

**Student Enrollment History**

Student Full Name: \_\_\_\_\_

Grade:  KDG  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7  8<sup>th</sup> DOB: \_\_\_\_\_

<b>Race/Federal Ethnicity</b>	
Is your Student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race (check all that apply)</b>	<b>Ethnicity (check one)</b>
<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> American Indian <input type="checkbox"/> White, not of Hispanic Origin
Does your child have a birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your child born in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If not in the U.S., when did your child move to the U.S.? _____	
Has your child been referred for special education or related services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child currently on an individualized education plan (I.E.P)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is your students disability? (check all that apply)	
<input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Emotional/Behavior Disorders <input type="checkbox"/> Developmental Cognitive Disability <input type="checkbox"/> Other Health Disabilities <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Physically Impaired <input type="checkbox"/> Deaf- Hard of Hearing <input type="checkbox"/> Specific Learning Disabilities	<input type="checkbox"/> Speech/Language Impairments <input type="checkbox"/> Severely Multiple Impaired <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Visually Impaired
Please select any special developmental needs your child has that we should be aware of	
<input type="checkbox"/> Speech Language <input type="checkbox"/> Emotional Needs <input type="checkbox"/> Motor Development <input type="checkbox"/> Social Development <input type="checkbox"/> Self-help skills <input type="checkbox"/> Behavioral Problems <input type="checkbox"/> Attention Span <input type="checkbox"/> Other	
Has your child been enrolled in an English Language Program? (ESL, EL, ELL, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your student have a social worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name and phone number: _____	
Has your student ever been expelled from school? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where? _____	
Early Childhood Screening: If enrolling for Kindergarten, has your student been screened? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, where? _____	
<b>Previous School Attended 2019- 2020</b>	
School Name: _____ City/State: _____	
Last Grade Attended: _____ Fax Number: _____	
<b>Previous School Attended 2018-2019</b>	
School Name: _____ City/State: _____	
Last Grade Attended: _____ Fax Number: _____	



Office Use Only	
1 <sup>st</sup> request	
2 <sup>nd</sup> request	
3 <sup>rd</sup> request	

## REQUEST FOR STUDENT SCHOOL RECORDS

Please send school records for:

Child's Last Name	Child's First Name	M.I
DOB	Grade Entering 2020-2021	
	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	

### 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

*In accordance with revised Federal and State Statutes, written permission of the Parent/Legal Guardian is not required when records are requested by authorized school personnel.*

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

# Excell Academy

## Audio/Video Release Form

2020-2021

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, social media 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  
2020-2021

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 \_\_\_\_\_

# Minnesota Language Survey- 2020-2021

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

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, student 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.

<b>My student first learned</b>	<input type="checkbox"/> language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English
<b>My student speaks:</b>	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English
<b>My student understands</b>	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English
<b>My student has consistent interaction in:</b>	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> only English
<b>Indicate the language(s) other than English:</b>	

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.

**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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**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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**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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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 state reporting. At the district and at the Minnesota Department of Education, this information will not be shared with individuals or entities, except if they are authorized by state and federal law to access information. Compliance for this request is voluntary.

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

**EXCELL ACADEMY  
TRANSPORTATION SERVICES FORM  
2020 – 2021**

Each family **MUST** have a completed Transportation Form on file to indicate how your child will get to and from school daily. Only one form per family is needed. Please list all student names if there is more than one student.

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 2<sup>nd</sup> will have bus stops within 1 block of address. Grades 3<sup>rd</sup> thru 8<sup>th</sup> 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:

STUDENT NAME:

Reviewed by/date

2020-21 School Year
Student Health Information / Concerns

Student Name: Birth Date Male Female Grade

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

Dear Parent/Guardian:
Your child's health may affect his or her learning. Health information is important in planning for your child's needs at school. Your input and involvement are important. Please complete this form and return it to school as soon as possible.

