



Grades 1-12 Student Registration Forms





Registration checklist

Please submit the following information to our Welcome Center.

- Enrollment form**
Use our online registration process at www.edenpr.org/register OR complete the Student Registration Form on the following pages of this packet.
- Immunization form**
Complete the form in this packet, or provide a copy of your student's immunization record from your clinic.
- Proof of student's age**
Please submit a copy of your student's birth certificate, passport or approved official documentation.
- Proof of address**
Please submit a copy of the front page of a lease, property closing papers, or utility bill if it has the parent/guardian's correct name and address (dated within two months). If the parent/guardian is not a resident of the Eden Prairie School District, please also complete the Open Enrollment Application found at www.edenpr.org/open-enrollment.
- Educational benefits form**
This form is available for parents/guardians who would like to apply for free or reduced price meals and/or transportation. An online application is also available. The form is available for download at www.edenpr.org/educationalbenefits.
- IEP (Individualized Education Plan) & most recent evaluation**
If your student has special needs, a copy of these reports are needed before placement.
- Transcript**
If a student transfers into grades 10-12, a copy of a transcript is required before an appointment with his/her counselor.
- Central Middle School course registration form**
Complete only if a student is enrolling in 7th or 8th grade. The form is available for download at www.edenpr.org/forms.
- Transportation pay-to-ride form**
Bus service is available for a minimal fee for students in grades 1-12 who live less than two miles from their school. There is no cost for bus service for students in grades 1-12 who live more than two miles from the school they attend. The form is available for download at www.edenpr.org/forms.
- State-wide enrollment options form (open enrollment)**
Complete this form if legal parent/guardian lives outside of the Eden Prairie School district. The form is available for download at www.edenpr.org/open-enrollment.

Questions? Contact our Welcome Center at 952-975-7008 or email Register4EP@edenpr.org



Grades 1-12 Student Registration Form

For Internal Office Use Only

Req. start date

Grade

Student ID

Part 1: Introduce us to your child

1. What is the student's full legal name as it appears on the birth certificate, passport, or other approved official document?

First Name	Middle Name	Last Name	Suffix
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2. When was the student born? (Month/Day/Year)

3. What is the student's gender?

Male Female

4. Does the student prefer to be called by a nickname?

No Yes: What is the nickname?

5. Has student ever registered with a different name?

No Yes What name?

6. In which country was the student born?

United States Other. Name of Country:

7. Is this the student's first enrollment in a U.S. Public School?

Yes No: Approx. 1st date of enrollment in a U.S. public school (Month/Year):

8. What is the last school the student attended?

School Name	City	State	School Phone Number
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9. What is the last school the student attended in Minnesota? N/A

School Name	City	Last Year Enrolled
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10. Did the student attend Eden Prairie Schools before?

No Yes

11. Has the student been suspended/expelled from previous school?

No Yes

12. Does the student receive special services?

No Yes: In what areas?

13. Does the student have an IEP (Individualized Education Plan)?

No Yes: School will need IEP/Evaluation before proper placement can be made.

14. Has the student been tested and identified for a gifted/talented program?

No Yes

15. Does the student have a parent who is active duty in the U.S. Army, Navy, Marine Corps, Air Force or Coast Guard?

No Yes

Part 2: Primary Household Information

16. What is the student's primary address?

Street	Apt. #	City	State	Zip	Home Phone
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17. Name of Adult in household

First Name	Middle Initial	Last Name	Email Address
Date of Birth (Month/Day/Year)	Relationship to student:	Legal parent/Guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	Work Phone	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

18. Name of Adult in household

First Name	Middle Initial	Last Name	Email Address
Date of Birth (Month/Day/Year)	Relationship to student:	Legal parent/Guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	Work Phone	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

19. In the case of an emergency at school, both legal parents/guardians are contacted using the information provided above. If your child is sick at school and we are unable to reach a parent/guardian, who should your school call? (This person should be able to drive to the school to pick up your child.)

First Name	Middle Initial	Last Name	Relationship to student	Phone
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Part 2: Primary Household Information (continued)

20. List siblings or relatives in the primary household that are not registered at Eden Prairie Schools. N/A

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Part 3: Secondary Household Information (If Applicable)

21. What is the student's secondary address? N/A

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	Apt. #	City	State	Zip	Home Phone	

22. Name of adult in household

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial	Last Name	Email Address
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>		Custodial parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone <input type="text"/>	Work Phone <input type="text"/>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

23. Name of adult in household

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial	Last Name	Email Address
Date of Birth (Month/Day/Year) <input type="text"/>	Relationship to student: <input type="text"/>		Custodial parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone <input type="text"/>	Work Phone <input type="text"/>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Part 4: Race/Ethnicity

According to federal and state civil rights law, the government asks you to identify your student's ethnicity and race. If you do not fill out the following questions, we must answer them for you following a process the district developed.

24. Is the student Hispanic, Latino or Latina? No Yes 25. Is the student North American Indian or Alaskan Native? No Yes: Please complete Form 506

26. Is the student... (Check all that apply. You must check at least one)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Part 5: Parent/Guardian Signature

The signature of a parent/guardian is required to enroll the student in Eden Prairie Schools.

<input type="text"/>	<input type="text"/>
Parent/Guardian Signature	Date



Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Child's Full Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix	Birthdate

1. My student first learned: (Check the phrase that best describes your student)

- Language(s) other than English English and languages other than English Only English

Indicate the language(s) other than English in the space provided:

2. My student speaks: (Check the phrase that best describes your student)

- Language(s) other than English English and languages other than English Only English

Indicate the language(s) other than English in the space provided:

3. My student understands: (Check the phrase that best describes your student)

- Language(s) other than English English and languages other than English Only English

Indicate the language(s) other than English in the space provided:

4. My student has consistent interaction in : (Check the phrase that best describes your student)

- Language(s) other than English English and languages other than English Only English

Indicate the language(s) other than English in the space provided:

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

<input type="text"/>
Parent/Guardian Name Printed
<input type="text"/>
Parent/Guardian Signature
<input type="text"/>
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.

We usually contact our families in English. We may be able to communicate with you in a language of your preference.

In which language would you prefer that we communicate with you? English Other _____
 Do you need a translator or interpreter to communicate with us? No Yes



<input type="text"/>	<input type="text"/>
Child's Name	Date of Birth

1. Does your child have any health issues? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> No Health Problems | <input type="checkbox"/> ADD/ADHD (Diagnosed) | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Asthma/Respiratory | <input type="checkbox"/> Bladder/Kidney | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Food Intolerances | <input type="checkbox"/> Hearing Concerns |
| <input type="checkbox"/> Heart/Cardiovascular | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Lead Poisoning |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Seizures/Neurological |
| <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Surgeries/Hospitalization | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Describe the health issues that were checked in the above chart: | | |

2. Does your child have allergies? No Yes My student is carrying his/her own Epi-Pen (physician's orders required): Yes No

Please specify if allergy is mild, severe, or life threatening to food, animal, medication, other:

3. Does your child need medication/treatment at home or at school?

At Home: Yes No

At School: Yes No

Medications in school: Medications can be dispensed in school only when absolutely necessary for the well being of the student. All medications, both prescription and non-prescription, require an order from the doctor and the parent requesting that the medication be given during the school day. Prescription and non-prescription medication must be supplied in the original labeled container. Ask the pharmacist for a bottle for home and one for school.

Activity Restrictions? Yes No

Explain:

4. Student's physician/clinic contact information

Physician: <input type="text"/>	Clinic: <input type="text"/>	Phone: <input type="text"/>
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Parent/Guardian Signature

- I understand the information on this form is given voluntarily. This information is collected to provide for your student's health and safety while at school. Your signature gives permission to share health concerns with appropriate staff for your student's safety. Hearing and vision screenings are provided for students according to state guidelines.
- Your signature also authorizes the school to contact the doctor/clinic listed above and/or to provide emergency vehicle transportation to the hospital in the event that you cannot be reached in an immediate emergency. The parent(s)/guardian(s) are responsible for all expenses.

Parent/Guardian Signature: <input type="text"/>	Date: <input type="text"/>
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Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me on _____ (date) by _____ (name of parent or guardian)

Notary Signature: _____

Notary Stamp

STATE OF MINNESOTA, COUNTY OF _____

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
(of parent/guardian)



Request for Student Records

This form allows information about your student to be exchanged.

Student's full legal name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name	Suffix

Student's date of birth (Month/Day/Year)

Student's Grade

Previous School Name:

Previous School Address:

Previous School Phone:

Previous School Fax:

What date is the student expected to start at the new school?

Previous school, please send all of the student's records to the school checked below:

- Cedar Ridge Elementary: 8905 Braxton Drive, Eden Prairie, MN 55347 (Phone: 952-975-7800)
- Eagle Heights Spanish Immersion: 13400 Staring Lake Parkway, Eden Prairie, MN 55347 (Phone: 952-975-7700)
- Eden Lake Elementary: 12000 Anderson Lakes Parkway, Eden Prairie, MN 55344 (Phone: 952-975-8400)
- Forest Hills Elementary: 13708 Holly Road, Eden Prairie, MN 55346 (Phone: 952-975-8600)
- Oak Point Elementary: 13400 Staring Lake Parkway, Eden Prairie, MN 55347 (Phone: 952-975-7600)
- Prairie View Elementary: 17255 Peterborg Road, Eden Prairie, MN 55346 (Phone: 952-975-8800)
- Central Middle School: 8025 School Road, Eden Prairie, MN 55344 (Phone: 952-975-7300)
- Eden Prairie High School: 17185 Valley View Road, Eden Prairie, MN 55346 (Phone: 952-975-8000)
- Early Childhood Special Education: 8100 School Road, Eden Prairie, MN 55344 (Phone: 952-975-6979)
- TASSEL Transition: 8040 Mitchell Road, Eden Prairie, MN 55344 (Phone: 952-975-6930)

Previous school, please email the records checked below as soon as possible to register4EP@edenpr.org or fax them to 952-975-7026. They are needed before proper placement of the student can be made.

- | | |
|--|--|
| <input type="checkbox"/> All academic, attendance, grade level, Title I | <input type="checkbox"/> Special Education (IEP, Evaluation, Progress) |
| <input type="checkbox"/> GRAD, MCA, CogAT, MAP, NWEA, Fastbridge | <input type="checkbox"/> 504 Plan and eligibility determination/documents |
| <input type="checkbox"/> EC screening for kindergartners | <input type="checkbox"/> Psychological/Psychiatric records and evaluations |
| <input type="checkbox"/> English Learner: WIDA, Access, and MODEL info | <input type="checkbox"/> Discipline/Behavior Records |
| <input type="checkbox"/> Health/Medical, related services, immunizations | <input type="checkbox"/> MARSS ID#: |
| <input type="checkbox"/> Transcripts/withdrawal grades | <input type="checkbox"/> Other: |

Parent/Guardian Signature

<input type="text"/>	<input type="text"/>
Parent/Guardian Signature	Date



The mission of Eden Prairie Schools is "To inspire each student to learn continuously so they are empowered to reach personal fulfillment and contribute purposefully to our ever changing world." Our students will be prepared to demonstrate digital responsibility, technological awareness and the ability to use technology to create, research, communicate and produce in the academic and professional setting. i-Learn@EPS is about creating engaging curriculum, dynamic learning environments and students who are better prepared for the world beyond our school doors; it is not about the device, but rather how to use the device in education. Each student at Eden Prairie Schools will be assigned a digital device to assist with this mission. Parent/guardian, please review the applicable iLearn@EPS Expectations and contents of this Agreement with your child. Please complete this Agreement indicating you and your child understand the responsible use and care guidelines.

