



**Elementary Campus**  
903 6<sup>th</sup> Ave Ct NE  
Isanti, MN 55040  
Phone: 763-444-0342

ISD #4227

[www.artandscienceacademy.k12.mn.us](http://www.artandscienceacademy.k12.mn.us)

**Middle School Campus**  
1005 7<sup>th</sup> Ave  
Isanti, MN 55040  
Phone: 763-444-0039

Greetings, new ASA students and families!

In preparation for the 2021-2022 school year, we are gathering information about our new students and families so we can provide an engaging, rigorous, and appropriate learning experience for all.

Below is a list of items we need from you as soon as possible, but please no later than **July 15<sup>th</sup>, 2021**:

- Completed Student Enrollment Form
- Completed Ethnic & Racial Demographic Form
- Completed Authorization for Student Pick Up Form
- Copy of Student's Birth Certificate
- Signed Consent for Release of Student Records (It is helpful to turn this in ASAP)
- Completed Health Information Form
- Current Immunization Record
- Authorization for Administration of Medication (If Needed)
- Signed Student Media Use Policy and Agreement
- Completed Student Inventory Form
- Technology Use Form
- Preschool Screening or Well Check/Physical (Kindergarteners Only)
- Completed Registration Form for Before/After School Care (Optional)
- Completed Application for Educational Benefits for Free/Reduced School Meals (Optional)

All forms can be found on our website: [www.artandscienceacademy.k12.mn.us](http://www.artandscienceacademy.k12.mn.us).

Please note the before/after school care registration form and the Application for Educational Benefits will not be available until July 1, 2021. They can be found on our website or may be picked up at Art & Science Academy.

In addition, if your student is currently receiving special services and has an IEP/Evaluation Report or a 504 Plan, please get a copy to us as soon as you can. It can be dropped off, faxed to 763.444.0331, or emailed to [lauri.mckinnon@asa.k12.mn.us](mailto:lauri.mckinnon@asa.k12.mn.us).

We are looking forward to getting to know our students and families and are eager to begin our journey together.

As always, should you have any questions or concerns, please feel free to contact the school directly.

Sincerely,

Kevin Fitton, Executive Director  
Lisa Brady, Elementary School Principal  
Jon Moberg, Middle School Principal





# Student Enrollment Form

To be completed by parent or guardian

Start Date \_\_\_\_\_

## Student

Legal Name \_\_\_\_\_  
First Middle Last

Primary Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ mm/dd/yy ☐ Male ☐ Female Grade Entering \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State Zip Code

With whom does the student reside? \_\_\_\_\_ Relationship: \_\_\_\_\_

Birthplace \_\_\_\_\_  
City County State Country

Social Security Number: \_\_\_\_\_

## Order for Protection/Custody Documents

Is there an Order for Protection? ☐ Yes ☐ No If so, date of expiration (mm/dd/yyyy) \_\_\_\_\_  
Has the Order/Documents been provided to the school? ☐ Yes ☐ No

## Parent/Guardian #1:

Legal Custody ☐ Y ☐ N

Legal Name \_\_\_\_\_  
First Middle Last

Address (if different from student) \_\_\_\_\_  
Street address City State Zip Code

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Include in mailings? ☐ Yes ☐ No

Best number to call during school hours \_\_\_\_\_ E-mail \_\_\_\_\_

## Parent/Guardian #2:

Legal Custody ☐ Y ☐ N

Legal Name \_\_\_\_\_  
First Middle Last

Address (if different from student) \_\_\_\_\_  
Street address City State Zip Code

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to student \_\_\_\_\_ Include in mailings? ☐ Yes ☐ No

Best number to call during school hours \_\_\_\_\_ E-mail \_\_\_\_\_

Student's Legal Name (First, Middle, Last) \_\_\_\_\_

**Other Children in the Family**

First	Middle	Last	Date of Birth	Gender	Lives at Home <input type="radio"/> Yes <input type="radio"/> No	Grade
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	
					<input type="radio"/> Yes <input type="radio"/> No	

**Previous School Enrollment Information**

Has the student been enrolled in a Minnesota public school before? ☐ Yes ☐ No

List ALL Previous Enrollments (List the most recent *first*)

