



NORTHEAST METRO | 916
Intermediate School District

partners in education

916 Mahtomedi Academy

2016-2017 Enrollment Packet

Full Time Days _____ Credit Recovery _____

*** Please complete the entire packet before submitting it ***

916 Mahtomedi Academy

2785 County Road D | White Bear Lake, Minnesota 55110

p | 651.415.5680 • f | 651-777-6048

www.nemetro.k12.mn.us



STUDENT ENROLLMENT FORM

Registration Date: ____ / ____ / ____

STUDENT INFORMATION

| | | | |
|---|--|---|--|
| Last | | First | Middle |
| Date of Birth | | Age | Grade (at start date) |
| Student Address | | | Apt# |
| City | | State | Zip |
| Home Phone | | Cell Phone | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Has student ever registered under a different name? (Please list) | | | Are Parental Rights Terminated? <input type="checkbox"/> (If yes, attach documentation) |
| Is the student: <input type="checkbox"/> A ward of the county/state? <input type="checkbox"/> Own guardian? <input type="checkbox"/> Homeless? <input type="checkbox"/> Migrant? (Temporary/Seasonal last 36 Months) <input type="checkbox"/> Receiving ELL services? | | Country of Birth | |
| | | If not US, year entered US School System | |
| | | Language(s) spoken at home | |
| | | First Language Learned | |
| | | Language most spoken by student | |
| Minnesota Data Student Race/Ethnicity: <i>Check only one in this column:</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin | | Federal Data Is the student Hispanic or Latino? <input type="checkbox"/> <i>More than 1 box may be marked:</i> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White | |
| Who has legal authority to make educational decisions? _____ (Please attach documentation if needed) | | | |
| Has student previously been enrolled in a Northeast Metro 916 program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |



STUDENT ENROLLMENT FORM

Previous school(s) attended for 9th through 12th grade:

| | |
|--|--|
| 9 th grade: | 10 th grade: |
| 11 th grade: | 12 th grade: |
| Last date attended ___ / ___ / ___. | Current grade level: <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th |
| Referred by: <input type="checkbox"/> School <input type="checkbox"/> Counselor <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____ | |
| Resident district #: _____ | |

Why do you want to attend 916 Mahtomedi Academy?

From which school do you plan to receive your diploma?

| | | |
|--|------------------------------|-----------------------------|
| Are you currently in special education or on an IEP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you currently have a 504 plan written for you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently working with a Probation Officer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, PO's name: _____ | Phone #: _____ | |



STUDENT ENROLLMENT FORM

PARENT/GUARDIAN INFORMATION

Student Lives With: Mother & Father Group Home Foster Family
 Mother (and Stepfather if applicable) Father (and Stepmother, if applicable)
 Relative (please list) _____ Other (please list) _____

CUSTODIAL Parent/Guardian Information:

| | | | | | |
|--|--|-----|-------------------------|--|-----|
| Name 1 | | | Name 2 | | |
| Relationship to Student | | | Relationship to Student | | |
| Phone # | Cell # | | Phone # | Cell # | |
| Work # | Gender <input type="checkbox"/> M <input type="checkbox"/> F | | Work # | Gender <input type="checkbox"/> M <input type="checkbox"/> F | |
| Email | | | Email | | |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| Joint Legal Custody <input type="checkbox"/> If yes, Name: | | | Name: | | |

NON-CUSTODIAL Parent/Guardian Information: (If applicable; Please attach documentation)

| | | | | | |
|---|--|-----|---|--|-----|
| Name 1 | | | Name 2 | | |
| Relationship to Student | | | Relationship to Student | | |
| Phone # | Cell # | | Phone # | Cell # | |
| Work # | Gender <input type="checkbox"/> M <input type="checkbox"/> F | | Work # | Gender <input type="checkbox"/> M <input type="checkbox"/> F | |
| Email | | | Email | | |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| Status <input type="checkbox"/> Visitation <input type="checkbox"/> Contact <input type="checkbox"/> No Contact | | | Status <input type="checkbox"/> Visitation <input type="checkbox"/> Contact <input type="checkbox"/> No Contact | | |

FOSTER/GROUP HOME Information: (If applicable; Custodial Rights documentation must be attached)

| | | | | | |
|---------|--|-----|---------|--|-----|
| Name 1 | | | Name 2 | | |
| Phone # | Cell # | | Phone # | Cell # | |
| Work # | Gender <input type="checkbox"/> M <input type="checkbox"/> F | | Work # | Gender <input type="checkbox"/> M <input type="checkbox"/> F | |
| Email | | | Email | | |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |

Northeast Metro 916
916 Mahtomedi Academy
Student Expectations

Welcome to this unique learning setting in which instruction is individualized and student-centered. While you are a student here you will have the opportunity to pursue your high school diploma in an environment that is created to be productive, safe, positive, caring, and flexible. The instruction is designed to assist you in developing academic, career and social skills for healthy and productive living in a global community.

