



**INNOVATION ACADEMY CHARTER SCHOOL DISTRICT 4282
2020-2021 ENROLLMENT PACKET**

Please Note: Downloading and completing the enrollment packet requires that the student must first complete enrollment form/application and be admitted because schools can not collect any information about a student other than contact information before students are enrolled in the school.

Student Information:

First Name: _____ Middle Name: _____
 Last Name: _____ Please check: Male or Female
 Date of Birth (MM/DD/YYYY) _____ **Grade Entering in September 2020:** _____
 Primary Address: _____
 City: _____ Zip: _____ Primary Phone: _____
 Primary Email: _____
 With Whom Does the Student Reside? _____ Relationship: _____
 Please list other children living in the home:

Name	Fall 2020 Grade	Applying to Innovation Academy Yes or No

* According to Minnesota statute 124.E11, a charter school shall give preference for enrollment to a sibling of an enrolled student and to a foster child of that parent and may give preference for enrolling children of the school's teachers before accepting other students by lottery. For this purpose, we request that you list above all children who are currently enrolled have applied for enrollment at Innovation Academy.

Legal Guardian #1:

First Name: _____ Last Name: _____
 Relationship to student: _____
 Include for Mailings? Yes No
 Address (If different from student): _____

 City: _____ State: _____ Zip: _____
 Home Phone (If different from student): _____
 Mobile Phone: _____ Work Phone: _____
 E-mail: _____

Legal Guardian #2 (if applicable):

First Name: _____ Last Name: _____

Relationship to student: _____

Include for Mailings? Yes No

Address (If different from student): _____

City: _____ State: _____ Zip: _____

Home Phone (If different from student): _____

Mobile Phone: _____ Work Phone: _____

E-mail: _____

Please answer the following questions regarding the student. Has the student moved to the United States from another country?

No _____ Yes _____ If Yes, Country: _____

If yes, date the student first entered the United States Month/Day/Year: _____

If yes, date the student first attended school in the United States Month/Day/Year: _____

Emergency Contact #1- Other Than Parent/Guardians:

If your child becomes ill at school or if school closes for an emergency please list someone who can care for him/her if we are unable to reach parents/guardians.

First Name: _____ Last Name: _____

Relationship: _____ Phone: _____

Emergency Contact #2- Other Than Parent/Guardians:

First Name: _____ Last Name: _____

Relationship: _____ Phone: _____

Racial Ethnic Information:

The following data is collected for the purpose of compliance with federal and state civil rights laws. Parents/guardians or age-appropriate students are asked to identify student's ethnicity and race.

Part A – Federal. Is student Hispanic/Latino(a)? (choose one)

- No, not Hispanic/Latino(a)
- Yes, Hispanic/Latino(a)

Part B – Federal. What is student's race? (choose one or more)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Part C - State. Please identify a category that best describes student's race and/or ethnicity

(choose only one)

Hispanic or Latino;

[A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.]

American Indian/Alaskan Native;

[Persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition]

Asian;

[A person having origins in any of the original peoples of the Far East, Southeast Asia or Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.]

Black or African American;

[A person having origins in any of the Black racial groups of Africa]

Native Hawaiian/Other Pacific Islander;

[A person having origins in any other original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.]

White; or

[A person having origins in any other original peoples of Europe, the Middle East, or North Africa]

Two or more races

Homeless Status:

This following information is used to ensure the educational rights and protection for students experiencing homelessness. A homeless individual is one who: (1) lacks a fixed, regular and adequate nighttime residence and(2) includes: (a) children and youths are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelter; are abandoned in hospitals; or are awaiting foster care placement; (b) children and youths who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings: and (c) children or youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. You are not required to complete the information in this section of the form. If you choose not to complete this section there may be a delay in the provision of services. Teachers, school leaders, and the Minnesota Department of Education (MDE) will have access to this information.

Is the student considered homeless?

Yes

No

If the student is considered homeless, what district and school did the student attend prior to becoming homeless?

If the student is considered homeless, what district and school is currently serving the location where the student is temporarily living?

Previous School Enrollment Information:

Has the student ever been enrolled in a school before?

Yes

No

List Previous Enrollment (List the most recent)

School #1

School District Name:

School Name: _____ City/State _____

Grade(s) Enrolled: _____

Withdraw Date: _____

Special Services:

Does the student have an IEP (Individualized Education Plan)?

Yes

No

If yes, what is the student's primary disability (if applicable) (Check all that apply)?

Autism Spectrum Disorders

Developmental Cognitive Disability

Developmental Delay

Deaf/Hard of Hearing

Emotional/Behavior Disorders

Other Health Disorders

Physically Impaired

Specific Learning Disability

Speech/Language Impairments

Traumatic Brain Injury

Visually Impaired

If your student's disability was not listed above or if you feel more explanation is necessary at this time, please describe.

Please feel free to include your student's most recent IEP and evaluation with enrollment documents.

Does the student have a 504 Education Plan?

Yes

No

Please feel free to include your student's most recent 504 Plan with enrollment documents.

