

Aitkin High School
 306 SECOND STREET NW
 AITKIN, MINNESOTA 56431-1289

ENROLLMENT FORM

Tel: 218-927-2115 Fax: 218-927-2630

Today's Date: _____

For School Use:		
Student # _____	<input type="checkbox"/> MacBook Permission/Pledge form	<input type="checkbox"/> Food forms
Locker # _____	<input type="checkbox"/> Mac Insurance form	<input type="checkbox"/> Teachers contacted
	<input type="checkbox"/> FERPA form	<input type="checkbox"/> Health & Emergency Contact form
	<input type="checkbox"/> Schedule created	<input type="checkbox"/> Transcript
	<input type="checkbox"/> Legal documents	<input type="checkbox"/> Records requested
	<input type="checkbox"/> Transportation form	<input type="checkbox"/> McKinney-Vento
	<input type="checkbox"/> Ethnic Demographic Designation form	<input type="checkbox"/> Cumulative file made
		<input type="checkbox"/> Infinite Campus Portal form
		<input type="checkbox"/> Language form

Student Information:

School Enrolling in: _____ Start Date: _____

Has student attended school in Aitkin before? Yes No (if yes, when and grade) _____

Student: First Name (legal)	Middle Name (legal)	Last Name (legal)	DOB	Gender
Student's Social Security Number		Student's Nickname		Grade

General Information:

School most recently attended by student

School _____ District _____ Date Left _____ Last Grade Completed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Is this a MN public school? Yes No

1. Do any court orders apply? Yes No (if yes provide copy)
2. Is student receiving special education services (has an IEP?) Yes No
3. Does student have a 504 Plan? Yes No
4. Does your student have a Social Worker? Yes No

If yes, name and phone number _____

5. What is student's country of birth? _____

If not in the United States, when did student first enter the USA? (mm/dd/yyyy) _____

Other Information:

6. Is the student a member of a military family (parent or guardian is currently a Reservist, National Guard member, on Active Duty, or has recently retired from the armed forces)? Yes No

If yes, is the military member actively deployed or expects to be actively deployed this school year Yes No

7. Have you moved to this district for temporary seasonal agricultural or fishing work in the last 36 months? Yes No

Census - list additional children residing in the home		
First, Middle, Last Name & Birthdate (MM/DD/YYYY)	Gender	Pre-K - 12 Grade

The McKinney-Vento Homeless Education Assistance Act and the Aitkin Public Schools assures the educational rights for homeless and highly mobile students. Please answer the questions below that best describe your living situation (Check all that apply).

- In a shelter (family shelter, domestic violence, youth shelter) or transitional housing
- On the street
- Camping
- In a motel, hotel or weekly rate housing
- Live with friends or relatives because you cannot find or afford housing
- In an abandoned building, a car, park or public space
- Live with friends or relatives because you are an unaccompanied youth

As part of the McKinney-Vento Homeless Education Assistance Act, Minnesota public and charter schools must provide services that remove barriers to enrollment, attendance and educational success of students.

Would you like someone to contact you regarding community supports? Yes No

→ FAMILY INFORMATION - PRIMARY HOUSEHOLD

The primary residence of your students. Student information, mailings and parent portal access will be provided to custodial adults at this address.

First Name		M.I.	Last Name		Relationship to Student
Home Phone (is this an unlisted #)		Cell Phone		Work Phone	Email Address
First Name		M.I.	Last Name		Relationship to Student
Home Phone <input type="checkbox"/> unlisted?		Cell Phone		Work Phone	Email Address
Student lives with: (Check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Alone <input type="checkbox"/> Spouse <input type="checkbox"/> Homeless <input type="checkbox"/> Other – see above McKinney-Vento					
Custody: <input type="checkbox"/> Joint Physical <input type="checkbox"/> Sole Physical <input type="checkbox"/> Joint Legal <input type="checkbox"/> Sole Legal <input type="checkbox"/> Foster Parent <input type="checkbox"/> Ward of the State					

→ Current Address Student's Primary Household (where student is living)

House Number	Street Name	Apt. #	City	State	Zip
Do you use a PO Box? PO Box #		City	State	Zip	

→ If not in District 001– An open enrollment form will be needed from the District Office

The Aitkin Public School District Policy 515: Protection and Privacy of Pupil, requires that you provide court documentation to the District for our records. **If court documentation is not provided and the non-custodial parent requests information regarding the child(ren), the information will be released to them upon their request.**

→ SECOND PARENT/GUARDIAN MAILING – Parent/Guardian not living in the primary household with student.

