



MINNESOTA EXCELLENCE IN LEARNING ACADEMY

New Student Application 2021-2022

Complete one application for each student you wish to enroll.

Important:

- If you are applying for 4-year-old Pre-Kindergarten your child **must be 4 years old by September 1st, 2021.**
- If you are applying for Kindergarten, your child **must be 5 years old by September 1st, 2021.**
- Completed Applications must be received by **3 PM on Thursday, February 11th, 2021 to be included in the lottery.**
- The lottery will be held **Thursday, February 11th, 2021 at 6 PM** at MELA.
- **Applications will continue to be accepted after the lottery date** and seats will be given based on availability.
- Students will be placed on a waitlist if the program is at capacity.

Required documents below must be submitted during student orientation:

- **Student Birth Certificate, Legal Court Guardian Papers or Passport** (notarized letters are not valid) legal documents must be submitted if you are not the parent of the student or if your name does not appear on the student's birth certificate.

How did you hear about MELA? Please check all that apply.

School Fair Open House School Representative Word of Mouth Other: _____

STUDENT and FAMILY INFORMATION: (PLEASE PRINT - As it appears on student's birth certificate):

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

Home Address: _____ City: _____, **MN** Zip Code: _____

Birthdate (MM/DD/YYYY): _____

Current Grade Level: _____ **Grade Level for SY 2021-2022:** _____

Parent/Guardian Full Name: _____

Daytime Phone: _____ Other Phone: _____ Email: _____

SIBLING INFORMATION: Please list any siblings (**brothers/sisters ONLY**) who are applying or currently enrolled to MELA.

1. Name _____ Current Grade (2020-2021) _____

2. Name _____ Current Grade (2020-2021) _____

3. Name _____ Current Grade (2020-2021) _____

Parent/Guardian Signature: _____ Date: _____

Please drop off or send completed form to:

Minnesota Excellence in Learning Academy
9060 Zanzibar Ln N, Maple Grove, MN 55311
Phone: (763) 205-4396 **Website:** www.mnela.org



MINNESOTA EXCELLENCE IN LEARNING ACADEMY

Student Profile
School Year 2021 - 2022

Office Use Only

Student ID:

Grade:

Student Information

Student Last Name:

First Name:

Middle:

Address:

City:

State: MN

Zip code:

Date of Birth (MM/DD/YYYY):

Gender:

Birth Country:

Home Phone:

Student lives with: Both parents Mother Father Other _____

Parent/Guardian Information #1

Parent/Guardian Name:

Above Person is: Mother Father Guardian

Home Address:

Home Phone:

Day Phone:

Cell ph.#:

E-mail address:

Employer:

Language Spoken at Home: English Spanish Other: _____

Parent/Guardian Information #2

Parent/Guardian Name:

Above Person is: Mother Father Guardian

Home Address:

Home Phone:

Day Phone:

Cell ph.#:

E-mail address:

Employer:

Language Spoken at Home: English Spanish Other _____



MINNESOTA EXCELLENCE IN LEARNING ACADEMY

The information below is required in case your child becomes ill or injured at school or in the event of an emergency and you cannot be reached. Please list adults who can act in your absence to assume responsibility for your child and pick your child up from school. Must be over 18 years old.

Contact #1 Name:

-Relation to Student:

-Home Phone #:

Cell ph.#:

Contact #2 Name:

-Relation to Student:

-Home Phone #:

Cell ph.#:

Contact #3 Name:

-Relation to Student:

-Home Phone #:

Cell ph.#:

Medical Information and Campus Information

Doctor Name:

Phone #:

Dentist Name

Phone #:

Preferred Hospital:

Medical Considerations: _____

*please list any medical conditions, critical health info, allergies, or current medications

Does the student have an IEP- (the student receives Special Education Services)? Yes No

Does the student have a 504 Plan? Yes No

Does the student receive EL services? Yes No

Has the student ever repeated a grade? Yes No

Student's Primary Ethnicity (please check):

- African-American
 Asian
 Caucasian
 Hispanic
 Other
 Pacific Islander
 Multi-Racial
 Native American

Name of previous school:

Emergency personnel will be called in the event of a serious injury or illness and your student will be transported to the emergency room at parent/guardian expense. As a parent/guardian, I understand that providing this emergency information does not constitute permission for any personnel to authorize medical treatment for him/her. Parents/Guardians: . Your signature verifies the accuracy of this information and authorizes its use for internal purposes.

Please note any exceptions here: _____

Parent Signature Required: _____ Date: _____

This signature acknowledges that I consent to the above statements.