We, the staff of the 916 Mahtomedi Academy, believe that it is important that students understand our expectations for maintaining this learning environment. You are responsible for understanding that the following will be strictly and fairly enforced.

Academic:

Students need to have regular attendance, be on time, and productive in class. Tardies and sleeping in class are not acceptable.

1. Parents need to notify the office of absences or early releases during the school day.
2. Students cannot be out of class without instructor permission.
3. Cell phones are to be turned off and not be seen or heard in the classroom.
4. Staff phones can only be used on break time with staff permission.
5. Computers are to be used only for academic purposes.

Behavior:

Conduct yourself responsibly and be accountable for your behavior.

6. Harassment, threats, or bullying of any kind will not be tolerated.
7. Students must be free of the influence of drugs and alcohol. Any possession of illegal substances or paraphernalia will be referred to law enforcement.
8. Possession of a weapon on school property will result in suspension, contact to local authorities, and recommendation for expulsion. A weapon is any device that can be used to threaten or harm.
9. Appropriate dress and language are expected of all students. Students are expected to be polite, cooperative, and respectful to staff and students.

School Property:

Demonstrate responsible use of the school building and grounds, and maintain a clean environment.

10. Students must only use the 916 Mahtomedi Academy parking lot.
 11. Use appropriate driving habits; driving and parking on school grounds is a privilege, not a right.
 12. Visitors are not allowed on school premises.
 13. Smoking is prohibited on all school property.
- Violation of these expectations may result in an incident report, day ending, loss of privileges, suspension, expulsion, and/or referral to a more appropriate educational setting.
 - I understand that 916 Mahtomedi Academy only provides transportation for students that live in Mahtomedi School District 832 and North St. Paul District 622.
 - All students are expected to comply with all Northeast Metro 916 board policies.

Student Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____

Administrator Name: _____ Signature: _____ Date: _____



NORTHEAST METRO | 916
Intermediate School District

partners in education

Northeast Metro 916 Cell Phone Policy:

East View Academy and 916 Mahtomedi Academy

- Student cell phones are not allowed to be used during class time.
- Students may choose to bring their cell phones to school for use during breaks and/or lunch time.
- During class time, student cell phones will be locked in an individual cell phone bag called a Yondr. Students must put their phones on “silent mode” before locking them in the bags. Students may keep their locked cell phone bag with them at their desk.
- Students may not use their cell phones for music in the classroom. They are allowed to bring an alternate device to use to listen to music. However, the alternate device may NOT have phone and/or internet capabilities.
- If a student brings an alternate device to school that has phone and/or internet capabilities, that device will not be allowed to be used in the classroom, and must be locked in a cell phone bag.
- If a student refuses to follow the cell phone policy, the student will have to wait in the office while staff calls parents for a conference call. If, after a conversation with his/her parents, the student is still unwilling to lock up his/her phone, his/her parents will have to pick up their student from school or give the Educational Coordinator or Principal verbal permission for the student to leave the building.
- If a student refuses to follow the cell phone policy on an ongoing basis, a meeting with the student, parents, educational coordinator and/or principal will be arranged.

I acknowledge and agree to the above cell phone policy.

Student: _____ Date: _____

Parent: _____ Date: _____

East View Academy

Capitol View Center
70 County Road B2 West | Little Canada, Minnesota 55117

p | 651.415.5363 • f | 651.415.5507

www.nemetro.k12.mn.us

TECHNOLOGY RESPONSIBLE USE AGREEMENT - STUDENT

STUDENT

I have read and do understand the school district policies and cloud computing guidelines relating to safety and acceptable use of district technology resources (including use of personal devices within the district) and the Internet and agree to abide by them. I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken.

User's Full Name (please print): _____

User Signature: _____

Date: _____

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the school district policies and cloud computing guidelines relating to safety and acceptable use of district technology resources (including use of personal devices within the district) and the Internet. I understand that this access is designed for educational purposes. The school district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (please print): _____

Parent or Guardian's Signature: _____

SUPERVISING TEACHER (Must be signed if applicant is a student)

I have read the school district policies and cloud computing guidelines relating to safety and acceptable use of district technology resources (including use of personal devices within the district) and the Internet and agree to promote these policies with the student. Because the student may use the Internet on district technology resources for individual work or in the context of another class, I cannot be held responsible for the student's use of the Internet while on the district network. As the supervising teacher I do agree to instruct the student on acceptable use of the Internet and network and proper network etiquette.

