

Eagle Ridge Academy Charter High School

Student Application

Required Attachments:

- * Student Application filled out entirely
- * Immunization Records
- * Copy of Birth Certificate
- * Copy of Transcript or Report Card
- * Attendance Record
- * Behavior Record
- * Court Orders or other Legal Documents (if applicable)

All items listed must be turned in prior to an interview

Application Complete: _____

Interview Scheduled: _____

Eagle Ridge Academy Charter High School

FOR OFFICE USE ONLY:

COMPLETE: _____

GRADE: _____

Household Information

PLEASE NOTE: All legal guardians/parents must be listed. If rights have been altered or terminated, a copy of said court document must be furnished to the office before the change may be made. Please note if the student falls under the joint custody guideline and resides at two separate locations.

Parent/Guardian's Legal Name with Whom Student Resides

HOUSEHOLD 1

Last: _____ First: _____ Middle: _____
 Residence Address: _____ City: _____ Zip: _____
 County: *Please circle one:* Adams Weld Other: _____
 Mailing Address: _____ City: _____ Zip: _____
 (If Different than Residence Address)
 Work Phone: _____ Home Phone: _____ Cell Phone: _____
 Legal Guardian: Yes No Relationship: _____ Email Address: _____

Parent/Guardian's Legal Name with Whom Student Resides

Last: _____ First: _____ Middle: _____
 Work Phone: _____ Home Phone: _____ Cell Phone: _____
 Legal Guardian: Yes No Relationship: _____ Email Address: _____

Shared Custody **(Parents at a Separate Address)**

Additional Parent/Guardian's Legal Name

HOUSEHOLD 2

Last: _____ First: _____ Middle: _____
 Residence Address: _____ City: _____ Zip: _____
 County: *Please circle one:* Adams Weld Other: _____
 Mailing Address: _____ City: _____ Zip: _____
 (If Different than Residence Address)
 Work Phone: _____ Home Phone: _____ Cell Phone: _____
 Legal Guardian: Yes No Relationship: _____ Email Address: _____

Additional Parent/Guardian's Legal Name

Last: _____ First: _____ Middle: _____
 Work Phone: _____ Home Phone: _____ Cell Phone: _____
 Legal Guardian: Yes No Relationship: _____ Email Address: _____

Note: "Relationship" field refers to relationship to student.

Add'l Mailing Requested:

Parental Internet Access:

Eagle Ridge Academy Charter High School

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School Age Children Residing in Household 1

Legal Last Name	First Name	Middle Name	Gender	Date of Birth	Name of School Attending	Grade

Emergency Contact Information -- Please list emergency contacts other than Parent/Guardian.

Contact 1:
Last: _____ First: _____ Middle: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
Relationship: _____
Contact 2:
Last: _____ First: _____ Middle: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
Relationship: _____
Contact 3:
Last: _____ First: _____ Middle: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
Relationship: _____
Childcare Provider:
Last: _____ First: _____ Middle: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____

US Public School Attendance Information

First US Public School Attended _____	State _____	School Year _____
Has this student ever been expelled from any public school?	Yes _____ No _____	If yes, Date of Expulsion _____
Name of School _____	City _____	State _____
Reason for Expulsion _____		

Eagle Ridge Academy Charter High School

FOR OFFICE USE ONLY:
COMPLETE:
REGISTRATION DATE: _____
START DATE: _____

Student Enrollment Information

Student's Legal Name -- from Birth Certificate or Legal Name Change Document

Last: _____	First: _____	Middle: _____
Nickname: _____	Current Grade: _____	Gender: M F
Birth Date: _____	Birth Place: State _____	Country _____
Social Security Number: _____	Home Phone _____	
Parent's Last Name _____	First _____	
Residence Address _____	City _____	Zip _____
Mailing Address _____	City _____	Zip _____

(If Different from Residence Address)

Ethnicity: choose one

- American Indian
- Asian or Pacific Islander
- Black (Not Hispanic)
- Hispanic
- White (Not Hispanic)

American Indian or Alaskan Native-A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander-A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Black (Not Hispanic)-A person having origins in any of the black racial groups of Africa.

Hispanic-A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

White (Not Hispanic)-A person having origins in any of the original peoples of Europe, North America, or the Middle East.

Education/School Survey

Please list the last three schools attended

Name of School:				Country:	Grade(s):	From (Date):	To (Date):	Phone:
Address:								
City:		Zip:						
Type of School:	<input type="checkbox"/> Private/Parochial	<input type="checkbox"/> Public	<input type="checkbox"/> Online	<input type="checkbox"/> Charter	<input type="checkbox"/> Homeschooling			

Name of School:				Country:	Grade(s):	From (Date):	To (Date):	Phone:
Address:								
City:		Zip:						
Type of School:	<input type="checkbox"/> Private/Parochial	<input type="checkbox"/> Public	<input type="checkbox"/> Online	<input type="checkbox"/> Charter	<input type="checkbox"/> Homeschooling			

Name of School:				Country:	Grade(s):	From (Date):	To (Date):	Phone:
Address:								
City:		Zip:						
Type of School:	<input type="checkbox"/> Private/Parochial	<input type="checkbox"/> Public	<input type="checkbox"/> Online	<input type="checkbox"/> Charter	<input type="checkbox"/> Homeschooling			

Has your child ever attended any other District 27J school or a Brighton Charter School? Yes No

If yes, name of school(s) attended _____ Which Years? _____

Parent/Guardian Signature

Date

The information on this form is correct to the best of my knowledge

Eagle Ridge Academy Charter High School

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GRADE: _____

Health Information

Student's Name _____

Health Care Provider _____

Providers Phone Number _____

Health Concerns

Parents/Guardians are responsible for providing full details on any medical condition noted to the school nurse.

Please check any existing health conditions and explain below.

- | | |
|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Speech Concerns |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Frequent Infection |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bone Joint Disease |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Other _____ |

Does your child have:

- | |
|---|
| <input type="checkbox"/> Glasses or Contacts |
| <input type="checkbox"/> Other Vision Concerns _____ |
| <input type="checkbox"/> Hearing Aids |
| <input type="checkbox"/> Other Hearing Concerns _____ |
| <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Prosthesis or Physical Aids (List) _____ |
| <input type="checkbox"/> Other _____ |

Special Services

Has your child received Special Education Services? Yes No

Has your child received a 504 Plan? Yes No

Medication Information

Is your child taking any medications regularly? Yes No

Student Medication Request Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours. Refer to Parent/Student Policy Handbook.

In order for your child to attend school, immunization documentation needs to be submitted to the school office by the first day of attendance. If immunization record is not complete, the student MUST see the school nurse or designee before enrollment can be completed.

Parent/Guardian Signature

The information on this form is correct to the best of my knowledge

Date

Eagle Ridge Academy
Charter High School

FOR OFFICE USE ONLY: COMPLETE: _____ GRADE: _____
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Insurance Information

Student's Name _____ Student's Insurance Company* _____
(* Required for extracurricular activity participation)

Is the child covered under Medicaid? Yes No

If yes, please enter the Medicaid ID# and Soc Security Number and sign below.

MEDICAID NUMBER _____ SOCIAL SECURITY NUMBER _____

Birth Date _____

As parent/guardian of the child named above, I give Eagle Ridge Academy permission to release information related to health services he/she has received at school to local, state, and/or federal MEDICAID representatives for the sole purpose of allowing the school to seek reimbursement from MEDICAID for those health services.

Parent/Guardian Signature

Date

If at any time you wish to withdraw permission, please contact the school building nurse or designee.

Eagle Ridge Academic Charter High School encourages you to evaluate your own health and disability insurance to determine if you have adequate coverage for any injuries your child might sustain while at school or participating in school activities. PLEASE BE ADVISED THAT THE SCHOOL DOES NOT CARRY INSURANCE FOR YOUR CHILD ON YOUR BEHALF. The school may have no liability or only limited liability for injuries that occur at school or during school activities, pursuant to the Colorado Governmental Immunity Act.

Initial _____

**Eagle Ridge Academy
Charter High School**

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Release for Photograph and/or Videotape Production/Use

On occasion, Eagle Ridge Academy develop programs using photographs and/or videotapes of students. In addition, the media (newspapers or television) may request to take photographs or videotapes of our students and programs.

In order to have the right to include your child in these opportunities, we need to have formal written permission from the parents/guardians of those students who may appear. Please complete the blanks below:

Student and Parent/Guardian hereby authorize the District or the School to record the likeness and/or voice of _____ for the purpose indicated above.

(Name of Student)

Student and Parent/Guardian hereby grant the school the exclusive and continuing right to use and/or authorize the use of such photographs and/or videotapes as indicated above.

As I give my consent, I agree to hold harmless the school against any claims that may arise from the use of the student's image or likeness in this project.

Parent/Guardian Signature

The information on this form is correct to the best of my knowledge

Date