MINNESOTA EXCELLENCE IN LEARNING ACADEMY

Photographic, Audio & Video Acknowledgement Release Form

School Year 2021 - 2022

Minnesota Excellence in Learning Academy Website and the Distinctive Schools Website

I hereby GRANT / I hereby DO NOT GRANT permission to have my child's accomplishments acknowledged on the Minnesota Excellence in Learning Academy website

I hereby GRANT / I hereby DO NOT GRANT permission for my child's image to appear with the acknowledgement on the Minnesota Excellence in Learning Academy website

Photograph, Audio/Video Image or Recording

I hereby GRANT / I hereby 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 the Minnesota Excellence in Learning Academy and Distinctive Schools 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.****

| |
|--|
| <p>For Office Use Only</p> <p>Student ID#: _____</p> <p>Grade: _____ Room #: _____</p> <p>Teacher: _____</p> <p>Updated Student Information System</p> <p>By: _____ Date: _____</p> |
|--|



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:

1. 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.

2. 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.

3. 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.

4. 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: _____

Parent Signature: _____ Date: _____



Student Technology Rules Contract School Year 2021 - 2022

Rules for using the Internet and email 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

- ★ Access educational material with teacher permission.
- ★ Send appropriate messages and pictures with teacher permission.
- ★ Use polite language on-line and be kind to others.
- ★ Protect computers, computer systems or computer networks.
- ★ Follow copyright laws.
- ★ Treat all hardware with great care.
- ★ Use your own identity, work, mail, files and folders with teacher permission.
- ★ Protect limited technology-related resources.
- ★ Keep personal information private.

DO NOT

- ❖ Access non-educational material or use the network for personal purposes.
- ❖ Send or display offensive messages or pictures.
- ❖ Use obscene or inappropriate language.
- ❖ Harass, insult, or attack others.
- ❖ Damage computers, computer systems, or computer networks.
- ❖ Break copyright laws.
- ❖ Treat hardware carelessly or roughly.
- ❖ Misrepresent yourself or trespass in and/or modify user's folders, mail, work, or other files.
- ❖ Waste limited resources.
- ❖ Give out personal information.

Teachers and Directors with support and guidance from the Technology Specialist 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.



MINNESOTA EXCELLENCE IN LEARNING ACADEMY

School Year 2021 - 2022

MELA Chromebooks Replacement Cost Estimates

- Motherboard: \$29.99 ea
- LCD Screen: \$43.99 ea
- Upper Case/Keyboard: \$19.99 ea
- Display Hinge: \$24.99 ea
- Battery: \$25.99 ea
- Bottom Cover: \$24.99 ea
- Chromebook Replacement: \$250.00 ea

****STUDENTS FAMILY WILL BE RESPONSIBLE FOR DAMAGED TECHNOLOGY****

MELA'S STUDENT TECHNOLOGY ACCEPTANCE

I, _____, have read the Student Acceptable Use of Technology Policy and Technology Rules Contract for Minnesota Excellence in Learning Academy (MELA). I understand that I am to follow all policies and regulations set forth in this agreement. When I accept, I agree to follow these rules and to use the Internet, computers, and other related hardware in a responsible way to further my education. I understand that if there is repair or replacement cost, I am responsible for all costs.

Student Print Name: _____

Student Signature: _____ Date: _____

MELA'S PARENT TECHNOLOGY ACCEPTANCE

I, _____, have read the Student Acceptable Use of Technology Policy and Technology Rules Contract for Minnesota Excellence in Learning Academy (MELA), and understand we are to cooperate with the school on all policies and regulations pertaining to technology and all equipment. I understand all repair and replacement cost are solely my responsibility. Stolen or lost computers cost are included in this replacement cost policy.

Parent Print Name: _____

Parent Signature: _____ Date: _____



MINNESOTA EXCELLENCE IN LEARNING ACADEMY

Student Transportation Information SY 2021 - 2022

Each year this form must be completed for every student. This information is used to assess transportation needs, determine eligibility, and plan busing for students.

All students **MUST REGISTER** in order to receive bus service for the 2021-2022 school year. Failure to submit a transportation form constitutes “voluntary waiver” of transportation and students will not be assigned a bus.

If your student will require transportation for the coming year to/from an alternate address (i.e. daycare), please complete the entire form (including the Alternate Address box).

If you do not register for transportation at this time, you may establish bus service at any time by contacting the School Office during the year. Please allow 3-5 business days for any changes to occur.

A letter with bus information will be mailed out to all eligible students in late August.

Student Name: _____ Student ID: _____ Grade: _____

When will student requires transportation? AM _____ PM _____

Parent Name: _____ E-mail: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Mobile Phone: _____ Work Phone: _____

Complete this section only if your student will be transported to/from a place other than home.
Picked up at: _____ Home _____ Alternate Dropped off at: _____ Home _____ Alternate

ALTERNATE ADDRESS INFORMATION (Complete this section only if your student will be transported to/from a place other than home.)

