



Where science and imagination take flight

Welcome to Flagstaff Academy!!! We are excited that your family has been selected during the lottery process for the 2010-2011 school year. Now that you have been selected, we need you to complete the attached registration materials to become fully enrolled at Flagstaff Academy. All registration materials are due to the school within two business days after offer receipt. Please notify the school immediately if there will be any delay in delivery of legal/medical documents. All other forms must be received on schedule to complete registration. Please bring them to:

**Flagstaff Academy, Attn: Registrar
2040 Miller Drive, Longmont, CO 80501**

You will find several forms to fill out on our website. Some are required by the school district and some are optional. Refer to the list on the first page, "Enrollment Packet" form, to determine which are optional. Be sure to fill out all requested information.

If you are not a resident of the St. Vrain Valley School District an additional form will be required. This is not routinely included in every packet. Please let us know if you are from outside the district and we will provide this for you.

Reminder: Copies of the following documents are needed:

- Student's Birth Certificate
- Student's Social Security Card
- Student's Immunization Record

Non-refundable Activity Fee payment (see fee schedule on reverse side):

- \$230.00 ~ K-5th grade Activity Fee
- \$275.00 ~ 6th-8th grade Activity Fee

Kindergarten:

- \$230.00 ~ Kindergarten Activity Fee
- \$150.00 ~ Full day kindergarten deposit

If you have any questions, please call the school at 303-651-7900 x 201, or email enroll@flagstaffacademy.org. Again, congratulations! We are excited to have your family join Flagstaff Academy.

Sincerely,
Andrew Moore
Principal

Activity and Usage Fees

Unlike neighborhood schools, Flagstaff Academy, a public charter school of choice, must pay for building, utility, maintenance and upkeep costs. In order to maintain the excellent quality of the education our students receive, we must charge some activity, usage and workbook fees. Once the fee is paid, items such as student planners, workbooks, folders, etc. will belong to the student. Fees are very important to the daily operation of a public school of choice such as Flagstaff Academy.

Since ordering for the upcoming school year is done months in advance, the activity and usage fee is due upon acceptance of the available spot in the school. Items for each student will be ordered upon receipt of the activity and usage fee. In all cases the fees are due according to the schedule below. If the fee is not paid, the student may not have workbooks to use in a timely manner when school begins. In addition, if the fee is not paid, the student will be provided copies of work pages rather than workbooks, and will forego attending any non-curricular field trips attended by the class. If the student qualifies for the free or reduced lunch program the student will be exempted from the activity and usage fee for the school year upon delivery of proper documentation to the Flagstaff Academy business office. The application form for free and reduced lunch will be available at back to school night. *If you are considering applying for this please contact the business office at 303-651-7900 x 209.*

Activity and Usage Fees, Approved by Board of Directors

Grades K-5	\$230.00/student
Grades 6-8	\$275.00/student

New students:			
	Date Due:	Grades K-5 Amt Due	Grades 6-8 Amt Due
100% annual activity fee	upon acceptance or April 30, 2010	\$230.0	\$275.00
Full Day Kindergarten students:			
100% annual activity fee	upon acceptance or April 30, 2010	\$230.00	
100% deposit	upon acceptance or April 30, 2010	\$150.00	
Installment Payment	upon acceptance or August 1, 2010	\$ according to contract	

For more information please contact the Flagstaff Academy business office.

In all cases, once paid, the activity fee is NON-REFUNDABLE.



ENROLLMENT PACKET

Thank you for choosing the St. Vrain Valley School District. St. Vrain Valley School District Re-1J is an equal opportunity educational institution and will not discriminate on the basis of race, color, religion, sex, national origin, age, or disability in its educational programs, activities, or employment practices.

STUDENT ENROLLMENT CHECKLIST

Step One: Complete Enrollment Packet

- Enrollment Packet (one copy needed for each school)
- Student Enrollment Form or Preschool Registration Form
- Language Survey
- 2010-2011 Student Emergency Form
- 48 Hour Hold Form
- Authorization For Release of Student Records
- Acceptable Use Policy for Student Internet Use (4th- 8th grade only)
- McKinney-Vento Program (if applicable)
- Migrant Form (if applicable)

Step Two: Return to School with Completed Forms from Step 1 along with the following required items to complete enrollment of your child(ren)

~~VERIFICATION OF ADDRESS—REQUIRED*~~

(any one of the following)

- Utility Bill
- Contract to build/purchase a house
- Voter Registration Card
- Emancipated Student Documentation
- Homeless Student as verified by student services
- Student Driver's License

Not Required by Flagstaff Academy

STUDENT'S LEGAL BIRTH CERTIFICATE—REQUIRED*

To enroll in Kindergarten, a student must be 5 years of age on or before October 1.

To enroll in First Grade, a student must be 6 years of age on or before October 1.

STUDENT'S UP-TO-DATE IMMUNIZATION RECORD—REQUIRED*

(Parents with a religious, personal, or medical objection to immunizations may sign an exclusion statement included on the Colorado Certificate of Immunization.)

- DTP/DTaP/DT/Td
- Polio
- MMR
- Varicella
- Hepatitis B

CUSTODY DOCUMENTS (Required if student does not reside with both biological parents)*

(any one of the following)

- Notarized letter from other parent acknowledging student will be registered in a St. Vrain Valley School District school.
- Court document stating you are the residential custodian
- Notarized guardianship letter stating both parents are giving guardianship to another party in matters of health and education.

*PLEASE NOTE: Your child(ren)'s enrollment will NOT be final if any of the required documents are missing.



PRIMARY RESIDENCE

Telephone Number for the Primary Residence #: _____

Physical Address House #: _____ Street Name: _____ Unit #: _____
City: _____ County _____ State: _____ Zip Code: _____

Mailing Address (if different) House #: _____ Street Name: _____ Unit #: _____
City: _____ County _____ State: _____ Zip Code: _____

Is there an additional family living at this address? No Yes If yes, who? _____

If rented/leased, landlord's name _____ Contact Phone # _____

Primary Language Spoken at Home: English Spanish Other _____

Parent/Guardian #1 Last Name: _____ First Name: _____ Middle Initial _____

Nickname (if applicable) _____ Gender: Male Female

Cell Phone # _____ E-mail Address _____

Employer: _____ Work Phone # _____ Ext. _____

Parent/Guardian #2 Last Name: _____ First Name: _____ Middle Initial _____

Nickname (if applicable) _____ Gender: Male Female

Cell Phone # _____ E-mail Address _____

Employer: _____ Work Phone # _____ Ext. _____

Please list all children living in the household (even those who are not attending school or are attending a different school).

First and Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



SECONDARY RESIDENCE (IF APPLICABLE)

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school.

Note: **Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

Mailings are sent to the primary residence listed for the student(s).
Do you want an additional mailing to go to this address? Yes No

Telephone Number for the Secondary Residence #: _____

Physical Address House #: _____ Street Name: _____ Unit #: _____
City: _____ County _____ State: _____ Zip Code: _____

Mailing Address House #: _____ Street Name: _____ Unit #: _____
(if different) City: _____ County _____ State: _____ Zip Code: _____

Parent/Guardian #3 Last Name: _____ First Name: _____ Middle Initial _____
Nickname (if applicable) _____ Gender: Male Female
Cell Phone # _____ E-mail Address _____
Employer: _____ Work Phone # _____ Ext. _____

Parent/Guardian #4 Last Name: _____ First Name: _____ Middle Initial _____
Nickname (if applicable) _____ Gender: Male Female
Cell Phone # _____ E-mail Address _____
Employer: _____ Work Phone # _____ Ext. _____

Please list all children living at the Secondary Residence

First & Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



GENERAL INFORMATION AND POLICIES

Your signatures indicate that you have read and understand the information below.

CRS #22-33-104 COMPULSORY SCHOOL ATTENDANCE

Two of the most important factors in ensuring a child(ren)'s educational development are parental involvement and parental responsibility. It is the obligation of every parent to ensure any child(ren) under their care and supervision receives adequate education and training. Please partner with the St. Vrain Valley School District to ensure your child(ren)'s attendance at the public school in which they are enrolled.

I have read the above statement and understand and accept the responsibility to ensure my child(ren)'s attendance.

Parent/Guardian Signature

Date

The St. Vrain Valley School District encourages you to evaluate your own health and disability insurance to determine if you have adequate coverage for any injuries your child(ren) might sustain while at school or participating in school activities. Please be advised that the district does not carry insurance for your child(ren) on your behalf. The district may have no liability or only limited liability for injuries that occur at school or during school activities, pursuant to the Colorado Governmental Immunity Act. Voluntary Student Accident insurance is available to all students K-12. Application forms are distributed through the main office in each building.

Colorado Child Health Plan (CHP+) is a low cost health insurance plan for Colorado's uninsured children 18 and under whose families earn too much to qualify for Medicaid but cannot afford private insurance. To find out more about CHP+, call (800) 359-1991 or visit www.cchp.org.

Colorado law allows schools to withhold the grades, diploma, or transcript for unreturned or damaged textbooks, library materials, or unpaid fees for materials used in class.

I hereby certify that the student(s) being enrolled is(are) not enrolled in an online program including but not limited to Colorado Online Virtual Academy, Branson Online or Hope Co-Op Online Learning Academy, and that I have thoroughly read and understand the information and questions of this enrollment form as noted by my signature below.

Parent/Guardian Signature

Date



STUDENT ENROLLMENT FORM

School: _____ School Year: _____ Grade: _____

STUDENT:

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

Nickname: _____ Birthdate: _____ Gender: Male Female

Ethnicity: American Indian Asian Black Hispanic Caucasian

*Note: At this time, public schools are required by state and federal regulation to report one, and only one, ethnicity. Ethnic identification is provided by the parent/guardian or the emancipated student.

Relationship to Parent/Guardian 1: _____ Relationship to Parent/Guardian 2: _____

Relationship to Parent/Guardian 3: _____ Relationship to Parent/Guardian 4: _____

Child lives with: Both Parents Mother Only Father Only Joint Custody Other (specify) _____

Is this student **Open Enrolling**? No Yes

If yes, what school is this student's Designated Neighborhood School/District? _____

Is this student attending on a non-immigrant VISA? No Yes If yes, list type of VISA _____

Has this student ever received special education services, such as speech, occupational therapy, etc.? No Yes
If yes, is this student currently receiving special education services? No Yes

Is this student on a current or pending expulsion? No Yes
If yes, from what school/district _____ Dates of Expulsion _____
Reason for expulsion _____

ENROLLMENT HISTORY:

Has this student ever attended SVVSD? No Yes

This student has continuously attended a public school in the USA since _____
(Enter today's date if student has never attended in the USA or the most recent date if the student left the USA at any time.)
Month / Day / Year

This student has continuously attended a public school in Colorado since _____
(Enter today's date if student has never attended in CO or the most recent date if the student left the CO at any time.)
Month / Day / Year

EMERGENCY CONTACTS: (EMERGENCY CONTACTS ARE NOT THE PARENT/GUARDIAN).

Contact #1 Name: _____ Relationship to Student: _____

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

Contact #2 Name: _____ Relationship to Student: _____

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

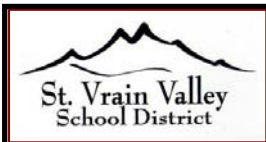
Contact #3 Name: _____ Relationship to Student: _____

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

I authorize, by my signature below, that if the above people cannot be reached, school personnel are authorized to use their best judgments in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Signature

Date



STUDENT ENROLLMENT FORM

PERMISSIONS

- I give permission to have my child photographed for school pictures and publication in the yearbook. No Yes
- I give permission to use my child's picture, without their name, on the Flagstaff Academy website. No Yes
- I give permission to have my child participate in marketing and news media coverage including honor roll publications. No Yes
- I give permission for our information to be included in the schoolwide directory. No Yes
- By enrolling my child at Flagstaff Academy I am agreeing to following the Parent/Student Handbook. No Yes
- I give permission for the St. Vrain Valley School District (and any person or company authorized by the District) to use and copyright all photographs, film, video, and/or recordings taken of this student by District staff (or their representatives) and understand that the District may use reproductions, alterations, or additions to them. I also understand that these reproductions may include authorized District websites and school district publications. No Yes

Parent/Guardian Signature

Date

Opt-out RideArrangers

Dear Flagstaff Families,



Transportation to and from school can present unique obstacles for families. To alleviate some of those difficulties, we are teaming with RideArrangers to provide free carpool matching assistance for families who are interested in sharing rides to and from school. RideArrangers is a program of the Denver Regional Council of Governments that has been helping families in the region form school-related carpools for fifteen years. Last year alone, RideArrangers assisted more than fifty schools and helped form more than 3,000 parent carpools.

Here's how it will work for Flagstaff:

- We will send our roster to RideArrangers in June. It will include names, addresses, phone numbers, and email addresses. Essentially, this is the same information provided in our Student Directory.
- In July, RideArrangers will mail each family a personalized list identifying which families live closest to them.
- Families receiving a list are not obligated to carpool and may keep the list as a reference. It is a great resource to meet families in the neighborhood, find potential babysitters, or contact families in the event that temporary transportation needs arise.
- If you are interested in carpooling, you will need to take the initiative to contact the families on your list to make your arrangements.
- RideArrangers assures us our roster will remain confidential and will only be used to match families at our school.
- If you have any questions regarding RideArrangers, please contact Mia Bemelen at (303) 480-6772 or mbemelen@drcog.org.
- Flagstaff Academy and RideArrangers assume no responsibility for carpools, but provide carpool information for your use. Potential users are advised to check their insurance coverage to assure that they are covered under these voluntary arrangements.

If you DO NOT want your information provided to RideArrangers, please complete the section. (Fill in the form only if you wish to refuse participation in RideArrangers. Your name will automatically be placed on the list if this form is not filled out.)

Parent/Guardian (please print) _____

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

_____ I do not want my name submitted to RideArrangers for carpool arrangements.



**PROGRAM ELIGIBILITY DESCRIPTIONS
FOR ENGLISH LANGUAGE LEARNERS**

This document informs I/we as parent(s) or legal guardian(s) about my/our child's eligibility for participation in ONE of the following programs listed below.

I/we understand this eligibility is based on careful review of my child's school records and the student language survey. If the student language survey indicates a language other than English is used more often in the home, then the **CELA** (Colorado English Language Assessment) Placement Test will be administered within 30 days of registration.

Parents will receive a notification letter of CELA Placement Test results within one month of testing. Students with CELA placement test results of "**NP**" (Non-Proficient) or "**AP**" (Approaching Proficient) are placed in the most appropriate **LIEP** (Language Instructional Educational Program: Bilingual, "**ESL**" - English As A Second Language or Newcomers). Students with CELA placement test results of "**P**" (Proficient) are placed in the mainstream classroom.

I/we have the option to change our decision regarding my/our child's placement in a program by indicating on the notification letter and submitting to my/our child's school.

Bilingual Program (grades K-5: designated elementary schools)*

The elementary Bilingual Program provides the opportunity for students to acquire the English language through ESL methods as a component of instruction, while developing literacy and math concepts in the Spanish language. The Bilingual program is a K-5 model which aims to transition students progressively into English instruction. Students exit the Bilingual program upon completion of 5th grade.

- *Eligible students will be transported to a designated elementary school IF the student's home school does not offer bilingual instruction.

English as a Second Language (grades K-5: designated elementary schools, - grades 6-12: all schools)

The ESL program provides the opportunity for students to develop their listening, speaking, reading and writing in English. Students who qualify for ESL services are those who score "**NEP**" (Non-English Proficient) or "**LEP**" (Limited English Proficient) on the annual CELA Fully Battery test. Instruction focuses on the English language and can occur in one of the following formats: pullout sessions from the regular classroom (approximately 30-45 minutes daily), regular scheduled ESL classes in the secondary setting, and/or tutoring sessions.

- Students are eligible to exit the ESL program when they obtain "**CSAP**" (Colorado State Assessment Program) scores of partially proficient or above in both reading and writing **AND** obtain CELA Full Battery scores of "**FEP**" (Fluent English Proficient).
- If CSAP scores fall below partially proficient in either reading or writing, students may be placed back into the ESL program and will take the annual CELA Full Battery Test.
- CSAP and Language Proficiency scores are available at your child's school and on file at the district Second Language office.

Newcomers Program (grades 6-8: Heritage MS)*

The Newcomer's program provides the opportunity for students who are new to the United States to develop their listening, speaking, reading, writing, math and concepts in the core curricular areas in English. For up to one academic year, students will be able to acclimate to the United States school system and culture while learning English.

- *Eligible students will be transported to Heritage MS if home school is not Heritage.
- Newcomers informational brochures are available at all Middle Schools.
- Student population at other secondary schools determine additional ESL classes for Newcomers



STUDENT LANGUAGE SURVEY

2010/2011

FLAGSTAFF SCHOOL USE ONLY		
Student ID	Grade	Date Enrolled
Mark appropriate space below for Language Instructional Educational Program (LIEP)		
_____ ESL		

SCHOOLS PLEASE NOTE: Promptly send **FULLY** completed original form to the ELA Office. File xerox copy in student cum. folder.

Student First Last Name	Student Second Last Name	Student First Name	Student Middle Name
Student Country of Birth:		Student Date of Birth: / /	
Did your child attend school in another country?		Yes _____	No _____
_____ Which country?	_____ How many years?	_____ Language(s) of instruction	
Has your child previously attended St. Vrain Valley School District?		Yes _____	No _____
_____ Which pre school?	_____ Which school(s)?	_____ Language(s) of instruction	

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. If a student's survey indicates a native language other than English, the student will be placed in what is believed to be the most appropriate Language Instructional Educational Program (LIEP): Bilingual, ESL, (English as a Second Language), Newcomer, or Regular School Program. A valid English language proficiency assessment will be administered within 30 days to determine if the placement of your child remains the most appropriate LIEP.

- a) **Is English the native language of the home?** Yes _____ No _____
- b) **Is English the primary language of the home?** Yes _____ No _____
1. What language(s) did your **child** use when he/she first began to talk? _____
 2. What language(s) does your **child** speak at home? _____
 3. What language(s) do **you** (parents/guardians) use when you speak to your child? _____
 4. What language(s) do the **adults** (parents, guardians, grandparents or any other adults) use on a daily basis when speaking to each other in the home? _____
 Does your child understand the conversations? Yes _____ No _____
 Does your child participate in the conversation, even if he/she might use English? Yes _____ No _____
 5. In what language(s) does **your child** read and write? Read _____ Write _____
 6. In what language(s) do **you** read and write? Read _____ Write _____

_____ parent/guardian signature(s)



Flagstaff Academy Student Emergency Card 2010-2011

Student's Name, Last _____ M ___ F ___
 First _____ Middle _____ Birthdate _____ Grade _____

Address _____ City _____ Zip _____ Home Phone Number _____
 P.O. Box _____ Student's Social Security # _____ Child Lives With ___ Mother ___ Father ___ Both ___ Other
 Extra mailings (sent to families with 2 households) ___ Yes ___ No
 Mother's/Guardian's Name _____ Father's/Guardian's Name _____
 Work/DaytimePhone _____ Work/DaytimePhone _____
 Pager/Cell Phone _____ Pager/Cell Phone _____
 Email _____ Email _____

Family Physician's Name _____ Phone _____ Hospital _____
 Family Dentist _____ Phone _____

EMERGENCY AND TRANSPORTATION CONTACT NUMBERS DURING SCHOOL HOURS

In case of illness or transportation needs, parent or guardian will be contacted first. If we are unable to reach parent/guardian, please list names in the exact order you want the school to call. Indicate relationship: parent, grandparent, aunt, friend, etc.

	NAME OF CONTACT PERSON	DAYTIME PHONE	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PLEASE COMPLETE ENTIRE CARD AND SIGN
 HEALTH INFORMATION ON YOUR CHILD WILL BE SHARED WITH CLASSROOM TEACHER AND ANY OTHER STAFF
 MEMBERS THAT HAVE A NEED TO KNOW.

HEALTH INFORMATION: List any significant or on-going health condition. Examples: severe allergies/epi pen, asthma/respiratory ailments, ADD/ADHD, birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, convulsions/seizures, prior head injury/concussion, or any other condition relevant to school or athletics or activities.

PLEASE EXPLAIN _____

MEDICATIONS taken on a regular basis
 AT SCHOOL _____
 AT HOME _____
 ALLERGIC TO _____

NO MEDICATION WILL BE ADMINISTERED BY SCHOOL OFFICIALS WITHOUT WRITTEN INSTRUCTIONS FROM THE
 PHYSICIAN REGARDING DOSAGE AND FREQUENCY OF DOSE AND PARENT SIGNATURE.

I, the undersigned, do hereby authorize officials of Flagstaff Academy (in St. Vrain Valley School District) to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this card, or parents cannot be contacted, the school official are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold the school or district liable for the emergency care given.

