

**JENNINGS COMMUNITY LEARNING CENTER**  
**Enrollment Form 2011-2012**



**STUDENT INFORMATION**

Last Name:		First:		M.I.	Language:
Street Address:				Apartment/Unit #	
City:		State:		ZIP:	
Phone:		Cell/ Other Phone:			
Grade : 9 10 11 12		Today's Date:			
Do you have an IEP or 504 Plan?					
What is your ethnicity? 1 American Indian; 2 Asian or Pacific Islander; 3. Hispanic; 4 Black, not Hispanic; 5 White, not Hispanic.					
Date of Birth:			Male _____		Female _____

**PREVIOUS SCHOOLS**

<b>School Name:</b>		Address			
From	To				
<b>School Name:</b>		Address			
From	To				
<b>School Name:</b>		Address			
From	To				

**PARENT / LEGAL GARUDIAN CONTACT INFORMATION**

<b>Full Name</b>	Relationship
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Home Phone:	Work Phone :	Cell Phone:
Address		
Can we use this information as an Emergency Contact?      Yes      No		
<b>Full Name</b>	Relationship	
Home Phone:	Work Phone:	Cell Phone:
Address		
<b>Full Name</b>	Relationship	
Home Phone:	Work Phone:	Cell Phone:
Address		

### OTHER INFORMATION

Does this student currently have a Probation Officer? <b>*If Yes,</b>	
Name:	Phone #:
Does this student have a Social Worker? <b>* If Yes,</b>	
Name:	Phone #:
Has this student ever been involved in TIP/ Truancy Intervention Program?      Yes      No	
Does this student speak any other languages?	
What language is spoken at home?	
Does this student have any allergies?      Yes      No <b>*If yes, please explain*</b>	
Are there any other special concerns we should know about? <b>*If yes, please Explain*</b>	

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.	
Signature	Date

### Request for Student Social Security Number

All Minnesota school districts are required to be part of a statewide computer reporting system to record information about students enrolled. This information is, in turn, provided to the Minnesota Department of Education. The Department is required by law to collect and store information about each pupil, district staff member, and educational program\*. A piece of the information collected by the district and reported to the Department of Education is the student's social security number. Therefore, we ask that you, the parent/guardian, provide your student's social security number although you are not legally required to do so.

*Jennings Community Learning Center does not discriminate on the basis of race, sex, marital status, national origin, age, color, religion, ancestry, status with respect to public assistance, sexual or affectional orientation, or disability.*

The Department of Education uses the information reported by the school district to determine how much money your school district receives from the state and federal government. This information is also used to judge the quality of educational programs within the state, to improve instruction, to follow trends in student enrollment, and to track student participation in various programs. Your student's school district will share this information with the Department of Education. The Department of Education will share the information with the Department of Human Services to allocate additional funding to improve the school's educational programs.

As a parent/guardian, **you do not have to provide your student's social security number.** If you choose not to provide the number, the school district staff will need to provide the Department of Education another type of report to receive money distributed by the state or federal government for program improvement.

**Student's Full Name:**

**Date of Birth:**

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Minn. Stat. § 125B.07, subd. 6 (2003)

**\*\*Medical Information\*\***

Name of Doctor \_\_\_\_\_ Phone ( \_\_\_\_\_ )  
Clinic Address \_\_\_\_\_ :  
Does this student have health insurance?  
Insurance Company \_\_\_\_\_ Group #  
Member # \_\_\_\_\_ Hospital

**Does this student have any allergies, special health concerns, or medications that we need to be aware of?** (If student has medication, the 'Authorization to Administer Medication' form must be filled out.)

**\*\*School Permissions\*\***

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

**Medical Emergency/Liability Waiver**

I hereby give my permission for Jennings Community Learning Center staff members to procure all necessary medical help for my child or ward while this person is under the supervision of the Jennings Community Learning Center educators and grant permission to its representatives to authorize any competent medical person to do all things reasonably necessary to take care of any injury or sickness. There is no health insurance or medical coverage provided. The signing of this form acknowledges that the student's parent/guardian accepts responsibility for payment of any medical treatment, which may be required while he or she is in this program.

