

Murl Windsor Academy at Hollywood

Murl Windsor Academy (MWA) is dedicated to changing lives and “creating success stories, one student at a time”; developing productive citizens and life-long learners through an integrated, technology-enhanced, rigorous, and relevant curriculum that is customized to the individual needs of the student who might otherwise become unsuccessful in school.

Lower/Upper Level School Application

Student Enrollment Forms

Complete all areas of this application

Student's Name (Last, First, Middle)

Date

Parent Information:

Age of Student _____

Do you work? Yes _____ No _____

Where - _____

Are you a volunteer?

Yes _____ No _____

Where - _____

Standard Education – 7:45 – 2:25

Office Use Only

___ Birth Certificate / Passport

___ Transcript

___ SSN

___ Proof of Address

___ Government Issued ID (copy)

___ Insurance Card (copy)

___ Withdrawal Form

___ Medical Records

I have reviewed the information on this page. It is correct to the best of my knowledge _____
(Please initial)

Student Registration Packet

PART 1: Demographic Information

Date: _____

STUDENT INFORMATION

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

Date of Birth: _____ Gender: M or F Social Security Number: _____

Student ID #: _____ Grade: _____ Race: _____

Student's Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ Phone #: (____) _____

Transferring from (home school): _____ MWA Enrollment Date: _____

School District: _____ other schools attended: _____

Primary Contact Information

Parent/Guardian/s with Whom Student Resides Information

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

Driver's License #: _____ Relationship to Child: _____ Social Security # _____

Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Home #: (____) _____ Work #: (____) _____ Ext # or Dept: _____

Cellular #: (____) _____ Pager #: (____) _____

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

Driver's License #: _____ Relationship to Child: _____

Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Home #: (____) _____ Work #: (____) _____ Ext # or Dept: _____

Cellular #: (____) _____ Pager #: (____) _____

Secondary Contact: _____ Home #: (____) _____ Work #: (____) _____ ext _____

Cellular #: (____) _____ Pager #: (____) _____

Native Language: _____ if other than English

1. Is student a transfer student from private school? Yes _____ No _____

2. Is student in a foster home? Yes _____ No _____

3. Does the student have homeless status? Yes _____ No _____

IEP/ 504: Yes _____ No _____ Copy of IEP or 504 Plan Provided? Yes _____ No _____

My child has permission to take public transportation to or from school: Yes _____ No _____

My child has permission to walk to or from school, if applicable: Yes _____ No _____

How did you hear about Murl Windsor Academy? _____

I have reviewed the information on this page. It is correct to the best of my knowledge _____
(Please initial)

E-MAIL ADDRESS

Please provide your email address:

- 1. Parent: _____ Email: _____
- 2. Parent: _____ Email: _____
- 3. Student: _____ Email: _____

PARENTAL AUTHORIZATION

In addition to the guardian information, only the following persons will be authorized to drop off and pick up the student:

- 1. Name: _____ Relationship: _____ Telephone: _____
- 2. Name: _____ Relationship: _____ Telephone: _____
- 3. Name: _____ Relationship: _____ Telephone: _____

LEGAL DOCUMENTATION

Please list the name of any individual who is legally restrained from contacting the student:

- 1. Name(s): _____ Relationship: _____
Date of Court Order: _____

PERMISSION FOR EMERGENCY CARE

In the event of an accident or other emergency, when parent/guardian are unavailable, I hereby authorize a representative of the school to make arrangements as considered necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as is considered necessary. In the event the physician is not available, I give permission for care and treatment to be performed by any licensed physician. The undersigned agrees to bear all costs incurred as a result of the foregoing.

Physician's Name: _____ Phone Number: _____

Child's Medical Number (if applicable): _____ Known Allergies: _____

Parent/Legal Guardian Name (print): _____

Parent/Legal Guardian Name (signature): _____

MEDIA RELEASE

I do hereby grant permission for Murl Windsor Academy to reproduce and release all media announcements involving my child; including photographs, interviews, audio/visual, or sound recordings of this student while attending the Murl Windsor Academy.

Parent/Guardian Signature: _____

TEXTBOOK CONSENT

I hereby grant permission for this student to take textbooks home from school while he/she is enrolled in the MWA and accept full responsibility for textbooks assigned to this student that are damaged or lost.