If school personnel are unable to contact parents or other person(s) named on this card to provide transportation for a sick or injured child, said child will be transported to the hospital, doctor's office or home by ambulance, or other available transportation. I agree the school district will not be held financially liable for any transportation costs. ALL COSTS WILL BE ASSUMED BY PARENT(S).

IT IS THE PARENT'S RESPONSIBILITY TO KEEP EMERGENCY INFORMATION ON THIS CARD CURRENT.

 Date Signature of parent or guardian

SAFE SCHOOLS LEGISLATION REGISTRATION ADDENDUM

NOTIFICATION OF 48-HOUR REGISTRATION HOLD:

Your student's registration as a student in the St. Vrain Valley School District may be held up to 48 hours (two working days). State law, C.R.S. 22-33-106(3)(c and f), provides the school in which he/she wishes to enroll the ability to deny admission if the student has:

- a) been expelled from any school district during the preceding 12 months; and/or,
- b) engaged in behavior in another school district during the preceding 12 months that is detrimental to the welfare or safety of other pupils or school personnel.

PURPOSE:

During the 48-hour hold, the receiving St. Vrain Valley School will contact the school(s) your student attended during the past 12 months to verify that neither of the conditions described above exists. Additionally, previous school personnel may be able to alert the receiving school to ways in which we may best serve your student.

It is not the intent of the receiving school or the district to cast doubt upon the ability of your student to perform academically or behaviorally as a pupil in the receiving school. This process assists the receiving school in remaining within parameters described in district policy and state law. Further, it reduces the probability of inappropriate speculation as to the nature of the student's disciplinary record at their previous school.

DECLARATION:

AS THE PARENT OR GUARDIAN OF THE ENROLLING STUDENT, YOU ARE REQUESTED TO DECLARE THE STUDENT'S STATUS AT HIS/HER PREVIOUS SCHOOL. PLEASE CHECK ALL THAT APPLY.

NAME OF STUDENT: _____ DATE OF BIRTH: _____

GRADE: _____

This student has not been expelled from any school district during the preceding 12 months.

This student had no significant disciplinary problems (multiple suspensions or serious infractions of school policy/rules) at his/her previous school.

NAME OF PREVIOUS SCHOOL: _____

ADDRESS OF SCHOOL: _____

PHONE NO: _____

NAME OF PERSON TO CONTACT: _____

SIGNATURES:

I have read and understand the above. I verify that the information provided is true to the best of my knowledge. I have provided enrolling school with a full disclosure of all information outlined above.

Parent/Guardian Signature

Student Signature

Date

FOR USE BY ENROLLING SCHOOL ONLY

SCHOOL CONTACTED: DATE: _____ BY: _____

NAME OF PERSON CONTACTED: _____ TITLE: _____

INFORMATION PROVIDED ABOVE IS CORRECT: YES _____ NO _____

COMMENTS: _____

Principal/Administrator Signature

Date

Revised 1/2005



Where science and imagination take flight

2040 Miller Drive
Longmont, CO 80501
PH 303-651-7900
FX 303-651-7922

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

I hereby authorize:

Name of last school attended

Street Address

City State Zip

Phone Number

Fax Number

To release to Flagstaff Academy all records (transcripts of grades, cumulative records, test results, health records, including immunization and health records, etc.) in the cumulative file and all education files (including special education) of:

<u>Name of Student</u>	<u>Grade</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE SEND RECORDS TO:

Flagstaff Academy
2040 Miller Drive
Longmont, CO 80501

Signature of Parent or Guardian

Date

Flagstaff Academy

4-8th Grade Technology Lab

Greetings Flagstaff Families...

The Internet, the World Wide Web and electronic communications have vast potential to support curriculum and student learning at Flagstaff Academy. These technologies require students to think critically, analyze information, write clearly, use problem-solving skills and hone their computer and research skills. The use of these tools also encourages an attitude of lifelong learning and offers an opportunity for students to participate in distance learning activities, communicate with other students, and locate material to meet educational and information needs.

With these benefits in mind, Flagstaff will be issuing Google accounts to be used by students as part of their Middle School curriculum. Google tools, such as email, presentations, spreadsheets, web page design and word processing provide a rich environment for collaboration, exploration and productivity. To learn more about the potential of Google's tools for education, please visit www.google.com/educators.

Attached please find a copy of Flagstaff's Acceptable Use Policy (AUP) for Student Use of the Internet and Electronic Communications. This document provides important information regarding the appropriate use of the internet and electronic communications. In addition, it provides two sign-off sheets for you to use to indicate to Flagstaff Academy that you and your student have read the AUP and that you understand its significance.

Please meet with your student(s) and carefully read the document. Then please complete the two sign-off forms and return them to school. Upon the completion of the forms, your student will be issued a Google account which will open a rich suite of learning tools that will become an important part of each student's learning experience at Flagstaff Academy.

Thank you for investing the time to meet with your student(s) to go over the AUP. We look forward to an exciting year full of the new learning opportunities that are afforded by the addition of the Google suite of tools.

If you have any questions or comments, please feel free to contact me directly at pingersoll@flagstaffacademy.org.

All the Best,

Mr. Ingersoll
Technology Teacher
Flagstaff Academy

Acceptable Use Policy (AUP) for Student Use of the Internet and Electronic Communications

Flagstaff Academy
2040 Miller Drive
Longmont, CO 80501

Version 121409 - December, 2009

The Internet, a global computer network referred to as the World Wide Web, and electronic communications (e-mail, chat rooms and other forms of electronic communications) have vast potential to support curriculum and student learning. The school believes they should be used as a learning resource to educate and to inform.