**School #1**

School District Name \_\_\_\_\_

School Name \_\_\_\_\_ State \_\_\_\_\_

Grade(s) Enrolled \_\_\_\_\_ Withdraw Date: \_\_\_\_\_

**School #2**

School District Name \_\_\_\_\_

School Name \_\_\_\_\_ State \_\_\_\_\_

Grade(s) Enrolled \_\_\_\_\_ Withdraw Date: \_\_\_\_\_

Does the Student have an IEP (Individualized Education Plan)? ☐ Yes ☐ No

If YES, what is the student's primary disability? (Check all that apply)

- ☐ Autism Spectrum Disorders
- ☐ Developmental Cognitive Disability
- ☐ Developmental Delay
- ☐ Deaf/Hard of Hearing
- ☐ Emotional/Behavioral Disorders
- ☐ Other Health Disorders
- ☐ Physically Impaired
- ☐ Specific Learning Disability
- ☐ Speech/Language Impairment
- ☐ Traumatic Brain Injury
- ☐ Visually Impaired

If your student's disability was not listed above, or if you feel more explanation is necessary at this time, please describe:

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(Please feel free to include your student's most recent IEP with the enrollment documents.)

Student's Legal Name (First, Middle, Last) \_\_\_\_\_

Does the student have a **504 Education Plan**? ☐ Yes ☐ No

(Please feel free to include your student's most recent 504 Plan with the enrollment documents.)

Is the student currently enrolled in a Gifted/Talented program? ☐ Yes ☐ No

Has the student ever been expelled from a previous school? ☐ Yes ☐ No

Has the student ever been arrested resulting in a charge? ☐ Yes ☐ No

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**Racial/Ethnic Information – please complete the Ethnic and Racial Demographic  
Designation Form located at the end of the Enrollment Form**

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**Home Language Information:**

This information is used to determine if your student is eligible for the English Learner Program (EL). In order to help your student learn, your student's teachers need to determine which language your student uses most.

What languages, other than English, are spoken in the home? \_\_\_\_\_

Which language did the student learn first? ☐ English ☐ Other (specify) \_\_\_\_\_

Which language is most spoken at home? ☐ English ☐ Other (specify) \_\_\_\_\_

Which language does your student most often speak? ☐ English ☐ Other (specify) \_\_\_\_\_

Does your student currently receive EL services? ☐ Yes ☐ No

**Immigration Information:**

This information is used to determine eligibility for supplemental funding for the education of immigrant students.

What is the student's country of birth? \_\_\_\_\_

If NOT in the United States, when did the student enter the United States? \_\_\_\_\_  
(MM/DD/YYYY)

**Residency Information:**

This information is used to determine if the student qualifies for migrant education services.

Have you moved to the school district in the last 36 months for temporary or seasonal agriculture or fishing work? ☐ Yes ☐ No

\*The following information is used to ensure the educational rights and protection of students experiencing homelessness. A homeless individual is one who: (1) lacks a fixed, regular and adequate nighttime residence includes: (a) children and youths are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (b) children or youths who have a primary nighttime residence that is a public or private place not designated for, or ordinarily used for, a regular sleeping accommodation for human beings; and (c) children or youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. You are not required to complete the information in this section of the form. If you choose not to complete this section, there may be a delay in the provisions of services. Teachers, school leaders, and the Minnesota Department of Education (MDE) will have access to this information.

Student's *Legal Name* (First, Middle, Last)

Is the student homeless? ☐ Yes ☐ No

If the student is homeless, what district and school did the student attend prior to becoming homeless?

If the student is considered homeless, what district and school is currently serving the location where the student is temporarily living?

If your child becomes ill at school, or if the school closes for an emergency, please list someone who can care for your child if we are unable to reach parent/guardians.

**Emergency Contact #1 – Other than Parent/Guardian**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact #2 – Other than Parent/Guardian**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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The information provided above is current and represents information about the student.

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Ethnic and Racial Demographic Designation Form

Student's First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

*[You must select “yes” or “no” to this question.]*

☐ **Yes** *[If yes, go to Question A.]*

☐ **No** *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan   | <input type="checkbox"/> Salvadoran                            | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian           | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Spaniard/Spanish/<br>Spanish-American | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Ecuadorian          | <input type="checkbox"/> Puerto Rican |  |  |

*Go to Question 1.*

*[Select “yes” to at least one of the Questions (1-6) below.]*

**Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

☐ **Yes** *[If yes, go to Question 1a.]*

☐ **No** *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

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**Question 2. Is the student American Indian from South or Central America?**

☐ **Yes** [Go to Question 3.]