Parent/Guardian Signature: _____

I have reviewed the information on this page. It is correct to the best of my knowledge _____
(Please initial)

INTEREST IN OUTSIDE SERVICE PROVIDER INFORMATION

Various service providers partner with the Murl Windsor Academy (MWA) to offer off campus services to students and families with specific counseling needs. Criteria for counseling services vary for each agency. **Please contact the Student Services Specialist at Murl Windsor Academy (MWA) to determine what services may be appropriate for your student.**

Parents, guardians, students, or school staff may suggest counseling services at any time during a student’s enrollment. **Service Providers may contact the parent/guardian to explain the scope of their services and obtain verbal or written consent for treatment.** Once a student has been referred for services, any inquiries regarding the student’s counseling should be directed to the specific service agency providing services.

Student’s name: _____

Social Security number: _____ - _____ - _____ DOB: ____/____/____

Is your child currently receiving counseling services? **YES/NO**

If “yes”, what program: _____ Diagnosis/Medication: _____

If no, would you like to request services from one of our providers at this time? **YES/NO**

Does the student have Medicaid? **YES/NO** If “yes”, what is the Medicaid number: _____

Does the student have Private Insurance? **YES/NO** If “yes”, what Company/Group number: _____

Do you have an open case with DCF? **YES/NO** If “yes” Case Worker/Number: _____

Does the student have an open case with the Juvenile Justice system?

Probation Officer: _____ Phone number: _____

PLEASE MARK ALL THAT MAY BE USED TO ASSIST YOUR CHILD’S

- Grief Counseling/Group,(due to the death of a close friend or family member).
- Substance Abuse Counseling/Group,(for students with known drug use.)
- Anger Management Counseling/Group,(for severe anger problems.)
- Suicide/Homicidal Attempts
- Suicidal/Homicidal Threats or Thoughts
- Gang Activity
- ADHD
- Hallucinations and/or Delusions
- Eating Problems
- Sleeping Difficulties
- Fire Setting/Property Destruction
- Family Issues/Relationships
- Argumentative/Defiant
- Deteriorating School Behavior
- Sexual Abuse
- Verbally/Physically Abusive
- Stealing, Lying, Cheating
- Self-mutilation
- Withdrawn/Depressed
- Easily Angered or Irritable
- Cruelty to Animals
- Poor Attention Span/Impulsive
- Substance/Alcohol Abuse
- Health Issues

Other issues not mentioned: _____

I understand that submitting this form does not guarantee that services or providers will be available. However, I give permission for the MWA to release my child’s name and the information on this form to service providers.

Signed: _____ Date: ____/____/____

Contact Number: Home _____ Work _____ Other _____

I have reviewed the information on this page. It is correct to the best of my knowledge _____
(Please initial)

PART 4: Parent/Guardian Release

CONSENT TO ENROLL AND RELEASE OF RECORDS

I hereby grant consent for my child to enroll in the MWA and do hereby grant permission to and direct the School District to release any and all of this student's education records, including all academic, discipline, and health records to the MWA. I am aware that this school facility provides an educational alternative that emphasizes parental partnership in a voluntary placement for academic service to my child's progress and achievement in school. I also understand that as a parent I have the right to request an evaluation for services offered in other District schools.

Parent/Guardian Signature: _____

The school maintains all student education records in accordance with the Family Educational and Privacy Rights Act, 20 (U.S.C. § 1232g; 34 CFR Part 99) and releases such records only as provided therein. The information received about MWA students is considered directory information and will be released to anyone who follows procedures for requesting it, unless the parent objects in writing to the release of any or all directory information about the student. Directory information includes: a student's name, address, telephone number, date and place of birth, photograph, and participation in officially recognized activities and sports, weight and height of members of athletics teams, dates of attendance, awards received in school, and most recent school attended. The undersigned understands and acknowledges that any objection to release of directory information must be made in writing to the school within ten school days after the parent receives this notice.

