Legally Responsible Adult(s)

Relationship:		
First Name:		
Last Name:		
Address Line 1:		
Address Line 2:		
City:		
State:		
Zip Code:		
Day Phone:		
Night Phone:		
E-Mail:		

Background Information

Please answer the following questions so that we can learn a little bit more about you. Thank you.

Why do you want to attend Augsburg Fairview Academy?

What things do you most enjoy doing?

Summer Orientation

We will confirm your enrollment as soon as we receive this signed form and the rest of the initial enrollment documents. Students and parents/guardians will be invited to participate in an orientation workshop during the summer. This will most likely be scheduled during the last two weeks of August but the final dates will be confirmed later.

By signing in the space below, I hereby certify that all the information I have given is accurate to the best of my knowledge and that I confirm that I wish to enroll in Augsburg Fairview Academy for the 2009-2010 school year.

***Student`s Signature:**	
***Parent/Guardian`s Signature:**	

For Office Use Only

Student ID #: _____

*Parent Portal: LI:*_____ *PW*_____

*Student Portal: LI:*_____ *PW*_____

ENROLLMENT CHECKLIST 2009-2010

Student Name: _____

Completed at first meeting, if possible (put date on line):

- ❑ **_____ Enrollment Form**
- ❑ **_____ Request for Release of Student Records**
- ❑ **_____ Emergency Response Information**
- ❑ **_____ Home Language Questionnaire**
- ❑ **_____ Media Release**
- ❑ **_____ Field Trip General Approval**
- ❑ **_____ Open Campus/Student Release Approval**
- ❑ **_____ Special Instructions**
- ❑ **_____ Adult Student Parental Release (*only for students 18 yrs and older)***
- ❑ **_____ Application for Education Benefits (Federal)**

Given to parents/guardians to be filled out and returned:

- ❑ **_____ Student Immunization Record**

Given to student and family to keep:

- ❑ **_____ Parent/Student Portal Log-in Information**
- ❑ **_____ 2009-10 Academy Handbook (available June, 2009)**
- ❑ **_____ 2009-10 School Year Calendar (available June, 2009)**

Certified by:

_____ _____

Signature of enrolling staff member ***Date***

REQUEST FOR RELEASE OF STUDENT RECORDS

Date: ____ / ____ / _____

TO (last school attended): _____

ADDRESS: _____

_____

PHONE:____ - _____ - _____ **FAX:** ____ - _____ - _____

_____ _____

Student's First and Last Name ***ID Number at Last School***

Student's Date of Birth: _____/_____/_____

Has enrolled as a student at the Augsburg Fairview Academy for the 2009-10 school year. I would appreciate it if you would send the following information and records to the Academy at the above address as soon as possible.

___ **State MARSS Identification Number**
___ **Transcript (courses taken, grades earned, credits)**
___ **Standardized test results**
___ **Attendance records**
___ **Current school information**
___ **Health records**
___ **Application for federal benefits (free/reduced lunch form)**
___ **Special education records**
___ **ESL records**
___ **Psychological service reports**
___ **Social work reports**
___ **Teacher, counselor, staff observations**
___ **Chemical abuse/dependency reports**

Please attach a copy of this form and check the items that you are sending.

Thank you.

Contact: **Kitty Patraw, Office Manager**
730 Hennepin Ave., Minneapolis MN 55403
612-333-1614 (fax) 612-339-2229
kitty.patraw@afa.tc

EMERGENCY RESPONSE INFORMATION

Student Name: _____

Emergency Contacts (in calling order):

NAME	Relationship	Phone #1	Phone #2

Known Medical Concerns:

Medical Conditions	Allergies	Prescription Drugs Taken

I hereby give my permission to Augsburg Fairview Academy staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency care for my child should an emergency arise. It is understood that Augsburg Fairview Academy staff will make a conscientious effort to locate the parents or, if they are not available, other emergency contacts listed on the health form if such action is taken. I will accept the expense of emergency medical or surgical treatments provided to my child.

Signed: _____ **Date:** _____

Parent/Guardian

INSERT HOME LANGUAGE QUESTIONNAIRE AT THIS SPOT.

GENERAL MEDIA RELEASE

Student Name _____ Date of Birth: ___/___/_____

Augsburg Fairview Academy may develop, participate in, or be the subject of media-based presentations and events that highlight various educational activities that take place during the course of the school year. These presentations/events may be developed by students, staff, and/or commercial enterprises.

1) **These media-based presentations may include but are not limited to:**
   a) **photographs of students and activities;**
   b) **slide/tape presentations;**
   c) **videotapes of students and activities;**
   d) **computer generated presentations which may incorporate scanned photographs and video clips; and**
   e) **computer based productions transmitted via telecommunications.**

2) **These media-based presentations may be used in:**
   a) **faculty in-services;**
   b) **parent programs;**
   c) **staff development activities;**
   d) **media festivals (local, state and international);**
   e) **public relations;**
   f) **newspaper articles;**
   g) **TV presentations; and**
   h) **Augsburg Fairview Academy-approved Internet web pages.**

I hereby give my permission to Augsburg Fairview Academy to publish my child's (/my) presentations (as listed above) in any of Augsburg Fairview Academy's media-based productions for the above stated purposes.

