

Art in Motion

New Student Acceptance Letter
Carta de Aceptación de Estudiante Nuevo
School Year /Año Escolar
2017-2018

I accept the placement for my child (Name of Student) _____

entering _____ grade at Art in Motion for the 2017-2018 school year.

Yo acepto, que mi hijo/a (Nombre De Estudiante) _____ sea colocado en

grado escolar _____ en la escuela Distinctive College Prep Harper Woods durante
el año escolar 2017-2018.

Student Name/ Nombre de Estudiante: _____

Grade/Grado: _____

Parent Name/Nombre de Padre(s): _____

Parent Signature/Firma de Padre(s): _____

Date/Fecha: _____

Art in Motion

New Student Profile
School Year 2017-2018

Student ID: _____

Grade: _____

Student Information		
Student Last Name:	First Name:	Middle:
Address:		
City:	State: IL	Zipcode:
Date of Birth (MM/DD/YYYY):	Gender:	Birth Country:
Home Phone:		
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		

Parent/Guardian Information #1	
<input type="checkbox"/> Check here if Parent Contact and Student Contact Information is the same.	
Parent/Guardian Name:	
Above Person is: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian _____	
Home Address:	
Home Phone:	
Day Phone:	Cell ph#:
E-mail address:	
Employer:	
Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	

Parent/Guardian Information #2	
<input type="checkbox"/> Check here if Parent Contact #1 and Parent Contact #2 is the same.	
Parent/Guardian Name:	
Above Person is: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian _____	
Home Address:	
Home Phone:	
Day Phone:	Cell ph#:
E-mail address:	
Employer:	
Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	

**Student Dismissal Authorization/
Autorización Para Salidas Estudiantiles
School Year/Año Escolar 2017-2018**

Student Name/Nombre del Estudiante: _____

Grade/Grado: _____ **Room Number/Aula:** _____

Please list a minimum of (4) individuals who you authorize to pick up your child in case of a Dismissal. Please communicate to the individuals who you have authorized- that this form must be signed by them and that they must also show a valid form of identification before the school authorizes the Students' Dismissal. In the event that an individual arrives at the school- seeking to request a Dismissal for a Student and he or she does not have a valid identification or is not on the list of authorized individuals- the school will attempt to contact you seeking to establish a verbal authorization or written authorization. If the school is not able to communicate with you, the school will not authorize the Students' Dismissal.

Por favor indique un mínimo de (4) personas a las que usted autoriza para que recojan a su hijo/a en caso de una Salida Estudiantil. Por favor comuníquelo a las personas a las que usted está autorizando que deberán firmar este formulario y presentar una forma de identificación válida antes de que la escuela autorice cualquier Salida Estudiantil. En caso de que alguien se presente a la escuela para recoger a su hijo/a y no aparezca en la lista de personas autorizadas o no tenga identificación apropiada-la escuela tratará de comunicarse con usted para establecer una autorización verbal o una autorización por escrito. Si la escuela no se puede comunicar con usted, la escuela no autorizará la Salida del Estudiante.

List of Authorized Individuals/Lista de Personas Autorizadas

Name/Nombre	Identification On-File (Y/N)	Phone Number/Teléfono	Relationship/Relación
			mother/madre/guardian/tutor
			father/padre/guardian/tutor

Parent Signature/Firma del Padre _____

Date/Fecha: _____

**Photographic, Audio & Video Acknowledgement Release
Form School Year 2017-2018**

Art in Motion Website and the Distinctive Schools Website

I hereby **GRANT** / I hereby **DO NOT GRANT** permission to have my child's accomplishments acknowledged on the Art in Motion and Distinctive Schools website

I hereby **GRANT**/ I hereby **DO NOT GRANT** permission for my child's image to appear with the acknowledgment on the Art in Motion and Distinctive Schools website.

Photograph, Audio/Video Image or Recording

I, hereby **Grant** / **Do Not Grant** permission for photographic, audio, video or other recordings of my child. I, Authorize the use of these recordings/images for the general purposes as determined by Art in Motion without time restriction of such recordings/images or any portion thereof. I further waive any claim for compensation, financial or otherwise, in connection with the aforementioned recordings/images.

Student's Name (Please Print): _____

Parent's/Guardian's Name (Please Print): _____

Parent Signature: _____ Date: _____

Relation to Student: _____ Address: _____

City: _____ State: MN Zip Code: _____

****Please note: Each student must have a form on file. If you have more than 1 student, please complete a separate form for each student.****

Notification of Rights under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

The right to inspect and review the student's education records within 45 days after the day the School receives a request for access.