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

- Yes No
Attention Deficit Hyper-activity Disorder/Attention Deficit Disorder (ADHD/ADD)
Allergies\* (to what?)
Has the allergy been diagnosed by a doctor?
Medication for allergy:
\*Complete allergy action plan if appropriate
Food Intolerance? Describe:
Asthma or other breathing problems: \*Complete asthma action plan if appropriate
Has asthma been diagnosed by a Health Care Provider?
Currently has an inhaler?
Ever hospitalized for asthma? If so, when was last hospitalization?
Other breathing problem (describe):
Diabetes: Type 1\* Type 2 \*Must complete diabetes emergency plan.
Managed by: Diet/Activity Oral meds Insulin injections Insulin Pump
Heart Conditions:
Seizures: Date & type of last seizure:
\*If yes must complete seizure action plan.
Has your child ever had a concussion or head injury? Describe:
Social/emotional/behavioral/mental health concerns:
Is there a current concern that your child has been a target of / instigator of bullying?
Recent surgeries or hospitalizations:
Activity restrictions:
Receives Special Education /IEP/504 Services
Other health concerns:

EMERGENCIES: Does your child have a known health problem that could result in an emergency? Yes\* No

\* Must complete emergency action plan
Please 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. A new consent is needed each school year.

Please complete and sign back of form

**Vision**

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

**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

**HEALTH INSURANCE:**

My child has health insurance: Yes No  
 I request assistance with health insurance: Yes No

**HEALTH CARE PROVIDERS:**

Does your child have a doctor or clinic where they usually go for health care? Yes No If yes, please complete the following:

_____	_____
<b>Primary Health Provider</b>	<b>Location and Phone</b>
_____	_____
<b>Dental Provider</b>	<b>Location and Phone</b>
_____	_____
<b>Other</b>	<b>Location and Phone</b>

**Hospital preference** \_\_\_\_\_

**I attest to the information provided and give permission for its release for confidential use in meeting my child’s health and educational needs in school. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, and/or allergies.**

**Parent/Guardian signature** \_\_\_\_\_ **Daytime phone** \_\_\_\_\_

**Print Parent/Guardian name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian e-mail contact:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The school intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested information—there will be no consequences—it may result in an incomplete health and safety plan for your child. The information you provide will one be shared with those whose jobs require access to this information to ensure your child's safety and school success. (MS section 13.04, Subdivision2)



# Excell Academy Household Information Survey

2020-2021

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.**

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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

# Student Goals for 2020-2021 School Year

Dear Families:

This questionnaire serves as a tool for you and Excell Academy to better accommodate your child's academic, social and creative needs for the 2020-2021 school year. Please fill out the following questionnaire as thoroughly and detailed as possible, and return it with the enrollment forms.

This goal sheet is in no way designed to discriminate against any child in any way. Its sole purpose is for you and Excell Academy to better support the needs of your child. *Please feel free to use the back of this sheet if you need more space to write.*

Student Name: \_\_\_\_\_ Grade Level \_\_\_\_\_

Academic Concerns (check all that apply)			
<input type="checkbox"/> Student may need help with American English <input type="checkbox"/> Reading Concerns <input type="checkbox"/> Math Concerns			
Do you have Behavior concerns? If yes, please describe			
What one task does your child enjoy the most? (Circle One)			
<table border="0" style="width: 100%;"><tr><td style="text-align: center;">Work Sheets</td><td style="text-align: center;">Written Assignments</td><td style="text-align: center;">Projects</td></tr></table>	Work Sheets	Written Assignments	Projects
Work Sheets	Written Assignments	Projects	
Does your child <u>prefer</u> to work alone or with others?			
What's the best way to get your child to follow instructions? How do you get your child to follow your instructions?			
Is your child more comfortable in a very structured environment or in an environment where there are more choices?			
How well does your child get along with her/her siblings or other children?			
What three (fun/play) things does your child enjoy doing the most? The least?			
What academic areas does your child enjoy the most? The least?			
What two things would you like to see happen in your child this school year?			

\_\_\_\_\_  
Name of parent/guardian completing goal sheet

\_\_\_\_\_  
Date