Parent/Guardian (or self for students 18 years or older):

_____ _____

Signature ***Date***

Note: Professional media presentations may require an additional release

GENERAL RELEASE OF LIABILITY FOR FIELD TRIPS

This General Release of Liability form is for all field trips during the 2009-2010 school year in the following categories:

- **Walking field trips, including walking field trips that intersect hazardous crossings; and**
- **Field trips requiring transportation but which are limited to the school day or less.**

THIS APPROVAL DOES NOT INCLUDE OVERNIGHT FIELD TRIPS.
ORAL APPROVAL FOR FIELD TRIPS CANNOT BE ACCEPTED.

Student's Name: _____

Date of Birth: ____/____/_____

Does this student have special health problems or handicapping conditions, requiring individual monitoring or supervision on these field trips? Yes No

If yes; what is the special consideration needed for the student?

_____

_____

I hereby give my permission for Augsburg Fairview Academy to include this student in any field trip like those described above during the 2009-2010 school year.

I understand that plans and precautions will be taken for the care and supervision of students during field trips and I understand that it is my responsibility to notify the school immediately if I do not want this student to attend a particular field trip.

I release Augsburg Fairview Academy and its faculty and staff involved in such field trips of any liability other than that of gross negligence.

I further agree that this student will be permitted to participate in other recreational or education activities during the periods of these field trips.

Parent or Guardian (or self for students 18 years or older):

_____ _____

Signature ***Date***

ACKNOWLEDGEMENT OF OPEN CAMPUS AND EARLY RELEASE POLICIES

Student's Name: _____

Date of Birth: ____/____/_____

<u>Open Campus</u> I acknowledge that I have been informed of the open campus policy that will be in effect at Augsburg Fairview Academy during the 2009-10 school year. Specifically, I understand that:

1) **The Academy operates as an open campus at which students are permitted to leave without restriction; and**
2) **Students may be away from the school site during the course of the day if they choose to leave during their lunch hour or if they are working independently on class assignments that take them out into the neighboring communities.**

<u>Early Release</u> I understand that the student named above may be released from school for the remainder of the day if and when the Academy's director or other designated authority determines that this student is not engaging productively in his/her classes, especially if he/she is also engaging in behavior that interferes with the learning of other students.

I understand that this is not a formal disciplinary action or suspension and that it will not be recorded in this student's permanent record. I understand that the intention of this release is to encourage students to see school as an important learning resource and to learn to use it productively.

I understand that the student is expected and, indeed, welcomed back on the next regular school day.

I further understand that the Academy will make a reasonable effort to inform me as soon as possible if and when this student is being released for the day. I understand that I may be informed after this student has left school.

I also understand that this student and I may be asked to meet with Academy teachers if this student is being released from school often enough for it to be of concern, so that we can, together, seek solutions to the difficulties that are keeping him or her from being more successful as a student.

Parent or Guardian (or self for students 18 years or older):

_____ _____

Signature ***Date***

SPECIAL INSTRUCTIONS

Student's Name: _____

Date of Birth: ____/____/_____

People on the following list are NOT to be contacted by the Academy or notified about this student.

_____ _____

_____ _____

People on the following list are NOT to be allowed to pick up this student from school.

_____ _____

_____ _____

Medication Release Form – List here any prescription medications that the student will need to bring and take at school

Name of Medication	Directions to Academy staff

Please identify any other issues or concerns that Academy staff should know about. Use the other side if needed.

Parent or Guardian (or self for students 18 years or older):

_____ _____

Signature ***Date***

ADULT STUDENT PARENTAL RELEASE

I _____

Name of Student

on this date of _____ / _____ / _____ declare that I am eighteen (18) years of age,or older,

as of my last birthday: _____ / _____ / _____.

I have been informed that, as a legal adult, no information about me that has been collected by Augsburg Fairview Academy may be shared with my parents or other family members without my express consent. My instructions regarding the release of private information about me are as follows:

Initial only one:

_____ I give my permission for Academy staff to release private information to my parents, either in writing or in conversation.

_____ I DO NOT give my permission for Academy staff to release private information to my parents, either in writing or in conversation.

I understand that I can change this decision at any time by simply executing and signing a new release which will replace this document.

Signed: _____

TO BE INSERTED AT THIS SPOT:

Application for Education Benefits (Federal)

Student Immunization Record

BE INSERTED AT THIS SPOT:

Parent Portal Information Packet from Pearson

with Login and Passwords