**Parent/Guardian Initials:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Study Trips**

Study trips are an important part of the Jennings Community Learning Center experience. The parent/guardian signature authorizes this student to attend study trips that are developed as part of the school program.

**Parent/Guardian Initials:** Yes \_\_\_\_\_ No

The parent/guardian understands that the necessary arrangements, plans, and precautions will be taken for the care and supervision of students during the trips. Beyond this, the parent/guardian will not hold the school liable for accidents occurring on the trips.

**Parent/Guardian Initials:**

I **will not** hold school liable \_\_\_\_\_ I **will** hold school liable

**PLP Off - Site Learning**

Jennings Community Learning Center encourages students to develop personal learning plans and projects which sometimes require them to go off-site to internships, to research locations, and may also require them to carry an 'Excuse to Leave the Building' pass. In addition, they will also have to sign out on a school calendar or with a teacher who is tracking community service projects or other off-site learning experiences. The parent/ guardian signature authorizes this student to participate in these off-site learning experiences.

**Parent/Guardian Initials:** Yes \_\_\_\_\_ No

**Media Release**

The parent/guardian hereby grants Jennings Community Learning Center the right and permission to use their student's name and reproduction of physical likeness for the purpose of publicizing the school's program through pamphlets, videos, newspapers, periodicals, etc.

**Parent/Guardian Initials:** Yes \_\_\_\_\_ No

**Video/Sound Permission**

At Jennings Community Learning Center the staff often produces various types of videos and sound recordings. Some of these recordings will be used on the St. Paul Neighborhood Network (SPNN) or St. Paul cable channels. Some of these sound recordings and video clips may be broadcast on radio or on the school website. It is important to JEHS that the parent/guardian agrees, and is comfortable with, public broadcasting of video or sound productions that include their student.

I give my permission for \_\_\_\_\_ to have school related  
Student's Name

sound and video productions publicly broadcast.

**Parent/Guardian Initials:** Yes \_\_\_\_\_ No

**Publishing Student Work Online**

The parent/guardian understands that some of the student's work may be published online or communicated to others through electronic mail. This may include produced web pages, photographs of student, artwork, writing, electronic presentations, etc.

The parent/guardian further understands that the work will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event that anyone requests such permission, those requests will be forwarded to the parent/guardian. No home addresses or phone numbers will appear on any work.

I grant permission for the online publishing as described above.

**Parent/Guardian Initials:** Yes \_\_\_\_\_ No

**Rights and Responsibilities**

The parent/guardian has reviewed the Rights and Responsibilities booklet and has read and understood the overview of the School Board Policies. Copies of individual policies are available at Jennings Community Learning Center upon parent or student request.

**Parent/Guardian Initials:** Yes \_\_\_\_\_ No

**Open Lunch Program**

No open lunches will be allowed without this permission form being read and signed by student and parent/guardian.

Guidelines

1. I, the parent/guardian, give permission for my student to leave school grounds during daily lunch period.
2. The school district is not responsible for supervising the student during the lunch period if they leave campus.
3. The school district is not responsible for determining the manner in which the student leaves campus, whom the student leaves campus with, or what the student does during the period of time while off campus.
4. The school district retains the right to discipline the student for failing to return to school at the appropriate time after the lunch period ends.
5. The school district will not be held liable for any injury or any other type of damages sustained by the student during any period of time that the student is off campus during the lunch period, or any injury or damages sustained in leaving or returning to school grounds.

**I agree and will abide by all rules and conditions stated above.**

**Student Signature** \_\_\_\_\_ **Date**

**I give my permission for my student to participate in open lunch.**

**Parent Signature** \_\_\_\_\_ **Date**