Use of the Internet and electronic communications require students to think critically, analyze information, write clearly, use problem-solving skills and hone computer and research skills that employers demand. Use of these tools also encourages an attitude of lifelong learning and offers an opportunity for students to participate in distance learning activities, ask questions of and consult with experts, communicate with other students and individuals, and locate material to meet educational and personal information needs.

The school believes the educational opportunities inherent in these tools far outweigh the possibility that users may procure material not consistent with the educational goals of the school. However, the Internet and electronic communications are fluid environments in which students may access materials and information from many sources, including some that may be harmful to students. The school acknowledges that while it is impossible to predict with certainty what information students might locate or come into contact with, it desires to take all reasonable steps to protect students from accessing material and information that is obscene, pornographic or otherwise harmful to minors. Students shall take responsibility for their own use of the school computers and computer systems to avoid contact with material or information that may be harmful to minors.

Blocking or Filtering Obscene, Pornographic and Harmful Information

Software that blocks or filters material and information that is obscene, pornographic or otherwise harmful to minors shall be installed on all school computers having Internet or electronic communications access. Students shall report access to material and information that is obscene, pornographic, harmful to minors or otherwise in violation of this policy to the supervising staff member. If a student becomes aware of other students accessing such material or information, he or she shall report it to the supervising staff member.

No Expectation of Privacy

School computers and computer systems are owned by the school and are intended for educational purposes at all times. Students shall have no expectation of privacy when using the Internet or electronic communications. The school reserves the right to monitor, inspect, copy, review, and store (at any time and without prior notice) all usage of school computers and computer systems, including all Internet and electronic communications access and transmission/receipt of materials and information. All materials and information accessed/received through school computers and computer systems shall remain the property of the School.

Unauthorized and Unacceptable Uses

Students shall use school computers and computer systems in a responsible, efficient, ethical, and legal manner. Because technology and ways of using technology are constantly evolving, every unacceptable use of school computers and computers systems cannot be specifically described in policy. Therefore, examples of unacceptable uses include, but are not limited to, the following.

No student shall access, create, transmit, retransmit, or forward material or information: that promotes violence or advocates destruction of property including, but not limited to, access to information concerning the manufacturing or purchasing of destructive devices or weapons that is not related to school education objectives that contains pornographic, obscene or other sexually-oriented materials, either as pictures or writings, that are intended to stimulate erotic feelings or appeal to prurient interests in nudity or sex that harasses, threatens, demeans, or promotes violence or hatred against another person or group of persons with regard to race, color, sex, religion, national origin, age, marital status, disability, or handicap for personal profit, financial gain, advertising, commercial transaction, or political purposes that plagiarizes the work of another without express consent that uses inappropriate or profane language likely to be offensive to others in the school community that is knowingly false or could be construed as intending to purposely damage another person's reputation in violation of any federal or state law, including but limited to copyrighted material and material protected by trade secret that contains personal information about themselves or others, including information protected by confidentiality laws using another individual's Internet or electronic communications account without written permission from that individual that impersonates another or transmits through an anonymous remailer that accesses fee services without specific permission from the system administrator or Flagstaff staff member.

Security

Security on school computer systems is a high priority. Students who identify a security problem while using the Internet or electronic communications must immediately notify a system administrator Flagstaff Academy staff member. Students should not demonstrate the problem to other users. Logging on to the Internet or electronic communications as a system administrator is prohibited.

Students shall not:

- Use another person's password or any other identifier
- Gain or attempt to gain unauthorized access to school computers or computers systems
- Read, alter, delete, or copy, or attempt to do so, any electronic communications or files of other system users
- Any user identified as a security risk, or as having a history of problems with other computer systems, may be denied access to the Internet and electronic communications.

Safety

Students shall not reveal personal information, such as home address or phone number, while using the Internet or electronic communications. Students shall not use their last name or any other information that might allow another person to locate him or her without first obtaining permission of the supervising staff member. Students shall not arrange face-to-face meetings with persons met on the Internet or through electronic communications.

Vandalism

Vandalism will result in cancellation of privileges and may result in school disciplinary action and/or legal action. Vandalism is defined as any malicious or intentional attempt to harm, destroy, modify, abuse, or disrupt operation of any network within the School or any network connected to the Internet, operation of any form of electronic communications, the data contained on any network or electronic communications, the data of another user, usage by another user, or school-owned software or hardware. This includes, but is not limited to, the uploading or creation of computer viruses and the use of encryption software.

Unauthorized Software

Students are prohibited from using or possessing any software that has been downloaded or is otherwise in the user's possession without appropriate registration and payment of any fees owed to the software owner.

Assigning Student Projects and Monitoring Student Use

The school will make every effort to see that the Internet and electronic communications are used responsibly by students. Administrators, teachers, and staff have a professional responsibility to work together to monitor students' use of the Internet and electronic communications, help students develop the intellectual skills needed to discriminate among information sources, to identify information appropriate to their age and developmental levels, and to evaluate and use information to meet their educational goals. Students shall have specifically defined objectives and search strategies prior to accessing material and information on the Internet and through electronic communications.