Parents or eligible students should submit to the school principal [or appropriate school official] a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the [School] to amend a record should write the school principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board.

A school official also may include a volunteer or contractor outside of the school who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

The right to file a complaint with the U.S. Department of Education concerning alleged failures by the [School] to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Student Name: _____ Grade: _____

Parent Name- Print & Sign: _____ Date: _____

Student Technology Rules School Year 2017-2018

Rules for using the Internet and E-mail help everyone. By following the rules, everyone can use the Internet, computers and other related hardware to learn more about the world and communicate with others. Only students who follow these rules may use the Internet, computers and other related hardware and telecommunication tools. Using the above listed tools are a responsibility and a privilege, not a right.

Teachers may view any student communication at any time in order to support the student's development as a responsible citizen.

Students are responsible for thoughtful, considerate behavior on computers as they are for their general classroom behavior.

Do	Do Not
❖ Access educational material with teacher permission.	❖ Access non-educational material or use the network for personal purposes
❖ Send appropriate messages and pictures with teacher permission.	❖ Send or display offensive messages or pictures.
❖ Use polite language on-line and be kind to others.	❖ Use obscene or inappropriate language.
❖ Protect computers, computer systems or computer networks.	❖ Harass, insult, or attack others.
❖ Follow copyright laws.	❖ Damage computers, computer systems, or computer networks.
❖ Treat all hardware with great care.	❖ Break copyright laws.
❖ Use your own identity, work, mail, files and folders with teacher permission.	❖ Treat hardware carelessly or roughly.
❖ Protect limited technology-related resources.	❖ Misrepresent yourself or trespass in and/or modify user's folders, mail, work, or other files.
❖ Keep personal information private.	❖ Waste limited resources.
	❖ Give out personal information.

Teachers and Directors with support and guidance from the Director of Technology will decide on the educational value of any electronic material. They will determine the proper action to take with students who do not follow these rules.

I agree to follow these rules and to use the Internet, computers and other related hardware in a responsible way to further my education.

Student Name: _____ Date _____

Print Name: _____

Parent Signature: _____ Date _____

School-Parent Compact SY 2017-2018

Dear Parent/Guardian:

We value your role in working to help your child achieve high academic standards. The purpose of the school-parent compact is to communicate a common understanding of home and school responsibilities to assure that every student attains high academic standards leading to a quality education. The following information will serve as an outline of various ways you and the school staff can build and maintain a partnership of shared responsibility for your child's learning.

School's Responsibility:

- Provide high quality curriculum and instruction in a supportive and effective learning environment that enables the children to meet Local, State, and National student academic standards (Assist all students in meeting their Reading and Math Spring Targets and as well as making Adequate Yearly Progress (AYP).
- Provide you with assistance in understanding academic achievement standards and assessments and how to monitor your child's progress.
- Provide opportunities for ongoing communication between you and teachers through:
 - Semi-annual parent/teacher conferences
 - Frequent reports regarding your child's progress, and
 - Opportunities to talk with members of the staff, volunteer in class, and observe classroom activities.
- Provide the staff with appropriate professional development activities.
- Maintain highly qualified teachers.
- Provide a safe and secure learning environment.

Parent's Responsibility:

- Ensure that my child attends school daily and arrives to school on time.
- Encourage my child to follow the rules and regulations of the school.
- Monitor my child's homework.
- Attend parent/teacher conferences and participate, when appropriate, in discussions relating to the education of my child.
- Volunteer in my child's school and classroom if time or schedule permits.
- Communicate positive information regarding teachers, principals, and other campus personnel when discussing school with my child.
- Seek information regarding my child's progress by conferencing with teachers, principals, and other district personnel.

Student's Responsibility:

- Attend school regularly.
- Complete and turn in all classroom and homework assignments on time.
- Accept responsibility for my own actions.
- Show respect for myself, other people, and property.
- Make the effort to do my best to learn.
- Resolve conflicts peacefully.

School, Parents, and Student Responsibilities:

- High student expectation.
- Improve student academic achievement.
- Build and develop a partnership to assist the children of the community achieve high academic standards.

Please review this compact with your child. The contents of the compact may be discussed with you during a parent/teacher conference as it relates to your child's school progress.

Thank you for your support and involvement in your child's education.

I have read and discussed the contents of the document with my child as it relates to his/her education at Art in Motion.

Student Name

Parent/Guardian Signature

Date

Authorization for Release of Student Information

School Year 2017-2018

Date: _____

To Whom It May Concern:

The following student has enrolled at our school. Please send all records including grades, courses taken, test scores, psychological data, current and past individualized education plan (IEP), health records and immunization dates. Also, please include all grades earned this school year and/or withdrawal grades, if any.

Identifying Information				
Student's Name			Date of Birth	
First Name _____	Middle Name _____	Last Name _____	Month/Day/Year _____	
Parent(s)/ Guardian (s)Name		Phone Number	Mobile Number	
_____		_____	_____	
Name of Last School Attended: _____				
Complete Mailing Address of Last School Attended				

Street _____	City _____	State _____	Zip _____	
Phone Number _____	Fax Number _____		_____	
Send Requested Records To				
Art in Motion: Office Staff				

Parent Signature/Firma del Padre(s): _____ Date/Fecha: _____

I authorize the School District to disclose the education information described on this form.
Yo autorizo que el Distrito Escolar proporcione la informacion educativa descrita en este formulario.

Office Use Only:

Please Initial 1st Request _____ 2nd Request _____ 3rd Request _____

**New Student Health History
School Year 2017-2018**

Student Name (Last Name, First Name) _____ **Student ID #** _____
Date of Birth (MM/DD/YY) _____ **Grade:** _____ **Room #:** _____ **Teacher:** _____

Birth and Early Development

Complications	Yes	No	When?	Please Explain
During Pregnancy?				
At Birth?				
Early Weeks of Life?				
Early Months of Life?				
Full Term				
Premature				
Normal Delivery				
C-Section				
Twin/Triplet				
What age did your child:	Age			
Sit Alone				
Crawl				
Walk				
Speak first words				
Complete toilet training				

Current Development

Development of:	Yes	No	Please Circle All That Apply:	
Speech: Speaks Clearly.				
Speech: Has difficulty with certain sounds.			Self Care:	Social - Tends to:
Behavior: Prefers active play			Dresses Independently	Take Charge
Behavior: Prefers quiet play			Able to button/unbutton	Follow Along
Behavior: Outgoing			Able to zipper	Trustworthy
Behavior: Quiet/Timid			Able to tie shoes	Sneaky
Behavior: Short Attention Span				Takes turns
Behavior: Usually follows directions				
Behavior: Needs directions repeated			Motor Skills:	Elimination - Toileting:
Behavior: Has "temper tantrums"			Holds on pencil correctly	Independently
Behavior: Has difficulty with change			Draws	With Help
Behavior: "Easy going"/Adaptable			Scribbles	Needs total assistance
Sleep Habits: Sleeps Well			Brushes teeth	Bedwetting?
Sleep Habits: Restless			Combs	Frequently
Sleep Habits: Nightmares			Brushes Hair	Occasionally
Sleep Habits: Naps			Attended Pre-School	Never
Sleep Habits: Bedtime			Has been w/babysitter	Daytime accidents?
Eating Habits: Feeds Self				Frequently
Eating Habits: Picky Eater				Occasionally
Eating Habits: Eats small amounts				Never
Eating Habits: Eats Adequate amounts				
Eating Habits: Eats too much				

Parent Signature: _____

Date: _____

**Student Health History
School Year 2015-2016**

Student Name (Last Name, First Name) _____

Student ID # _____

Date of Birth (MM/DD/YYYY) _____

Grade: _____

Student Health Insurance

Doctor Name:		Doctor Ph#:	
Medicaid/ALLKids 9 digit #:		Other insurance:	
Group ID:	ID#:	Cardholder Name:	

Allergies / Medications / Diagnosis - Please put "No" if it does not apply

Allergies:
Medications:
Any Medical Diagnosis:

Diagnosis	Yes	No	When?	Please Explain
Asthma				
Birth Defects				
Developmental Delays				
Blood Disorders :Hemophilia				
Blood Disorders :Sickle Cell				
Blood Disorders :Other: _____				
Head Injury: Concussion				
Head Injury: Passed out				
Diabetes: Type 1				
Diabetes: Type 2				
Heart Problems: Murmur				
Heart Problems: High Blood Pressure				
Exercise: Dizziness				
Exercise: Chest Pain				
Eye or Vision Problems				
Eye or Vision: Uses Glasses/Contact Lenses				
Ear or Hearing Problems				
Bone or Joint Problems: Injury				
Bone or Joint Problems: Scoliosis				
Loss of function of an organ: (i.e Eye, Ear, Kidney)				
Hospitalization/Surgery				
Serious Illness or Injury				

Test	Yes	No	When?	Treated?
TB Skin Test Positive?				
TB Disease?				
Has anyone in your family died suddenly before the age of _____				

Parent Signature: _____

Date: _____