

Arapaho Charter



High School

Arapaho Charter High School
189 Left Hand Ditch Road
Riverton, WY 82501-9135
Phone: 307-856-3862
Fax: 307-856-3946

To Dream, Believe, Achieve and Succeed

Instructions for Application to Arapaho Charter High School

Dear Applicant:

Congratulations for making a decision to improve your education and life success by applying to Arapaho Charter High School. We take your education seriously, and we want you to take your education seriously, too. Therefore, here are the steps you must complete before we can accept you as a student at Arapaho Charter High School:

1. Fill out this application completely.
2. Return the application and all documentation requested to the school.
3. The ACHS staff will then interview you.
4. Once you are accepted, you and a parent/guardian/sponsor must attend an orientation.
5. We will assess you in reading and in math so that we can be sure to assign you the help you need to graduate.

To help you complete your application, a checklist of the items we need is on the next page. If you have any questions, we are here to help you. Call the number above and ask for Gina.

NOTE: Please take time to make sure that you have included all the information we request. We cannot consider your application until it is complete. An incomplete application will delay the processing of your file and therefore your admission to ACHS. Remember, if you have questions about how to fill out your application, ACHS staff can help.

When your application is complete, please return it in at ACHS or the District Business Office. An ACHS staff member will contact you to conduct an interview.

Potential Student Name: _____

For office use only

Date completed Application Received: _____ Interview Date: _____

Enrollment Team Members: _____ Orientation Date: _____

Acceptance Date: _____



Family Educational Rights and Privacy Act (FERPA) **Student Records**

The Family Educational Rights and Privacy Act of 1974 provides that the parents of all students under 18 years of age and all students over 18 years of age or attending post-secondary schools have the right to see, correct, and control access to their individual student records.

The Family Educational Rights and Privacy Act of 1974 also prohibits general distribution of school records without parental consent, but provides for the release of directory information. Directory information, released from Arapaho Charter High School may include the following: student's name, address, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and most recent previous school attended by the student. If you do not wish to have this information released, you must notify the principal of ACHS in writing. A more detailed explanation of this act is printed in the Fremont School District#38 Policy Handbook(007.18).

Section 504 **Annual Notice to Individuals with Disabilities and Parents' Notice**

Programs for students with disabilities under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) prohibit discrimination against persons with a disability in any program receiving federal financial assistance. Section 504/ADA defines a person with a disability as anyone who has a mental or physical impairment which substantially limits one or more major life activities such as caring for one's self, performing mutual tasks, walking, see, hearing, speaking, breathing, learning, and working. ACHS has the responsibility to provide adjustments, modifications, and necessary services to eligible individuals with disabilities. The school acknowledges its responsibility under Section 504/ADA to avoid discrimination in policies and practices regarding its personnel and students. No discrimination against any person with a disability shall knowingly be permitted in any program or practice in the school.

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ENROLLMENT FORM, SCHOOL YEAR 2009-2010

Please Print

Student Name _____
Last First Middle

Date of Birth: _____ Age: _____ Social Security Number: _____ / _____ / _____
Month/Day/Year

Mailing Address: _____
Address City State Zip

Physical Address: _____
Street Address City State Zip

Home Telephone Number: _____ Message Telephone Number: _____

Cell Telephone Number: _____

Parent/Guardian/Sponsor Information (This information is mandatory and is required to be provided)

Parent/Guardian Name _____ Employer _____

Address _____ Phone Number _____

Father's Name _____ Employer _____

Address _____ Phone Number _____

Mother's Name _____ Employer _____

Address _____ Phone Number _____

Emergency Contact _____ Telephone No. _____

Household: Single Parent Two-Parent Foster Child Extended Family Guardian Other

I give my permission for my child to participate in field trips: Yes No

I have received a copy of the student handbook: Yes No

My child is currently receiving Special Education Services: Yes No

Date

Parent/Guardian Signature

Print Name

Arapaho Charter High School
Authorization for Examination of Confidential Information

Please list all schools student has attended Grade 8 to present

Student Name: _____ Date of Birth ____/____/____

As parent/guardian/adult student, I hereby grant the interview committee at Arapaho Charter High School, the right to examine confidential information (including transcripts, educational plans, assessment results, Body of Evidence documentation, health and immunization history, and/or other relevant data) on the above student, for the purposes of determining where to place above-named student at the school.

List all schools student has attended Grades 8 to present. Start with the most recent school experience first.

Grade	School Attended/Address	School Year(s)

Parent/Guardian/Adult Signature

Date

Arapaho Charter High School
Authorization for Exchange of Confidential Information

We may also need to request student records, so **please identify your student at the top of this document, then sign this form.** This will give us the right to request information as needed.