First Name		M.I.	Last Name		Relationship to Student
Home Phone <input type="checkbox"/> unlisted?		Cell Phone		Work Phone	Email Address
House Number	Street Name	Apt. #	City	State	Zip
Do you use a PO Box? PO Box #		City	State	Zip	Custody: <input type="checkbox"/> Joint Physical <input type="checkbox"/> Joint Legal

I hereby verify that the above information is true and accurate to the best of my knowledge and belief. I understand that completing this form enrolls my student in the Aitkin Public Schools and grants permission to obtain all student records pertaining to my child.

Parent/Guardian Signature: _____ Date: _____

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 AND 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.

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select "yes" or "no" to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____



Aitkin Public Schools

INDEPENDENT DISTRICT NO. 1
AITKIN, MINNESOTA 56431

Tom Bruss
Transportation Supervisor

Michelle Alcox-Larson
Transportation Technician

Dear ISD #1 families,

Hello from all of us here at the Bus Garage. We hope all of you are getting outside to enjoy some spring weather. We are here at the garage starting to prepare for our 2020-2021 School year. We are sending out our transportation request forms now, so that our families are able to return them to us in time for us to get routes built for next year. Please fill out the attached form (**1 form per student**) and send it back to us in one of three ways:

1. Email to malcox@isd1.org (By taking a picture or scanning it in)
2. Drop off @ Aitkin High School, Rippleside, or Bus Garage
3. Mail to 306 2nd St NW Aitkin, MN 56431 Attention Bus Garage

Please have them returned to no later than July 15, 2020. If you have, any questions feel free to call Michelle or Tom at 218-429-0242. You can email Michelle at malcox@isd1.org.

Thanks so much for your time

Tom Bruss
Transportation Supervisor

Michelle Alcox-Larson
Transportation Technician

WE ARE ISD 1!



Aitkin Public Schools

306 2nd St NW

Aitkin, MN 56431

To help ensure the safety of our students, we require all families to complete a Transportation Request form for each student. This is to inform the Office and Bus Garage of the regular plan for student transportation. We recommend a consistent plan, as this is especially important for our young students. If any permanent changes need to be made during the school year, please contact the office or bus garage to complete a new form. The form needs to be on file for any permanent changes to take place.

Please complete this form:

- At the beginning of each new school year
- If your child is a new student
- For changes regarding Primary/Secondary location**

*Each student who qualifies, will be allowed transportation to a primary, and on occasion a secondary location. Parent are responsible for their own temporary arrangements.

- Please allow up to (3) school days for the request to be completed

STUDENT INFORMATION (1 student per form)

Student's Name (Please Print): _____

Primary Address: _____

Grade: _____ Teacher's Name: _____

Parent / Guardian Name : _____ Parent/Guardian Phone #: _____

REASON FOR REQUEST:

New student : _____ New School year: _____ Change to Primary/Secondary: _____

Date for change to be effective: _____ (Circle One) PRIMARY / SECONDARY / BOTH

Will your student require busing? Yes / NO (Please make sure the school has the correct address)

Does a bus currently go by your house? Yes / NO If so what bus? _____

Will you be requesting transportation to a secondary location? (Circle One) YES / NO

If Yes, please complete remainder of form:

Secondary Location Address: _____

Secondary Phone #: _____

Bus # (If known) : _____

Reasoning for the Secondary Location Request: _____

Parent / Guardian Signature: _____ Date: _____

SCHOOL EMERGENCY INFORMATION
AITKIN PUBLIC SCHOOLS

To Parent or Guardian:

The welfare of your child is the **FIRST** consideration of school authorities. In case of an emergency the school will contact you at once. It is your responsibility to make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school at a time when you are away from home.

THIS INCLUDES:

1. Designating a neighbor or relative to care for your child in their home until you can be reached.
2. Arranging for a person to care for your child when parents or guardians work or are routinely away from home when it is necessary for the school to send the child home because of illness.
3. Provide transportation home or to the doctor's office if necessary.
4. Please complete the SCHOOL EMERGENCY INFORMATION below and return to the school promptly. If you have a change of address during the school year, notify the school. This information will help the school authorities speed emergency care to your child according to your wishes.

Pupil's Name _____ Birthdate _____ Grade _____

Parent's Name _____ Phone _____ Dad's Work _____

Address _____ Mom's Work _____

City _____ State _____ Zip _____

Please explain unique living arrangements _____

Home E-mail Address: (if available) _____

If parent/guardian cannot be reached in case of illness, please call: (If necessary, use back of form for additional contacts.)

Emergency Contact Name	Relationship to Student	Phone
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Emergency Contact Name	Relationship to Student	Phone
------------------------	-------------------------	-------

Check if these are new emergency contacts and you would like current contacts removed.

In case of serious accident or illness, and parent/guardian cannot be reached, I authorize the school to obtain necessary treatment.

