

Student Enrollment History

Student Name: _____

Grade: _____

Date of Birth _____

Ethnicity (Please check all that apply):

African American Caucasian Asian

Hispanic/Latino Native African Other (Please Explain) _____

Where was your child born? _____ Does your child have a birth certificate? YES NO

If not in the U.S., when did your child move to the U.S.? _____

Education History

Has your child been referred for special education or related services? YES NO

Is your child currently on an individualized education plan (I.E.P.)? YES NO

Has your child been enrolled in an English language program? YES NO

Enrollment History

Previous School Attended 2017-2018

School Name: _____ City/State: _____

Last Grade Attended: _____ Fax Number: _____

Enrollment History

Previous School Attended 2016-2017

School Name: _____ City/State: _____

Last Grade Attended: _____ Fax Number: _____

**Excell Academy
Audio/Video Release Form
2018-2019**

Dear Parents:

Throughout the school year, the media may visit our school to cover special events. Excell Academy may also wish to use your child's photograph, voice or student work for promotional and educational reasons, such as in brochures and newsletters, on the web site or at community fairs. Because of state law, a school must obtain your permission before your child's photograph or voice can be used by the media or by our school.

Please sign and return the bottom part of this page stating whether Excell Academy and the media have permission to use your child's photograph, student work or voice for promotional and educational purposes. Thank you for your cooperation.

.....
Please fill out below and return it to the school office.

_____ ***I give permission for*** _____

Student's name

to be filmed/photographed/interviewed by the media during school events and for Excell Academy to use my child's photograph/work/voice for promotional and educational purposes.

Parent/Guardian signature

Date

_____ ***I do not give permission for*** _____

Student's name

to be filmed/photographed/interviewed by the media during school events and for Excell Academy to use my child's photograph/work/voice for promotional and educational purposes.

Parent/Guardian signature

Date

EXCELL ACADEMY
Student Agreement for Using the Internet
2018-2019

I agree to the following guidelines:

1. I will use the internet as another educational resource.
2. I will not post personal contact information about myself or other people (name, address, telephone, school address).
3. I will not enter any chat rooms on the internet.
4. Email may be used only as a part of a class project. I will use polite and respectful language.
5. I understand inappropriate use will result in but is not limited to cancellation of the privilege of using the internet.

Parents please read and review these expectations with your child before signing this agreement.



Please sign below and return to school

I have read and understand the Student Agreement for using the Internet at Excell Academy and agree to follow it.

Parent/Guardian Signature _____

Student Signature _____

Date _____

EXCELL ACADEMY TRANSPORTATION SERVICES FORM

2018 – 2019

Each family **MUST** have a completed Transportation Form on file to indicate how your child will get to and from school daily.

My Family will NOT need Transportation this year. (Please fill out bottom portion)

Please be advised that we are not able to provide door to door services for our students. We will have assigned bus stops in your area. Grades K thru 2nd will have bus stops within 1 block of address. Grades 3rd thru 8th will have bus stops within a 2-3 block radius. If your address is outside of our transportation boundaries we can assign your child to the closest bus stop. If you have any questions, please contact Candace Dunbar at (763) 533-0500 ext.121.

PLEASE PRINT

Pick up address: _____

Drop off address: _____

NOTE: Please indicate if address is a daycare provider.

PLEASE PRINT CLEARLY!

Parent Name: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student Name: _____ DOB: _____ Grade: _____

Student Name: _____ DOB: _____ Grade: _____

Student Name: _____ DOB: _____ Grade: _____

Emergency Contact: _____ Relationship to Student: _____ Phone # _____
Other than Parent

OFFICIAL USE ONLY:

BUS #	STOP IN:	TIME:
BUS#	STOP OUT:	TIME:



REQUEST FOR STUDENT SCHOOL RECORDS

Please send school records for:

Child's Last Name _____

Child's First Name _____

M.I. _____

Gender: M F

DOB _____

Grade Entering 2018-2019 _____

Previous School Information

Previous School: _____

City/State: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

PLEASE INCLUDE:

- Birth Certificate
- Official School Records (transcripts, progress reports, report cards)
- Grades for the current year and time of withdrawal
- Health Records and Immunization Records
- Special Education Record, including current IEP and assessment reports
- Early Childhood screenings
- Student Behavioral and disciplinary reports
- Attendance records
- Test scores (ACCESS, MCA, MAPS or other)
- Other information which may be helpful in admission or placement of this student

I authorize for the release of school records for my child to Excell Academy for higher Learning

Parent/Legal Guardian Signature : _____

Date: _____

Please send records to: **Liliana Garcia**
E-mail: lgarcia@excellacademy.org
Fax: 763-533-0508
Phone: 763-533-0500 ext. 100

Excell Academy
2018-2019
Student Health Information

Student Name: _____ Birth Date _____ Boy Girl
Last First Middle

Grade/Room _____ School attended last year: _____

Parent/Guardian: _____ Phone: Home: _____ Work: Cell: _____

Dear Parent/Guardian:

Your child's health may affect his or her learning. Therefore, health information is important in planning for your child's needs at school. To ensure the best care for your child, your input and involvement is important. Please continue to update health staff as your child's health needs develop or change. Please complete this form and return it to school as soon as possible.