Student Name _____ Date of Birth ____/____/____

As parent/guardian/adult student, I hereby request release of confidential information (including transcripts, educational plans, assessment results, Body of Evidence documentation, medical information, developmental, health and immunization history, legal proceedings, and/or other relevant data) on the above student between the parties below:

From _____ To _____

From _____ To _____

Name of Agency/Contact Person

Name of Agency/Contact Person

Address

Address

City State Zip

City State Zip

Phone Fax

Phone Fax

I request the following records to be exchanged for the purpose of _____

_____ General Education Records

_____ Special Education Records

_____ Discipline Records

_____ Medical Records, specifically

_____ Counseling Records

_____ Testing/Evaluation Results

_____ Other Information, specifically _____

Parent/Guardian/Adult Student Signature

Address

Phone

City State Zip

**Arapaho Charter High School
Emergency Medical & Activity Permission Form**

For the safety of your child while in school or attending activities sponsored by ACHS athletic program, extracurricular events, after-school programs, and drop-out prevention programs, please provide the information requested below:

Student Name _____ Date of Birth ____ / ____ / ____ Age ____

Parent/Guardian/Sponsor _____ Day phone _____ Evening phone _____

Mailing Address _____
City State Zip

Physical Address _____
City State Zip

Student Health Information

1. Does your child have any condition which limits:
 - a. Classroom activities? Yes ____ No ____
 - b. Physical education? Yes ____ No ____
 If yes to either a or b, please describe: _____
2. List any condition your child has, such as epilepsy, diabetes, asthma, or other respiratory disease, heart problems, orthopedic problems, surgery, other: _____
 Describe condition and treatment: _____
3. List any allergies: _____
4. Is your child taking medication? Yes ____ No ____
 If yes, please list name of medication and reason for taking medication: _____
5. Does your child wear glasses? Yes ____ No ____ Does your child wear a hearing aid? Yes ____ No ____

Family Physician: _____ Phone _____
 Optometrist: _____ Phone _____
 Dentist: _____ Phone _____

Emergency Contact Information

To assist your child in the event of an accident or sudden illness, please furnish the following information (list contacts in the order you want us to call them).

Name	Relationship	Phone Number

AUTHORIZATION TO PROVIDE DISTRICT PERSONNEL HEALTH INFORMATION

I give permission for District personnel to communicate, including a written medical health alert, my child's health care information to District personnel who have contact with my child, Please initial:

Granted: **Denied:**

I understand that ACHS will protect this information as prescribed by the Health Information Protection Accountability Act (HIPPA). I may revoke this authorization (in writing) at any time. The information will be shared with ACHS personnel for the purpose of providing appropriate education and school health services.

Parent Signature: _____ Date: _____

Parent/Guardian Informed Consent

I, the parent/guardian of _____, realize that there is a risk of my son/daughter being injured during participation in all activities. I realize that the injury may be severe including the possibility of fractures, brain injury, paralysis, or even death. I hereby give consent for my son/daughter to participate in the student activity programs offered by Arapaho Charter High School except for those specifically listed below, and will abide by all rules and policies governing these programs.

Activity program(s) specifically EXCLUDED: _____

Date: _____ Signature of Parent/Guardian _____

Parent/Guardian Consent for Emergency Medical Assistance

I hereby authorize Arapaho Charter High School and its facility and staff members in charge of my son/daughter named below to obtain all necessary care for my child in the event that I cannot be reached to authorize it myself. I hereby authorize any licensed physician, medical personnel or counselor to render necessary medical treatment for my son/daughter:

Student's Name: _____

My signature acknowledges that we have read and understand the above warning and I give consent for emergency assistance that might be needed.

Date: _____ Signature of Parent/Guardian _____

Insurance Information

Any student taking part in the school activities program must be insured against injury. If you now have adequate insurance covering sports participation, please complete the information below. If you do not have insurance, you may obtain it through your own agent or purchase student accident insurance through Student Assurance Services. Arapaho Charter High School DOES NOT provide insurance.

(Parent/Guardian, please check applicable statement)

___ My son/daughter is covered by insurance:
Insurance Company _____ Policy Number _____
Primary Insured Person _____ Policy Holder SSN _____

___ My son/daughter does not have insurance and we will purchase insurance. Student accident insurance will be purchased from an insurance agent or Student Assurance Services.

Participant Assumption of Risk

Participation in all activities requires the acceptance of risk of possible serious injury. The risk can be minimized by following your coach's rules and procedures, by familiarizing yourself with the rules of the activity, and by following the specific rules issued by manufacturers for the safe use of your activity equipment. The risk is always there, but you can help minimize it by making safety a shared responsibility. When you make a decision to participate in an activity, you are assuming the shared responsibility of following the activity's rules, coaches, rules, and equipment manufacturer's rules. You, as a participant, can help make the activity safer by not intentionally using techniques which are illegal and which can cause serious injury.