I have read the rules and regulations on this paper. _____
Signature of Parent or Guardian Date

**Aitkin Public Schools
Annual Health Update**

(Please print off and complete both pages of the form)

Complete one form per child in your household. Please be thorough. This information is important for providing a safe and healthy environment for your child, pertinent health information will be shared with school staff that works directly with your child.

Student Name _____ DOB _____ M/F _____ Grade _____

Health Care Provider and Clinic _____ Phone _____ Last Exam _____

Specialist and Clinic _____ Phone _____ Last Exam _____

Dentist and Clinic _____ Phone _____ Last Exam _____

Eye Care Provider and Clinic _____ Phone _____ Last Exam _____

Medical History (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Physical handicap | <input type="checkbox"/> Dental Problems |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent StomachAches | <input type="checkbox"/> Frequent Sore Throats |
| <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Anorexia/Bulimia |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Eczema | <input type="checkbox"/> Seizures/Epilepsy |
| <input type="checkbox"/> Speech Problems | <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Convulsions with Fever |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Kidney/bladder problems | <input type="checkbox"/> AIDS/HIV |
| <input type="checkbox"/> Orthopedic Conditions | <input type="checkbox"/> Mental health diagnosis | <input type="checkbox"/> Emotional/Behavioral Concerns |
| <input type="checkbox"/> Other (Please use back if needed) _____ | | |

If you marked any of the above, please explain _____

Allergies (check all that apply) Plant Food Drugs Animals Bee/insects Other

Please describe the specific trigger, reaction and interventions that you have found to be helpful: _____

Medication

Is medication needed for any condition: At home? Yes No At School? Yes No

Please list name, amount and time of day (use back if needed) _____

If medication is to be disbursed at school, please complete the "Parent Request for School Personnel to Dispense Medication for Minors" form. This can be found on the school website at <http://www.aitkin.k12.mn.us/> Click on *District – School Nurse – Medication Policy* or you may contact the office for a form.

Other Medical Information

List any operations, injuries, hospitalizations, or prolonged illnesses with dates _____

Please describe any restrictions or modifications needed (Gym, sports, diet, etc.) _____

Does your child wear glasses? Yes No Contact Lenses? Yes No

Please list any other information that you feel will help the school staff to better understand and work with your child (use the back if needed) _____

Parent/Guardian Release of Information and Consent

The information on the front and back of this form may be released to school personnel as needed to provide a safe and healthy learning environment for my child. My child has permission to be administered minor first aid on school grounds during the school day by school personnel. The school may share vaccination information back and forth with area clinics and public health.

Parent/Gaurdian Signature _____ Date _____

OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

Step One: *Ethnicity* (check one): Hispanic or Latino Not Hispanic or Latino

Step Two: *Race* (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

INSTRUCTIONS: Sources of income

Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"> Earnings from work Social Security Disability Payments Survivor's Benefits Income from person outside the household Income from any other source 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages A child is blind or disabled and receives Social Security A Parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses (before deductions or taxes) Net income from self-employment (farm or business) If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Cash Assistance from State or local government Supplemental Security Income Unemployment benefits Worker's compensation Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security Disability benefits Regular income from trusts or estates Annuities Investment income Regular income from outside household

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

Nondiscrimination statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, you have two options: 1. Complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at [Filing a Program Discrimination Complaint as a USDA Customer](#), http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office; or 2. Write a letter addressed to USDA; provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by one of the following methods:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax: 202-690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

AITKIN PUBLIC SCHOOLS PARENT PORTAL ACTIVATION KEY REQUEST FORM

PLEASE READ & INITIAL THE STATEMENTS BELOW

- I have read and understand the "Campus Portal Acceptable Use and Safety Policy"
- I understand that although data is in "real time" that student attendance and grades may not be updated daily.
- My computer meets the Computer System Hardware and Software Requirements outlined in the Campus Portal Handout
- I understand that the school cannot support technical computer questions not related to the Campus program.

Please print or type Parent/Guardian Information below:

<p>First Name <input style="width: 90%;" type="text"/></p> <p>Address <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>Home Phone <input style="width: 90%;" type="text"/></p>	<p>Last Name <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 90%;" type="text"/></p> <p>Work/Cell Phone <input style="width: 90%;" type="text"/></p> <p>Middle Name <input style="width: 90%;" type="text"/></p> <p>Zip <input style="width: 90%;" type="text"/></p> <p>Email Address <input style="width: 90%;" type="text"/></p>
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Please list the names of the students you expect to have access to (only children you are the legal guardian of):

First Name	Last Name	Grade	Relationship	School
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

*Parent Signature

Date

Approval Signature

e-mail confirmation sent: Yes No

Activation Key Issued? Y N

Date: