



Mountain View Academy
K-8th Student Enrollment Application
2020 - 2021

Student Information

Full Legal Name: _____

First

Middle

Last

Preferred First Name: _____ Gender: _____ Date of Birth: _____

Physical

Address: _____

Mailing Address (if different): _____

Phone: _____ Place of Birth: _____

City

State

Country

Are there any restraining/court orders in place to protect your student? Yes No

If YES, a copy of the restraining/court order must be provided for our school records

Enrolling Grade: _____ Previous School: _____

If new to Mountain View Academy

Shirt Size (shirts will be ordered next fall): _____

Does the student have a sibling attending Mountain View Academy? Yes No

How did you hear about MVA (new students)?: _____

Does the student have: Individualized Education Plan (IEP) Speech Services

Behavior Plan Section 504 Plan Other: _____

Parent/Guardian Information

Parent/Guardian #1: Mother Father Grandparent Step Foster Guardian

Living with student: Yes No

Name: _____
 First Last Suffix

Physical Address(if different from student): _____

Mailing Address (if different from student): _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Notification Phone: Home Cell Work Other: _____

This number will receive automated calls, texts and emergency notifications.

Parent/Guardian #2: Mother Father Grandparent Step Foster Guardian

Living with student: Yes No

Name: _____
 First Last Suffix

Physical Address (if different from student): _____

Mailing Address (if different from student): _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Notification Phone: Home Cell Work Other: _____

This number will receive automated calls, texts and emergency notifications.

Parent/Guardian Military Service

At any time during the school year, will this student have a parent or guardian who is/will be a member of the Armed Forces on active duty or full-time National Guard, which includes:

- Students whose parent(s) are deployed, including:
 - Students placed with a temporary guardian while one or both parents are deployed
 - Students whose parent(s) or guardian(s) are:
 - Full-time Army, Navy, Air Force, Marine Corps, or Coast Guard active or training duty
 - Students at a school designated as a service school, while active military
 - Full-time National Guard members
 - Active Duty Military Technicians

Does not include:

- Students whose parent(s) or guardian(s) are:
- Members of other uniformed services, such as the commissioned corps of the National Oceanic and Atmospheric Administration and the commissioned corps of the Public Health Service.
- Retired or discharged former service members
- Part-time National Guard members who are not deployed
- Members of the reserves who have not been called to active duty
- Civilian (Title 5) employees of the Department of Defense
- Students with a relative in the armed forces other than the student's parent or guardian

Student will have an active duty parent/guardian during the 2020 - 2021 school year: Yes No

Activity Fee

There is a \$250 per-child, per-year, activity fee for Kindergarten - 8th grade students. \$150 activity fee for Pre-Kindergarten students and \$100 for Preschool students.

\$50 is due with each application.

Waiting List

A waiting list will be created when all available spaces have been filled. The waiting list will be a lottery process from all remaining applicants that were not drawn in the lottery for any open enrollment spaces. The waiting list will be cleared at the end of each school year. Any applicants still interested in enrolling will have to apply again at each new school year enrollment period.

Race & Ethnicity

Federal regulations require all U.S. schools to gather statistical data on students' race and ethnicity. If more than one race is chosen, your student will be reported as multiracial. **Race - select at least one:** Black Native Hawaiian or Other Pacific Islander Asian American Indian or Alaska Native White Non-US Native American _____% _____%

Ethnicity: Hispanic/Latino: Yes No

Emergency Contact Information:

*In the event of an emergency, parents/guardians will always be contacted FIRST. If we cannot reach a parent/guardian, please list who should be contacted:

1st Emergency Contact: _____ Relationship: _____
Cell Phone: _____ Phone(other): _____

2nd Emergency Contact: _____ Relationship: _____
Cell Phone: _____ Phone(other): _____

3rd Emergency Contact: _____ Relationship: _____
Cell Phone: _____ Phone(other): _____

Emergency School Dismissal Instructions

On rare occasions, it may be necessary to dismiss students from school early due to an emergency. If that should happen, we recognize that your normal plans for after school care may change. Please indicate below what your student should do in this situation. Please talk with your student about the plan to be certain he/she understands what you want them to do. School phone lines are limited. During an emergency it may not be feasible to reach us or we may not be able to communicate emergency plans or changes to you.

Choose one option only:

- A. My student is to follow their regular dismissal plan, as if it were the end of the school day.
- B. My student is to go to the residence of another student.

Student's name: _____ Student's Grade: _____
Address: _____ Phone: _____

- C. My student is to go to the residence of another responsible adult.

Adult's Name: _____ Relationship: _____
Address: _____ Phone: _____

Parent/Guardian Signature: _____ **Date:** _____

Medical Information

Student's Doctor: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Hospital of Choice: _____

Please mark if your student has any of the following conditions:

- ADD/ADHD _____
- Hearing Loss _____
- Speech Disorder _____
- Vision Problem _____

- Asthma _____ Check if Life Threatening
- Diabetes _____ Check if Life Threatening
- Physical Impairment _____ Check if Life Threatening
- Heart Problems _____ Check f Life Threatening
- Seizure Disorder _____ Check if Life Threatening
- Allergies _____ Check if Life Threatening
- Food Allergies _____ Check if Life Threatening
- Other _____ Check if Life Threatening

Depending on your student's allergies you may need to fill out a medical statement form in order for the district to provide food substitutions. Please contact the school office for more information.