☐ **No** [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.<sup>1</sup>

☐ **Yes** [If yes, go to Question 3a.]

☐ **No** [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Chinese

☐ Karen

☐ Other Asian

☐ Asian Indian

☐ Filipino

☐ Korean

☐ Unknown

☐ Burmese

☐ Hmong

☐ Vietnamese

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.<sup>1</sup>

☐ **Yes** [If yes, go to Question 4a.]

☐ **No** [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

☐ Decline to indicate

☐ Ethiopian-Other

☐ Somali

☐ African-American

☐ Liberian

☐ Other black

☐ Ethiopian-Oromo

☐ Nigerian

☐ Unknown

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

☐ **Yes** [Go to Question 6.]

☐ **No** [Go to Question 6.]

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**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

☐ **Yes**

☐ **No**

Parent(s)/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_





## Authorization for Student Pick-up

I, parent/guardian of \_\_\_\_\_,  
authorize the following people to pick up my student:

1. Name \_\_\_\_\_  
Phone number \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_  
Phone number \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

3. Name \_\_\_\_\_  
Phone number \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





## CONSENT FOR RELEASE OF EDUCATIONAL RECORDS

### AUTHORIZATION FOR USE AND/OR DISCLOSURE OF EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records created or maintained by a school that receives federal funds. Completion of this document authorizes the disclosure and use of education records as described below.

Completion also authorizes you to discuss this information with representatives of Art and Science Academy.

#### STUDENT INFORMATION:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

City, State: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

#### USE AND DISCLOSURE INFORMATION:

I, the undersigned, do hereby authorize \_\_\_\_\_  
(name of agency or educational institution maintaining records)

to disclose and deliver the complete education records maintained under the above student's name including but not limited to the following:

- \* Grades and transcripts
- \* Psychological & Educational testing
- \* Verbal Information
- \* School health records
- \* Special education records
- \* Discipline

The education records described above shall be delivered to:

Art and Science Academy  
903 6<sup>th</sup> Avenue Court NE  
Isanti, MN 55040  
Phone 763-444-0342 -- Fax (763) 444-0331  
lauri.mckinnon@artandscienceacademy.k12.mn.us

#### PURPOSE:

This information is to be disclosed and used for the purpose of:

- Special Education Evaluation & Planning
- § 504 Evaluation & Planning
- Provision of Special Education Services
- Information for School Nursing

#### AUTHORIZATION FOR REDISCLOSURE:

Under federal law, the requestor (School District) may not re-disclose the information identified above to any other party without your prior consent.

#### APPROVAL:

My authorization for the use, disclosure of the information identified above is voluntary. I understand that the information to be disclosed may include individually identifiable health information. I understand that, upon my request, I am entitled to a signed copy of this authorization form and the records to be disclosed. A copy of this release shall be as sufficient to authorize release of information identified above as the original signed by me.

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date: \_\_\_\_\_





## Art & Science Academy Medication Administration Form

UP TO THREE (3) MEDICATIONS PER FORM – REQUIRED FOR ALL (PRESCRIPTION & OVER THE COUNTER) MEDICATIONS  
PARENT/GUARDIAN SIGNATURE REQUIRED ON PAGE 2

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Prescriber Portion (Medication #1)

Medication Name: \_\_\_\_\_ Concentration: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Indication or instructions for "as needed" med: \_\_\_\_\_  
\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

For Emergency Medication- The student is capable, has been instructed of the proper use of this medication,  
and may self-carry / self-administer this medication: Yes ☐ No ☐ (Check one)

Date: \_\_\_\_\_ Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

### Prescriber Portion (Medication #2)

Medication Name: \_\_\_\_\_ Concentration: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Indication or instructions for "as needed" med: \_\_\_\_\_  
\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

For Emergency Medication- The student is capable, has been instructed of the proper use of this medication,  
and may self-carry / self-administer this medication: Yes ☐ No ☐ (Check one)

Date: \_\_\_\_\_ Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

**Prescriber Portion (Medication #3)**

**Medication Name:** \_\_\_\_\_ **Concentration:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Route:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Indication or instructions for "as needed" med:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