Parent/Guardian Signature: _____

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF MURL WINDSOR ACADEMY STUDENT/ PARENT HANDBOOK

We understand and consent to the responsibilities outlined in the MWA *Student/Parent Handbook* and the *District Code of Student Conduct*. We also understand and agree that the student shall be held accountable for the behavior and consequences as outlined in the *Student/Parent Handbook* and *District Code of Student Conduct* at school and at school-sponsored and school-related activities (including school-sponsored travel) and for any school-related misconduct, regardless of time or locations.

In addition, we have read the District's Internet Acceptable Use Policy listed below and understand its contents and agrees to follow the guidelines:

- The use of computers, networks, and online telecommunications systems must be related to students' educational activities.
- Students must recognize that computers, networks, and equipment used to support online telecommunication systems are shared devices and agree to use them in ways which will maintain their continued operability for all users.
- Students must not access or distribute offensive, obscene, inflammatory, or pornographic material.
- Students shall not intentionally spread computer viruses, vandalize data, infiltrate systems, or degrade/disrupt computer and/or network performance.
- All users of computers, networks, and online telecommunications systems shall adhere to laws regarding copyright.

In addition, as a parent or legal guardian of the minor student signing below, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. The Internet will be used for educational purposes, academic activities, career development and limited high-quality self-discovery activities. E-mail or chat access will be under their teacher's direct supervision for specific instructional purposes as designated by the school. Students will not be allowed to establish web e-mail accounts or purchase products or services over the Internet. I understand that individuals and families may be held liable for violations.

My signature acknowledges that I/we have receipt of the *Student/Parent Handbook* and the *District Code of Student Conduct of MWA* and the responsibility to read and understand the information contained in the handbook is that of the recipient.

Student Signature: _____

Parent Signature: _____

Statement of Authenticity: I attest that all the information given in this Student Enrollment Packet is accurate and truthful. I also understand that this authentic information will be used in serving my student during the time he/she is enrolled in MWA.

Parent/Guardian Printed Name: _____ Signature: _____

Parent/Guardian Signature: _____ Signature: _____

MURL WINDSOR ACADEMY

SEARCH CONSENT FORM

It is the policy of Murl Windsor Academy (MWA) to prohibit the use, possession, concealment, transportation or distribution of illegal or unauthorized items, including but not limited to, illegal drugs, look-alike drugs and drug paraphernalia, tobacco, lighters, matches, alcoholic beverages, weapons, ammunition, and/or stolen property, while entering, on, or leaving school property or attending school-sponsored functions or events.

For the protection of the students, teachers and employees of MWA, students may be required to submit their person, personal effects, vehicles, belongings, and any other items to a search by school officials or other authorized representatives.

Your signature below constitutes your consent to the inspection of the student's person, personal effects, vehicle, and/or other belongings or items.

Parent/Guardian's Name (Please print)

Student's Name (Please print)

Parent/Guardian's Signature

Student's Signature

Date

Date

I have reviewed the information on this page. It is correct to the best of my knowledge _____
(Please initial)

Murl Windsor Academy

We are happy your child is choosing to attend Murl Windsor Academy (MWA). This school is designed to help students develop academic skills, increase attendance, and take responsibility for their own behavior and attitude while pursuing his/her education.

In order to ensure a smooth transition into MWA, it is important that you and your child review and understand the following information:

- ✓ Each student will have an opportunity to learn all necessary skills for completion of his or her grade level. Attendance is required in order to give the student the best opportunity to maximize their learning.
- ✓ Students will wear appropriate attire which consists of an identifiable school shirt appropriate pants, shorts, or skirts.
- ✓ Students may use public transportation.
- ✓ A parent/guardian (or emancipated student) must complete and sign all forms in the Enrollment Packet prior to attending class.
- ✓ Students will sign in each day on the respective classroom roster.
- ✓ To ensure safety to all, students will enter in through the office.
- ✓ Several School Districts required forms may need to be completed in addition to this packet.
- ✓ Parents are always welcome at the school – please call for appointment.
- ✓ Note: All oral and written instruction will be delivered in the student’s spoken language.

*If you need help with completing this packet, the staff will be available for assistance.

I understand the statements above and have had an opportunity to ask questions about MWA.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

I have reviewed the information on this page. It is correct to the best of my knowledge _____
(Please initial)