Does your student currently receive ELL (English Language Learner) services?

Yes

No

Is the student currently enrolled in a Gifted/Talented program?

Yes

No

Has the student ever been expelled from a previous school?

Yes

No

The information provided above is current and represents accurate information about the student.

Parent/Legal Guardian Printed Name:

Parent/Legal Guardian Signature: _____

NOTE TO PARENTS:

- **In order to enroll for kindergarten, students must turn 5 on or before September 1 of enrollment year.**
- **Lottery will be conducted in accordance to our enrollment policy if applicable.**

Innovation Academy will provide equal educational opportunity for all students and will not unlawfully discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, parental status, status with regard to public assistance, disability, sexual orientation or age. Moreover, Innovation Academy also makes reasonable accommodations for students with disabilities.

Please return enrollment paperwork to:

Innovation Academy

4541 Villa Parkway, Unit C, Eagan, MN55122

Phone: 612-718-6309 Email: oolatoye@innovationsta.org

I hereby request that all educational, special education, health records and reports now on file concerning the following student be released to Innovation Academy, a Minnesota public charter school district #4268.

Student Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Grade Enrolling 2020-21: _____ Start Date: _____
(MM/DD/YYYY)

School Information

School the child is leaving: _____

School Address: _____

School Phone: _____ School Fax: _____

The following records are requested: *(Please send entire student records file.)*

- MARSS# _____
- Official School Records (transcript, progress reports, attendance and behavior records, and ELL scores)
- Grades for the current year and at the time of the withdrawal
- Numerical equivalent for letter grade (if applicable)
- Health and Immunization Records
- Athletic physical card
- Special Education Records, including IEP, Evaluation Report and Progress Report
- 504 Plan
- Achievement and Intelligence Tests scores
- Psychological Records/ Consultations
- Students behavioral and discipline records

I hereby authorize and grant permission for the release and transfer of the above-mentioned records:

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____ Date _____

Innovation Academy sends and requests copies of student records when a student transfers into or out of the school, in compliance with the Family Educational Rights and Data Privacy Act of 1974 and the Minnesota Data Practices Act. Please mail the requested information and direct all inquiries to:

Innovation Academy

4541 Villa Parkway, Unit C, Eagan, MN55122

Phone: 612-718-6309 Email: oolatoye@innovationsta.org

Minnesota Statue requires that all preschoolers be screened before entering public and some private kindergarten programs. This service is free of charge through your child's home school district. Charter school students are not required to participate in early childhood screening. While not required for charter schools, Innovation Academy strongly urges parents to have their child screened and to provide those results to Innovation Academy prior to the

start of the school year to assist with program planning. If your child does go through screening in your resident district, please let us know so we can contact the district for that information. As part of our commitment to academic excellence, our Kindergarten teachers will assess all incoming students to determine appropriate levels of instruction. These assessments will start in September and continue throughout the school year.

Student First Name: _____ Last Name: _____

Date of Birth: _____ Grade 2020-21: _____ Start Date: _____

Check which of the following applies:

- My child **HAS** participated in early childhood screening in the _____ school district. Please attach results, if possible. (school district name/number)
- My child **WILL** participate in early childhood screening in the _____ school district. (school district name/number)
- My child **HAS NOT** and **WILL NOT** participate in any early childhood screening.
- My child has received ECSE services from _____ (school district name/number)

I hereby authorize and grant permission for the release and transfer of the above-mentioned records.

Parent/Guardian Signature _____

Print Parent/Guardian Name _____ Date _____

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I hereby give my permission, as the parent/legal guardian of _____ for the use and reproduction by Innovation Academy of the video footage, photographs, voice recordings, or printed material in which my child's image, voice, or statements appear. I understand that the use of the participant's image, voice, or words will be primarily for the following purposes:

- Internal teacher learning - videos and teaching guides used and viewed as a learning tool for Innovation Academy and other instructional faculty or school leaders;
- Innovation Academy's website and marketing materials; and
- Media purposes approved by Innovation Academy's leadership including, but not limited to, television, newspaper, or radio pieces published or produced about Innovation Academy.

I hereby waive any right that I may have to inspect or approve the finished video or photographic product that may be used in connection herein.

By signing this media release form, as my **Student's Parent/Legal Guardian, I hereby assign, transfer, or otherwise convey all rights, titles and interests in and to the video, photographs, or media pieces created**, including without limitation all copyrights and other intellectual property rights therein. There is no time limit on the validity of this release nor is there any geographic specification of where these materials may be distributed.

In signing this form, I hereby release any and all actions and claims which I, my family members, our heirs, executors, or administrators may have against Innovation Academy, any and each of its Board of Directors, and their employees, representatives, agents, successors and assigns, arising for any reason whatsoever from the use, publication, distribution, or re-publication of words and/or images gathered during this activity.

I warrant that I am at least eighteen (18) years of age and acknowledge that I have thoroughly read and understand this Waiver and Release Form.

Print Parent/Legal Guardian: _____

Parent/Legal Guardian Signature _____

Date _____