**For Emergency Medication-** The student is capable, has been instructed of the proper use of this medication, and may self-carry / self-administer this medication: Yes ☐ No ☐ (Check one)

**Date:** \_\_\_\_\_ **Prescriber Name:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Phone/Fax:** \_\_\_\_\_

**Parent/Guardian Portion**

*I request this medication be given as prescribed (above) including on field trips. I release school personnel from any liability in the administration of this medication and understand that I am responsible for communication with the healthcare provider who is ordering this medication. I understand that this medication will not be administered by a school nurse. I understand that this authorization will be effective and need to be renewed each school year. I agree to provide medication in the unopened original container (for over the counter med) / with a printed label from the pharmacy (prescription med) and pick the medication up at the end of the school year. I will provide all necessary devices required to administer this medication, if needed (ie: nebulizer mask/tubing, syringes, pill crusher, medcup, etc). Information may be exchanged with staff working with my child, medical providers, and emergency personnel, if needed, to ensure the student's safety.*

**For Emergency Medication-** The student is capable, has been instructed of the proper use of this medication, and may self-carry / self-administer this medication: Yes ☐ No ☐ (Check one)

**Date:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



## Art & Science Academy 2021 - 22 Student Health Form

Student's Name \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ Grade (2021-22): \_\_\_\_\_

**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 an emergency action plan** for starred conditions.

\_\_\_\_\_ No health concerns

\_\_\_\_\_ Allergies\* to \_\_\_\_\_; reaction \_\_\_\_\_

\_\_\_\_\_ Food Intolerance to \_\_\_\_\_; reaction \_\_\_\_\_

\_\_\_\_\_ Asthma\*: \_\_\_\_\_

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

\_\_\_\_\_ Seizures\*: type/description/frequency \_\_\_\_\_

\_\_\_\_\_ Heart Condition \_\_\_\_\_

\_\_\_\_\_ Concussion / Traumatic Brain Injury - date \_\_\_\_\_

\_\_\_\_\_ Social/emotional/behavioral/mental health concerns \_\_\_\_\_

\_\_\_\_\_ Recent surgeries, hospitalizations, injuries \_\_\_\_\_

\_\_\_\_\_ Activity Restrictions \_\_\_\_\_

\_\_\_\_\_ Implanted Devices \_\_\_\_\_

\_\_\_\_\_ Special Education / 504 Plan (circle) \_\_\_\_\_

\_\_\_\_\_ Bowel / Bladder Concerns \_\_\_\_\_

\_\_\_\_\_ Other Health Concern \_\_\_\_\_

\_\_\_\_\_ My child has health insurance \_\_\_\_\_ ( \_\_\_\_\_ I request assistance to obtain this)

Preferred Hospital in the event of an emergency \_\_\_\_\_

### **MEDICATIONS:**

**\*Please Note: WRITTEN CONSENT IS REQUIRED BY BOTH THE STUDENT'S GUARDIAN AS WELL AS THEIR HEALTH CARE 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







## Student Media Use Policy and Agreement

ASA will often have the opportunity to record, photograph, and/or videotape students in a variety of school related activities. Including, but not limited to, documentation of student projects, student and teacher interactions with the community, and the use of multi-media to follow teaching and learning at ASA. As such, these photographs, and/or videotape footage may be used in ASA communications including our school newspaper, the ASA Facebook page, our school website, local newspapers, and other forms of media. Highlighting the achievements and celebrating students success at ASA is an integral part of responsible reporting to our community, as well as a way of sharing the exciting things that are happening on our campus. However, it is our goal to respect your privacy as well. Therefore, parents/guardians are requested to indicate their wishes regarding the school's use of student photographs, videotapes, or images. If and when a name appears with a photo it will only be the first name of the student.

\*Photographs, videotapes or images including four or more students in a picture are exempt from this policy, (i.e. group or team photos). Permission can be revoked by written request.

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### Consent to Student Media Use Policy

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_  
Print student name  
have read and understand the Student Media and Use Policy.

☐ I DO permit ASA to use photographs, videotapes, and/or images under the terms and conditions stated in the above policy.

☐ I DO NOT permit ASA to use photographs, videotapes and/or images under the terms and conditions stated in the above policy.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_





Date: \_\_\_\_\_

## Student Inventory

At ASA we are committed to providing a learning environment that supports academic achievement and life-long learning for all students. The following information will help us plan for your student's learning. Thank you for taking the time to complete the inventory.