Is your student taking medication? Yes No _____
Will your student be taking medication at school? Yes No _____

If yes, please fill out an Authorization for Medical Administration form.

Consent for Treatment: In the event of an accident or illness requiring medical attention, I understand that the school will notify me and will call for emergency medical services in the case of an injury or illness that is too serious to be treated with standard first aid. I also realize that the school district cannot be responsible for any expenses incurred in the treatment of students.

I consent to treatment, operations, or anesthetics, which may be ordered by my student's care provider or emergency medical personnel.

Parent/Guardian Signature: _____ **Date:** _____

Permissions

- Field Trips:** My student may participate in all school field trips. Yes No
- Website:** My student may be mentioned, quoted, pictured, or filmed. Yes No
- Facebook:** My student may be mentioned, quoted, pictured, or filmed. Yes No
- Photographs:** My student's picture can be taken and used for class newsletters, class activities, bulletin boards, or the school calendar Yes No
- Video:** My student may be videotaped during class or school plays Yes No
- Holidays:** My student has permission to celebrate holidays. Yes No
- Exception: _____ Yes No
- School Yearbook:** My student may be mentioned or pictured. Yes No
- News Media:** My student may be seen, interviewed or quoted on T.V., radio, or newsprint. Yes No

Technology

The use of computers and other technology at Mountain View Academy is a *privilege with responsibility*. Failure to abide by the following guidelines may result in revoking the privilege, or further consequences.

- I will follow all the teacher directions and established procedures when computers and other technology is being used. This includes carrying devices properly and not eating/drinking when using them.
- I agree to use the technology only when instructed to do so by my teacher.
- I understand that it is my responsibility to report any accidental damage to the teacher immediately.
- I will use the computers and Internet for the purpose of education and for working on approved school assignments only. I understand that using the devices for personal use is not permitted.
- I will not use the computers to listen to music unless it is part of an assigned project. I will not import music into the devices unless directed by a teacher for use in an educational project. I will abide by all copyright laws when doing this for an educational project.
- Students may use personal headphones or use school headphones, when approved by the teacher.
- I will only use the school computers and Internet if there are teachers present supervising me. I understand that unsupervised use is not permitted.
- No web sites, software, apps, or media should be printed shared, e-mailed, or downloaded without teacher approval.
- Do not copy other student work or files. Do not delete, manipulate or move student work or files.
- Do not login or attempt to login to the network drives with any ID other than your own.
- I understand that I may be financially responsible for the repair or replacement of stolen or abused hardware and materials.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

State of Oregon Language Use Survey

The 2020-21 Language Use Survey (LUS) is under development. Until the 2020-21 version is finalized, districts may choose to use either of the Language Use Surveys available on the ODE website.

This form is given to all students entering into a school district for the first time.

The purpose of the **Language Use Survey** is to help the school determine if your child qualifies for additional **Title III** supports in language instruction for English learners.

Title III provides support for English learners as defined by USED.

The State of Oregon honors the language and culture of its people and respects the over 166 languages in our schools, and recognizes that:

- Language is a key component of each person’s cultural identity,
- Heritage and primary languages are instrumental in student academic and cultural success, and
- Students who are multilingual/multicultural may have an advantage over students with a single language and are valued in career placements.

Student Name: _____ **Grade:** _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Descriptions	Questions
<p>Communication Preferences This question helps the school provide an interpreter or translated documents, free of charge, should you want them.</p> <p><i>This section is for informational purposes only. It is not used to identify your child for English language proficiency placement testing.</i></p>	<p>1. What language(s) would you prefer the school use to communicate with you?</p> <p><i>The answer to this question is not used to identify a student for EL services. It is used to show how the parent/guardian wishes to communicate.</i> _____</p>
<p>Eligibility for Language Development Support This section helps the school identify if your child should be assessed to receive support in academic English instruction.</p> <p><i>This section is used to identify your child for English Language Proficiency placement testing. A response other than English to questions #2, #3, and/or #4 may qualify your child for English language proficiency placement testing.</i></p>	<p>2. What is the primary language(s) used to communicate in your home?</p> <p><i>A response that does not mention the English language or American Sign Language (ASL) identifies the student as a potential EL. Administer the screener.</i> _____</p> <p>3. What language(s) did your child learn first?</p> <p><i>A response that does not mention the English language or American Sign Language (ASL) identifies the student as a potential EL. Administer the screener.</i> _____</p> <p>4. What language(s) is most often used by your child at home?</p> <p><i>A response that mentions anything other than the English language or American Sign Language (ASL) identifies the student as a potential EL. Administer the screener.</i> _____</p>

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Below is the United States Department of Education definition of an English learner.

The term “English learner,” when used with respect to an individual, means an individual —

- (A) who is aged 3 through 21;
- (B) who is enrolled or preparing to enroll in an elementary school or secondary school;
- (C)
 - (i) who was not born in the United States or whose native language is a language other than English;
 - (ii)
 - (I) who is a Native American or Alaska Native, or a native resident of the outlying areas;
 - and
 - (II) who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or
 - (iii) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and
- (D) whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual —
 - (i) the ability to meet the challenging State academic standards;
 - (ii) the ability to successfully achieve in classrooms where the language of instruction is English; or
 - (iii) the opportunity to participate fully in society.

(ESEA Section 8101(20))