Opportunities shall be made available on a regular basis for parents to observe student use of the Internet and electronic communications in schools. All students shall be supervised by staff while using the Internet or electronic communications. Staff members assigned to supervise student use shall have received training in Internet and electronic communications safety and monitoring student use.

Student Use is a Privilege

Use of the Internet and electronic communications demands personal responsibility and an understanding of the acceptable and unacceptable uses of such tools. Student use of the Internet and electronic communications is a privilege, not a right. Failure to follow the use procedures contained in this policy will result in the loss of the privilege to use these tools and may result in school disciplinary action and/or legal action. The School may deny, revoke or suspend access to school technology, or close accounts at any time. Students and parents/guardians shall be required to sign Flagstaff Academy's Acceptable Use Policy (AUP) for Student Use of the Internet and Electronic Communications annually before Internet or electronic communications accounts shall be issued or access shall be allowed.

School Makes No Warranties

The School makes no warranties of any kind, whether expressed or implied, related to the use of school computers and computer systems, including access to the Internet and electronic communications services. Providing access to these services does not imply endorsement by the school of content, nor does the school make any guarantee as to the accuracy or quality of information received. The School shall not be responsible for any damages, losses, or costs a student suffers in using the Internet and electronic communications. This includes loss of data and service interruptions. Use of any information obtained via the Internet and electronic communications is at the student's own risk.

LEGAL REF: 47 U.S.C.254(h) (Children's Internet Protection Acts of 2000)

47 U.S.C.231 (child Online Protection Act of 1998)

20 U.S.C.6801 et seq. (Elementary and Secondary Education Act)

Acceptable Use Agreement for Student Use of the Internet and Electronic Communications

Flagstaff Academy
 2040 Miller Drive
 Longmont, CO 80501
 Version 121409 - December, 2009

Annual Acceptable Use Agreement

Student

I have read, understand, and will abide by Flagstaff Academy's **Acceptable Use Policy (AUP) for Student Use of the Internet and Electronic Communications**. Should I commit any violation or in any way misuse my access to the school's computers or computer system, including use of the Internet and electronic communications, I understand and agree that my access privileges may be revoked and disciplinary and/or legal action may be taken.

If I am 18 years or older, I hereby release Flagstaff Charter Academy from all costs, claims, damages, or losses resulting from my use of district computers and computer systems, including all of the Internet and electronic communications, including but not limited to, any user fees or charges incurred through the purchase of goods or services.

Your signature on this **Acceptable Use Agreement** is binding and indicates you have read the **Acceptable Use Policy (AUP) for Student Use of the Internet and Electronic Communications** and understand its significance.

Student name (printed): _____

Student signature: _____

Date of Birth: _____

Grade Level: _____

Date: _____

Acceptable Use Agreement for Student Use of the Internet and Electronic Communications

Flagstaff Academy
 2040 Miller Drive
 Longmont, CO 80501
 Version 121409 - December, 2009

Annual Acceptable Use Agreement

PARENT OR GUARDIAN

If the student/user is under 18 years of age, a parent or guardian must also sign this agreement. As the parent or guardian of this student, I have read Flagstaff Academy's **Acceptable Use Policy (AUP) for Student Use of the Internet and Electronic Communications**. I understand that access to the Internet and electronic communications is designed for educational purposes and that the School has taken reasonable steps to block or filter material and information that is obscene, pornographic or otherwise harmful to minors.

I also recognize, however, that it is impossible for the School to prevent access to all materials or information I might find harmful or controversial and I agree not to hold Flagstaff Charter Academy responsible for any such materials and information accessed by my child. I accept full responsibility for supervision if and when my child's use of a school's account for Internet or electronic communications use is not in a school setting.

I hereby release Flagstaff Charter Academy from all costs, claims, damages, or losses resulting from my child's use of school computers and computer systems, including use of the Internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

I hereby give permission to issue an Internet and electronic communications account for my child and certify that the information contained on this form is true and correct.

Your signature on this Acceptable Use Agreement is binding and indicates you have read the **Acceptable Use Policy (AUP) for Student Use of the Internet and Electronic Communications** and understand its significance.

Parent / Guardian name(s) (printed): _____

Parent / Guardian signature(s): _____

Date: _____

Student Residency Questionnaire for McKinney-Vento Program
St. Vrain Valley School District

The McKinney-Vento Assistance Act protects the educational rights of students who do not currently have permanent housing. Your answers help determine the services this student may be eligible to receive at no cost and will be kept confidential. Please complete one form per child.

Present Housing Situation:

Please check the box(es) that apply

- in a shelter (emergency or safehouse)
- in a motel, car or campsite
- living with friends or extended family members due to your family's economic hardship
- in transitional housing program
- awaiting foster care placement
- highly mobile, moving every few nights
- inadequate housing (lacks kitchen or bathroom facilities)

Is this student an unaccompanied youth (not in the physical custody of parent/guardian)?
Yes or No

If you checked any of the choices above, PLEASE CONTINUE BELOW

Child's Full Name _____

Date of Birth _____

School _____

Grade _____

Address _____

How long have you lived at this address? _____

Phone Number _____

YES NO We would like help with school supplies.
 Please speak with the front office staff of your child's school.

FOR OFFICE USE ONLY

Please make appropriate changes to the residency status on student info page in SMS, and return to Crystal Adams, Student Services.