Your signature below indicates that you have been informed about the importance of following rules in activities participation; and you realize that there is risk of being injured that is inherent in all activities. You realize that the risk of injury may be severe, including risk of fractures, brain injuries, paralysis, or even death.

Date: _____ Signature of Student _____

Date: _____

Signature of Parent/Guardian _____

U.S. Department of Education
Office of Indian Education
Washington, D.C. 20202

TITLE IX STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title IX, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition from the Act may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form which contains at least the child's name, the name of the tribe, band or group, and your dated signature, your child cannot be counted by the school for funding under the Act. This form will become part of your child's school record and will not need to be completed every year. The information on this form will not be released without your approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian Tribe or Band) of an Indian tribe or band, including those Indian tribes, bands or groups terminated since 1940, and those recognized by the State in which they reside; or (2) a descendent in the first or second degree (parents or grandparents) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Aleut or other Alaska Native or (5), a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Name of Child: _____ Date of Birth: _____
(as shown on school enrollment records) month/day/year

School Name: _____ Grade _____

Name of TRIBE, BAND, or GROUP: _____

<input type="checkbox"/> Federally recognized Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group meeting #5 of the definition above
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Name of Individual with Tribal Membership: _____

Proof of membership, as defined by tribe, band, or group:

- a. Membership or enrollment number: _____ or
- b. Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band, or group

I verify that the information provided above is accurate:

Parent Signature: _____ Date: _____

Mailing Address: _____ Telephone: _____
City State Zip

Arapaho Charter High School

Request for School Records

Under the Freedom of Information Act, schools must provide the parent/guardian or student with complete records upon request.

In order to facilitate the process, please use this form:

I, _____ am the parent/legal guardian _____
(Print Name) Student Name

I, _____ am a student who has reached the age of 18, therefore;

I respectfully request full academic records including:

- Complete academic transcripts
- Discipline reports concerning active suspensions or expulsions
- Body of Evidence documentation (Wyoming Schools are required to have this on file)
- PAWS and other assessment results
- Individual Education Plan, if applicable
- Any other data contained within the school record of above named student

From: _____
Name of School student has attended

Signed: _____
Parent/Guardian/Student(age 18 or over)

Date: _____



Arapaho Charter High School Student/Parent/Teacher/Administration Compact

STUDENT NAME: _____

The Student Pledge: *I realize that my education is important. I know that I am the one responsible for my own success and that I must work hard to achieve it. I agree to the best of my ability that:*

- I will attend school every day and arrive on time to all my classes;
- I will follow all school and classroom rules;
- I will put my best effort into my work;
- I will complete homework and class work on time;
- I will ask for help when I need it;
- I will think of my own and others safety and well-being;
- I will make informed decisions, set goals and take action to meet requirements for graduation.

Student's Signature: _____ Date: _____

The Parent Pledge: *I realize that my child's education is important. I understand that my participation will help my child's achievement and attitude. I agree to the best of my ability that:*

- I will see that my child attends school every day and arrives on time;
- I will ensure that my child completes his/her homework;
- I will attend school activities such as Back-to-School Night, Open-House, parent conferences and informational meetings;
- I will support the school's discipline, dress code, and attendance policies;
- I will assist my student in setting goals and taking action to meet requirements for graduation.
- I will provide updated contact information to the office.

Parent's Signature: _____ Date: _____

The Teacher Pledge: *I understand the importance of education and I acknowledge my duties as a teacher and role model. I agree to carry out the following responsibilities to the best of my ability:*

- I will clearly communicate class work and homework expectations;
- I will teach grade level skills, concepts, and the Wyoming Content Standards;
- I will regularly communicate with students and parents to support student achievement;
- I will strive to be aware of the individual needs of my student;
- I will provide a safe and positive learning environment for my student.

Signature: Period 1 _____ Period 2 _____ Period 3 _____ Period 4 _____
Period 5 _____ Period 6 _____ Period 7 _____

The Administration Pledge: *I recognize the critical role of administration in instructional leadership. I acknowledge my duties as Principal and role model. On behalf of the administrative staff, I agree to carry out the following responsibilities to the best of my ability:*

- I will ensure a safe, clean, academic environment that is conducive to learning;
- I will ensure that Wyoming Content Standards are being taught in all classes;
- I will communicate regularly with parents, teachers and support personnel;
- I will notify, if necessary, parents of school choice, teacher qualifications, supplemental services and status of school.

Principal's Signature: _____ Date: _____

c. What do you hope your child will gain by attending Arapaho Charter High School?

d. Please provide some history of your relationship with your child?