Agreement for responsible care and use

I (the student) understand responsible use guidelines in the school handbook.

- I agree to care for my assigned device properly as described in the iLearn Expectations section of the handbook.
- I agree to use my device properly as described in iLearn Expectations. If I break this agreement, I understand the consequences could include suspension of device privileges and/or other disciplinary action.
- I understand that the device, school network, accounts, and Apps are owned by Eden Prairie Schools and that the school or district can access any files or information at any time.
- Per district policy, some students will be allowed to bring their device home. If I will be taking home my assigned device each day, I agree to return my device and accessories to the school in working order and in the condition which I received it when asked.

I (parent/guardian) have reviewed the responsible use guidelines in the iLearn Expectation section of the handbook with my child. I understand the technology is provided for educational purposes in keeping with the academic goals of Eden Prairie Schools.

- I understand and will support my student in adhering to the responsible use guidelines as described in the iLearn Expectations section of the handbook.
- I am aware that if my child breaks this agreement, the consequences could include suspension of device privileges and/or other disciplinary action.
- I understand that the school network, accounts, device and applications are owned by Eden Prairie Schools and that the school or district has the right to access any files or information at any time.
- Although the district has sophisticated filters and protections in place, I recognize it is impossible for the school to restrict access to all controversial materials and will not hold the school responsible for materials acquired on the school network.
- I understand my child may be in a grade level which allows students to bring their device home each day. I understand all computer/device activities at home should be supervised.
- I understand my child may be in a grade which allows students to bring their device home each day, and as the child's parent/guardian, I have the right to set my own rules and boundaries at home around the use of the device. I have discussed my expectations with my child.

Agreement for financial responsibility

We understand that the assigned device belongs to Eden Prairie Schools and will be returned at the end of the academic school year; designated devices not returned will be treated as stolen property. Students who transfer, withdraw, or are expelled will return the device and accessories at the time of withdrawal.

If damage occurs to the device, the student should immediately report the damage and turn the device in. The device will be repaired or replaced by the district. Incidents of gross negligence or repeated incidents may result in financial restitution from the family, up to the cost of the entire device if warranted. Please review replacement and repair costs listed:

- | | | | |
|--|-----------------------------|---------------------------------------|--------------------------------|
| • Grades 9-12 MacBook Laptop Replacement -1st incident: \$350; | • Screen Damage - \$350 | • Major Scratches and Dents - \$100 | • iPad Brick - \$13 |
| 2nd and subsequent incidents: \$700 | • Keyboard Damage - \$140 | • Laptop Case Replacement - \$30 | • iPad Cable - \$7 |
| | • Hard Drive Damage - \$400 | • Grades 4-8 Replacement iPad - \$400 | • iPad Glass Damage - \$100 |
| | • Charger - \$79 | | • iPad Case Replacement - \$32 |

Agreement of student access to online educational applications

Eden Prairie Schools attempts to provide students with the best educational practices and resources. Many of our teachers are incorporating web-based applications and sites to enhance student education, engage students in the curriculum, and spark creativity and collaboration amongst peers. Through the use of web-based apps students and teachers can expand the classroom by participating in collaborative practices that enable students to learn the appropriate and safe ways to use the Internet. These practices provide both an outstanding educational opportunity for our academic areas as well as an opportunity to help students prevent poor online actions and communications. By signing this agreement, I am providing written permission for my child to access and use web-based apps and resources.

I have read and understand the information presented in this Agreement and the "iLearn@EPS Expectations" section of the student handbook. I understand this Agreement will remain in effect for subsequent school years and any modifications will be reflected in the student handbook.

Student Name _____ Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____