\_\_\_\_\_  
Student's First, Middle, and Last Name

\_\_\_\_\_  
Entering Grade

1. What are your student's academic strengths?

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2. Are there areas of concern for the student?

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3. Is the student currently enrolled in a foreign language class? If so, what language?

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4. List any organized sports/activities in which the student participates:

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5. List any instruments the student plays:

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6. List student's interests and hobbies:

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7. Other information about the student that will help us support his/her academic success and life-long learning:

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**Middle School Campus**  
1005 7<sup>th</sup> Ave  
Isanti, MN 55040  
Phone: 763-444-0039

### **Technology Use Form**

Student \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Parent/Guardian(s) Signature \_\_\_\_\_ Date: \_\_\_\_\_

While ASA is not a 1-to-1 device school yet, there are opportunities in the year for students to possibly check out school chromebooks for school purposes. This would include distance learning days or other similar scenarios such as quarantines due to covid. As part of the enrollment process, we want to ensure that parents/guardians understand the responsibilities associated with checking out school technology.

Access to computer technology is a privilege provided by the school, and it carries with it the responsibility to use those resources appropriately. Failure to adhere to school policy regarding acceptable use of computer technology and the Internet will result in restrictions or loss of school sponsored access to computer technology and other appropriate disciplinary action. The entire policy can be found in the student handbook, however we wanted to emphasize several key sections:

#### **Computer Use**

Students are expected to abide by the following rules when using ASA computers:

- No negligent behavior or misuse of school computers; no rough play is allowed while using technology.
- No beverages or food are allowed next to technology.
- Respect the work of others.
- Do not add or delete programs from the computers.
- Log out when you are finished using the computer.

#### **Acceptable Use**

Individuals are expected to use their access to computer technologies to further educational and personal goals consistent with the ASA mission and school policies. The guidelines of responsible, considerate, and ethical behavior expected of students at ASA extend to the use of all campus computers, campus network resources, and networks throughout the world to which the school provides access. The following are some examples of acceptable use of school sponsored computer technology:

1. Complete class work and personal projects.
2. Locate information needed to complete class required research or personal research.
3. Participate in distance learning projects.
4. Download appropriate information from the Internet to personal network folders provided by the school.

#### **Technology Damage/Repair**

ASA does not currently have an insurance policy option for chromebooks that are checked out from the building. Families are responsible for any damage caused to ASA technology that is outside normal wear and tear. The repair schedule is as follows:



**Elementary Campus**  
903 6<sup>th</sup> Ave Ct NE  
Isanti, MN 55040  
Phone: 763-444-0342

ISD #4227

[www.artandscienceacademy.k12.mn.us](http://www.artandscienceacademy.k12.mn.us)

**Middle School Campus**  
1005 7<sup>th</sup> Ave  
Isanti, MN 55040  
Phone: 763-444-0039

#### **Computer Fees:**

- LCD Screen: \$80
- Keyboard: \$30
- Broken/Bent/Loose Hinges: \$25
- Significant case damage: \$25
- Power Supply (any part): \$50
- Bags/Covers: \$30
- Missing Screws: \$2 per screw
- Broken Ports (mic, headset, usb, etc): \$15 per port broken
- Missing/Destroyed Chromebook: \$250

ASA IT techs will diagnose damage and issue a repair letter to families detailing what was found and what charges are assessed. Checks can be made out to ASA.

#### **Cell Phones**

ASA understands that in modern society cell phones are commonplace and many families are busy with shifting schedules so students having phones might be needed. However, at ASA we have found that cell phones in the classroom are more of a distraction to learning than a benefit. Students are allowed to bring phones to school but are required to keep them in their lockers during the school day. For emergency contact, the front office at each building is able to relay messages to students as appropriate. Students found with phones during the day will be required to hand over their phone and a parent/guardian will need to come in to claim it. Our goal is to maximize the learning time during the day.

Disclaimer - ASA is not responsible for lost or damaged cell phones and personal devices that students choose to bring to school. We recommend that students do not bring these items to school in general.

\_\_\_\_\_**Parent/Guardian Initials – I understand the above policies and will do my best to ensure my student abides by ASA’s expectations for technology use. I understand that failure or refusal to follow the school policies could result in reduced privileges and/or missed opportunities for my student as related to technology use at school.**