HEALTH CONCERNS

Please and explain if your child has any of the following:

- Attention Deficit Hyper-activity Disorder/Attention Deficit Disorder (ADHD/ADD)
- Allergies (to what: foods, medication, environmental?): _____
- Asthma or other breathing problems:
- Has your child ever been diagnosed by a Health Care Provider as having asthma? Yes No
- Has your child had episodes of wheezing (whistling in the chest)? Yes No
- In the past 12 months have you heard your child wheeze or cough after activity? Yes No
- Other breathing problem (describe) _____
- Chickenpox (List month and year he/she had disease) _____
- Diabetes: Type 1 Type 2 Managed by: Diet only Oral meds Insulin inj. Insulin Pump
- Heart Problems: _____
- Seizures: Type _____ Date of last seizure: _____
- Social/emotional/behavioral/mental health concerns: _____
- Other health concern or significant history of problems: _____
- Activity restrictions: _____
- Recent surgeries or hospitalizations: _____
- Receives Special Education /IEP/504 Services: _____
- No Health Concerns**

EMERGENCIES: Does your child have a known health problem that could result in an emergency? Yes No
If yes, describe: _____

MEDICATIONS

First, list ALL medications that your child takes: _____

Now, list **ALL** medications that your child needs DURING THE SCHOOL DAY. An authorization with parent and health care provider consent is required each school year for all the following listed prescription AND over-the-counter medications: _____

PLEASE TURN OVER AND COMPLETE BACK SIDE

Vision

- Glasses/contacts prescribed
- Wears glasses/contacts all of the time
- Wears glasses in classroom only
- No vision problem

Hearing

- Frequent ear infections (more than 3 per year in past year)
- Has ear tube(s)
- Hearing loss right ear left ear
- Hearing aid(s) right ear left ear
- No hearing problem

Comments: (Use this space to describe problems listed.)

HEALTH INSURANCE

- My child has health insurance:
 - Medical Assistance
 - Minnesota Care
 - Assured Care
 - Other (i.e. through work)
- My child's health insurance application is in process
- My child has no health insurance
- I request assistance with health insurance for my child.

HEALTH CARE PROVIDERS:

Does your child have a doctor or clinic where they usually go for health care? Yes No

Name of Doctor or Clinic	Location and Phone	Approximate Date of Last Exam
Primary Health Provider (regular doctor)		
Dental Provider		
Other Specialist (specify type):		

Hospital preference: _____

I attest to the above information and give permission for its release for confidential use in meeting my child's health and educational needs in school. (If you do not give permission for release, contact school administration)

Parent/Guardian signature _____ Daytime phone _____

Print Parent/Guardian name: _____ Date: _____

Parent/Guardian e-mail contact: _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

Home Language Profile

At Excell Academy, we strive to meet the needs of all our students. In order to get a **more accurate** picture of your child's language background, we would like to ask a few additional questions. These questions will help us determine whether your child may qualify for English language development instruction. If your child speaks another language or dialect of English, it **does not** mean your child will receive English language development services. He/She will first be screened to determine if they will benefit from academic English instruction.

1. Which language(s) did your child first learn? (Check all appropriate:)

<input type="checkbox"/> Afar <input type="checkbox"/> Arabic <input type="checkbox"/> Bassa <input type="checkbox"/> Dakota <input type="checkbox"/> English (Creolized) <input type="checkbox"/> English (Liberian) <input type="checkbox"/> English (Nigerian)	<input type="checkbox"/> English (American) <input type="checkbox"/> French <input type="checkbox"/> Fula <input type="checkbox"/> Gujarati <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Kru	<input type="checkbox"/> Mandingo <input type="checkbox"/> Ojibwe <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Urhobo <input type="checkbox"/> Yoruba <input type="checkbox"/> Other _____
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2. Which language(s) does your child usually speak? (Check all appropriate:)

<input type="checkbox"/> Afar <input type="checkbox"/> Arabic <input type="checkbox"/> Bassa <input type="checkbox"/> Dakota <input type="checkbox"/> English (Creolized) <input type="checkbox"/> English (Liberian) <input type="checkbox"/> English (Nigerian)	<input type="checkbox"/> English (American) <input type="checkbox"/> French <input type="checkbox"/> Fula <input type="checkbox"/> Gujarati <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Kru	<input type="checkbox"/> Mandingo <input type="checkbox"/> Ojibwe <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Urhobo <input type="checkbox"/> Yoruba <input type="checkbox"/> Other _____
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3. Which language(s) does your child understand and hear at home? (Check all appropriate:)

<input type="checkbox"/> Afar <input type="checkbox"/> Arabic <input type="checkbox"/> Bassa <input type="checkbox"/> Dakota <input type="checkbox"/> English (Creolized) <input type="checkbox"/> English (Liberian) <input type="checkbox"/> English (Nigerian)	<input type="checkbox"/> English (American) <input type="checkbox"/> French <input type="checkbox"/> Fula <input type="checkbox"/> Gujarati <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Kru	<input type="checkbox"/> Mandingo <input type="checkbox"/> Ojibwe <input type="checkbox"/> Spanish <input type="checkbox"/> Swahili <input type="checkbox"/> Urhobo <input type="checkbox"/> Yoruba <input type="checkbox"/> Other _____
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Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Excell Academy Household Information Survey

Please complete the following:

Name of Student: _____

Sex: _____ Male _____ Female

Birth Date: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement?

_____ Yes _____ No

2. Is this temporary living arrangement due to loss of housing or economic hardship?

_____ Yes _____ No

**If you answered YES to the above questions, please complete the rest of this form.
If you answered NO, you may stop here.**

Where is the student presently living? (**Check one**)

_____ In a **single** dwelling house or apartment

_____ With more than one family in a house or apartment

_____ With a family member such as grandparents, aunt, or uncle

_____ With a family friend

_____ Moving from place to place

_____ In a shelter

_____ In a motel

_____ In a place not designed for ordinary sleeping accommodations such as a car, park or campsite

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

Address/Telephone: _____

Thank you for your time and cooperation.