Contact Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip code: _____

Comments/Concerns/Questions: _____

Parent Signature: _____ Date: _____

For Office Staff: New: _____ Change: _____ MARSS/PowerSchool: _____



MINNESOTA EXCELLENCE IN LEARNING ACADEMY

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 or 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="radio"/> Language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> Only English. | |
| 2. My student speaks: | <input type="radio"/> Language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> Only English. | |
| 3. My student understands: | <input type="radio"/> Language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> Only English. | |
| 4. My student has consistent interaction in: | <input type="radio"/> Language(s) other than English. <input type="radio"/> English and language(s) other than English. <input type="radio"/> 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.



MINNESOTA EXCELLENCE IN LEARNING ACADEMY

Student Health Form 2021 - 2022 School Year

Student's Name _____ Birthdate: ____ / ____ / ____ Gender: _____ Grade: _____

Parent/Guardian: _____ Phone: Home: _____ Work: _____ Cell: _____

Dear Parent/Guardian: *The American Academy of Pediatrics recommends children receive a physical examination annually. Health information is vital in planning and supporting students while attending school. Please provide us with current health information. State Law (M.S. 123.70 & M.S. 144.29) requires your child be immunized & receive a comprehensive physical examination before entering Kindergarten or elementary school.*

HEALTH CONCERNS: Please **X** and explain if your child has any of the following and ***submit emergency action plan** for starred conditions.

____ **NO HEALTH CONCERNS**

____ **Allergies*** to: _____ Reaction: _____

Caused by (circle): Ingestion (eating allergen) Contact (touching allergen) Airborne (breathing allergen)

Medication (epinephrine) will be submitted to be used, as needed, in school (circle): Yes No

____ Food Intolerance to: _____ Reaction: _____

____ **Asthma***: _____

Caused by (circle): Exercise Irritants (smoke, fragrances, etc) Allergens (pollen, mold, dander, etc)

Medication (albuterol) will be submitted to be used, as needed, in school (circle): Yes No

____ **Diabetes*** Type 1 Type 2 Managed by (circle): Diet/Activity Oral medication Insulin injections Insulin Pump

____ **Seizures*** date/type/description of last seizure: _____ Frequency: _____

____ Heart Condition: _____

____ Social/emotional/behavioral/mental health concerns: _____

____ Recent and limiting surgeries, hospitalizations, injuries: _____

____ Activity Restrictions: _____

____ Implanted Devices: _____

____ Bowel / Bladder Concerns: _____

____ Receives Special Education /IEP/504 Services: _____

____ Vision: _____ Hearing: _____

____ Other Health Concern: _____

Health Insurance Provider and Numbers: _____

I request assistance to obtain health insurance for this student: (check) _____

Primary Health Provider: _____ Location & Phone: _____

Dental Provider: _____ Location & Phone: _____

Preferred Hospital in the event of an emergency: _____

MEDICATIONS: List all medications that your child takes: _____

Please Note: WRITTEN CONSENT IS REQUIRED BY BOTH THE STUDENT'S GUARDIAN AS WELL AS THEIR HEALTHCARE PROVIDER. Complete a Medication Administration Form for **ANY** medication (BOTH PRESCRIPTION AND NON-PRESCRIPTION) needing to be administered **during school hours** (forms are available in the Health Office).

I attest to the information provided. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, medications, and/or allergies. I understand and agree that this student may receive a routine screening for any vision and hearing deficiencies. I will comply with all school illness, immunization, and medication policies. Furthermore, I give permission for school health staff to confidentially exchange health information - both within the school as well as with outside health care providers - for use in meeting this student's health and educational needs in school.

____ Parent/Guardian Printed Name (s)

____ Phone Number (s)

____ Parent/Guardian Signature (s)

____ Date



MINNESOTA EXCELLENCE IN LEARNING ACADEMY

REQUEST FOR RECORDS FORM SY 2021-2022

1st attempt: _____ 2nd attempt: _____

Please send the official school records for:

STUDENT LEGAL NAME: _____, _____, _____
(LAST) (NAME) (MIDDLE)

GRADE: _____ DATE OF BIRTH: ____/____/____ GENDER: M F

Records are requested from:

PREVIOUS SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

Please include:

- Transcript or cumulative folder (date of birth, name of parents/guardians, address, dates of attendance, days absent, report cards, test scores)
- Early Childhood Screening
- Grades at time of withdrawal
- IMMUNIZATIONS and other health records
- Special Education records, including current IEP, assessment reports, and verification of disability
- Discipline records (suspensions and/or expulsions)
- Home language survey/ESL records, including Access scores.

Please fax or email these records to:

Minnesota Excellence in Learning Academy
9060 Zanzibar Ln N, Maple Grove, MN 55311
Phone: (763) 205-4396
Fax: (763) 999-6988

***Records request is authorized by:**

(Printed Name of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

*In accordance with revised Federal and State Statutes, written permission of the parent/guardian is not necessary in the transfer of records to a school in which the student intends to enroll.