Phone: 303-702-7809 Fax: 303-651-3066

Program Eligibility Survey

Dear Parents,

Our district receives funding to provide additional support and services for students that qualify for specific programs. Your cooperation in completing and returning this form will assist us to identify eligible students and for our district to receive supplemental funding. All information is confidential and will not be used for any other purpose. Thank you for completing and returning this form as soon as possible.

1. Have you lived in your present city or school district for less than 3 years? Yes No
2. Has either parent/guardian ever **intended to work in**, looked for employment, or worked in any of the following areas in the past 3 years? Yes No

If **yes**, please mark the appropriate employment area(s) with an X.

- | | |
|--|---|
| <input type="checkbox"/> Farming/Ranching
<input type="checkbox"/> Planting/Harvesting Field Crops
<input type="checkbox"/> Poultry
<input type="checkbox"/> Dairy
<input type="checkbox"/> Food Processing Plant
<input type="checkbox"/> Meat Packing Plant
<input type="checkbox"/> Sort/Grade/Sack Vegetables and/or Fruits
<input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits
<input type="checkbox"/> Seed Packaging | <input type="checkbox"/> Trucking/Hauling Fruits or Vegetables
<input type="checkbox"/> Canning
<input type="checkbox"/> Orchards
<input type="checkbox"/> Greenhouse/Nursery
<input type="checkbox"/> Christmas Tree Processing/Forestry
<input type="checkbox"/> Irrigation
<input type="checkbox"/> Fence Construction on Farms or Ranches
<input type="checkbox"/> Sod Farms
<input type="checkbox"/> Feed Lots |
|--|---|

3. Parents/Guardians Names: _____ Date: _____
 Address: _____ Apt # _____
 City: _____ Zip Code: _____
 Phone Number: (____) _____ Best time to call: _____

4. Please list all children in your home from birth to 22 years of age.

First and Last Name	Date of Birth	School

395 South Pratt Parkway • Longmont • CO • 80501-6499

Registration

Schools: Return this form to Rocio Reyes at Student Services



Where science and imagination take flight

Kindergarten Enrichment Program Enrollment Contract for School Year 2010-2011 Program Begins August 2010

Student's (printed) Name _____

The tuition and fee schedule for the **Kindergarten Enrichment Program** (KEP) are as follows:

	Total Tuition:	Activity and Usage Fee:
<u>Kindergarten Enrichment Program:</u>	\$ 3000.00	\$230.00

Upon enrollment into the program, a non-refundable enrollment fee of **\$150.00** is due and payable immediately. This \$150 is included in the total cost of the Kindergarten Enrichment Program for Flagstaff Academy.

Please choose one of the following payment plans:

Payment in Full: The nonrefundable Activity and Usage Fee and the Enrollment Fee are due at the time of enrollment. The entire (KEP) balance of \$2850.00 is due on or before August 1, 2010.

Partial Payments: The nonrefundable Activity and Usage Fee and the Enrollment Fee are due at the time of enrollment. The (KEP) balance is due as follows: Payment #1 for \$950.00 is due to Flagstaff Academy on or before August 1, 2010; payment #2 for \$950.00 is due to Flagstaff Academy on or before November 1, 2010; payment #3 for \$950.00 is due to Flagstaff Academy on or before February 1, 2011.

Monthly Payments: The nonrefundable Activity and Usage Fee and the Enrollment Fee are due at the time of enrollment. The (KEP) balance will be paid in **nine (9) monthly payments** of \$316.67 each to Flagstaff Academy the first day of the month starting August 1, 2010 and ending with the April 1, 2011 payment.

Payments will be accepted in the form of cash, personal check, and bank generated check. All funds are due in US dollars. Payments are due on the first day of the month according to the payment plan chosen above. A late payment fee of \$25.00 will be assessed on any payment made after the 10th day of the month in which it is due. All checks returned for any reason will be assessed a returned check fee for the maximum amount allowed by law. The check writer is also responsible for all other check recovery costs including all attorney's fees, court costs, and taxes. Student records and transcripts may be held by the school if payment for services is not made in full. Any student may be dropped from the **Kindergarten Enrichment Program** class list at any time if payments are not kept current. If it is necessary to drop a child from the program, the child will be placed in our half-day kindergarten programs at the school's discretion.

Flagstaff Academy is a non-profit institution dependent upon tuition payments to pay salaries and operating expenses for the **Kindergarten Enrichment Program**. Students are accepted on an annual basis. Parents are responsible for payment of the annual amount of tuition and enrollment fees as set forth above. No reduction or refund of the tuition will be allowed for absence, withdrawal, or dismissal during the school year, for any reason.

After school childcare will be offered at Flagstaff Academy by an outside provider. More information is available at the school office.

Your signature below indicates that you have read, understand, and agree to the terms of this contract.

Parent/Guardian Signature _____

Date _____

Please return to Flagstaff Academy by May 28, 2010

Over _____

Updated **emergency** and contact **information** is required for **each student annually**. If there have been or will be changes to your contact information, please contact the school office immediately. This information is used for billing **and** emergency contact, and is necessary in case of an unforeseen emergency.

You will be billed according to the choices made on page one of this document. Please indicate the mailing address for billings and other correspondence:

The following address is for:

Billing

Informational

Both

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____
If none, please indicate

The following address is for:

Billing

Informational

Both

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____
If none, please indicate

Accepted by Authorized FA Employee _____ Date _____

Copies to: _____ Original to:
__FA Registrar __Parent __FA Business Manager