Teacher's Name (please print): _____

Teacher's Signature: _____

MOVIE PERMISSION

916 Mahtomedi Academy instructors often enhance the learning process by showing films that help students understand emotional situations, historical events or other human interactions. **Some of these films have an "R" rating, but they are seen as a valuable educational resource. Your permission is required for your child to participate in the viewing of these films.**

Students who do not receive permission for viewing "R" rated films will be given alternate assignments.

Check One

_____ I give my permission for my child to view "R" films with critical educational value.

_____ I do not give my permission for my child to view "R" films.

Please sign below verifying that you have read this form and have checked one of the above choices.

Student Name

Parent/Guardian Signature

Date

AUTHORIZATION TO RELEASE EDUCATIONAL DATA

I, _____, hereby authorize Northeast Metropolitan Intermediate School District 916 to release photographs of my child, _____, for display on the Northeast Metro 916 web pages and Internet site relating to his/her education or work at Northeast Metro 916. I also authorize Northeast Metro 916 to use photographs of my child in Northeast Metro 916 registration materials and other internal Northeast Metro 916 publications. The purpose of this release is to permit publication of my child's pictures on the Northeast Metro 916 website and in materials and publications produced by Northeast Metro 916. This release is valid for a period of one year from the date hereof.

Parent's Signature

Date: _____

Student's Signature, if an eligible student under federal law

Date: _____



916 Mahtomedi Academy

Health Data Form

Date: ____/____/____

Student: _____ Age ____ DOB ____/____/____

Address: _____ Phone: _____

Parent(s) or Guardian(s): _____ Phone - Home: _____ Work: _____

_____ Phone - Home: _____ Work: _____

IN CASE OF EMERGENCY NOTIFY: _____
 (Please list someone other than the parent/guardian listed above)

Relationship to student: _____ Phone: _____

Special Health Needs: Examples: Special medications, allergies, asthma, diabetes, contact lenses, heart condition, hearing problems, etc. or NONE
 **If Pregnant or Parent list due date and/or birthdates of your children.

1. _____

2. _____

3. _____

Doctor or Clinic: _____

City/Location: _____

This information is confidential and is to be used for emergencies and to inform staff of significant health issues or concerns.

Student signature: _____

Parent signature: _____

Staff Initials _____

Intake Date ____/____/____

Northeast Metro ISD 916 Area Learning Centers 2016-2017 Continual Learning Plan

STUDENT NAME (Please Print) _____

Graduation Yr _____

Current Credit Status at intake (to be filled out by ALC Staff at intake):

Language Arts _____/8

NE Metro Req _____/2

Social Studies _____/7

Arts _____/2

Math _____/6

Elective _____/13

Science _____/6

MCA II/ GRAD Requirements: Reading _____ Math _____ Writing _____

Goals for the 2016-2017 school year:

School Goal:

- Earn _____ credits per term
- Finish _____ assignments per class each week
- Be in school on time
- Be in school every day
- Graduate by _____
- Other _____

Career Goal:

- Lifelong Learner class – career exploration
- Goal related to current job: _____
- College/Tech Plan: _____
- Apprenticeship/Work Plan: _____
- Other _____

Student Signature

date

Parent/Guardian Signature

date

916 Administrative Signature

date

Office Staff only:

Went over 1.0 Yes No

Staff Initials _____

Intake Date ____/____/____

CLP Review Notes:

| |
|--|
| <p>Intervention: <input type="checkbox"/> schedule change <input type="checkbox"/> modified work/delivery <input type="checkbox"/> setting change <input type="checkbox"/> goal setting <input type="checkbox"/> parent meeting</p> <p>Date:</p> |
| <p>Intervention: <input type="checkbox"/> schedule change <input type="checkbox"/> modified work/delivery <input type="checkbox"/> setting change <input type="checkbox"/> goal setting <input type="checkbox"/> parent meeting</p> <p>Date:</p> |
| <p>Intervention: <input type="checkbox"/> schedule change <input type="checkbox"/> modified work/delivery <input type="checkbox"/> setting change <input type="checkbox"/> goal setting <input type="checkbox"/> parent meeting</p> <p>Date:</p> |
| <p>Intervention: <input type="checkbox"/> schedule change <input type="checkbox"/> modified work/delivery <input type="checkbox"/> setting change <input type="checkbox"/> goal setting <input type="checkbox"/> parent meeting</p> <p>Date:</p> |
| <p>Intervention: <input type="checkbox"/> schedule change <input type="checkbox"/> modified work/delivery <input type="checkbox"/> setting change <input type="checkbox"/> goal setting <input type="checkbox"/> parent meeting</p> <p>Date:</p> |