

Post Lottery Charter School Registration Packet 2009-2010



FAST FORWARD CHARTER HIGH SCHOOL

This information is requested of you to complete enrollment in Fast Forward Charter High School, for your student, who is selected to enter Fast Forward Charter High School.

To register your child please provide:

- Proof of immunization or exemption
- Student's last report card
- A photocopy of previous IEP for Special Education students, if applicable
- Transcript
- Check-out sheet from previous school (mid-year transfers only)
- Completed Registration Forms

INCOMPLETE REGISTRATION PACKETS WILL NOT BE ACCEPTED

For registration questions please call the school office at: **(435) 713-4255**

PARENT/GUARDIAN INFORMATION: Student's primary residence.

If parents are divorced or separated, please provide proof of: Shared custody Restraining order Single parent

#1 _____
Name Mother Aunt
_____ Father Uncle
Home Phone _____ Stepmother Sibling
Work Phone _____ Stepfather Cousin
Cell Phone _____ Grandmother Foster
Pager _____ Grandfather Other

Occupation

E-mail Address

Employer and Address

#2 _____
Name Mother Aunt
_____ Father Uncle
Home Phone _____ Stepmother Sibling
Work Phone _____ Stepfather Cousin
Cell Phone _____ Grandmother Foster
Pager _____ Grandfather Other

Occupation

E-mail Address

Employer and Address

NON-CUSTODIAL PARENT/GUARDIAN INFORMATION

(Non-primary residence)

Check here if you would like to receive mailings for school information

Name

Home Phone _____ Work Phone _____

Mailing Address _____ City _____ State _____ Zip code _____

STUDENT HEALTH INFORMATION

_____ Please check here if there are no known health problems.

VISION

_____ Known eye condition
 (Other than corrective lenses)
 _____ Wears glasses _____ Worn at all times
 _____ Wears contacts _____ Worn at all times

HEARING

_____ Known hearing problem
 _____ Uses hearing aid
 _____ Has tubes in ears

ALLERGIES

_____ Food
 _____ Environmental
 _____ Medicine

COMMENTS:

STUDENT HAS THE FOLLOWING CONDITIONS:

Does medication need to be administered during school hours? _____ YES _____ NO

Please provide signed Physician's Authorization for Medication in School form

Condition	Medication prescribed by doctor	Dosage	Administer during school hours?	
			YES	NO
_____ Asthma	_____	_____	_____	_____
_____ Epilepsy	_____	_____	_____	_____
_____ Fainting spells	_____	_____	_____	_____
_____ Diabetes	_____	_____	_____	_____
_____ Heart condition	_____	_____	_____	_____
_____ Migraines	_____	_____	_____	_____
_____ Allergies	_____	_____	_____	_____
_____ ADHD/ADD	_____	_____	_____	_____
_____ Other (specify)	_____	_____	_____	_____

Does student have any condition that may result in a classroom emergency? _____ YES _____ NO

Does student have a physical condition which limits participation in:

Classroom activity _____ YES _____ NO
 Physical Education _____ YES _____ NO

Explanation: _____

MEDICAL INFORMATION

In the event of a suspension, accident, or other emergency, when a parent or guardian is unavailable, I hereby authorize a representative of the school to make arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. Under such circumstances I further authorize the physician named below to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

_____ Physician	_____ Address	_____ Phone
_____ Health Insurance	_____ Provider Insurance ID #	_____ Hospital preference

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

_____ Parent/Guardian Signature	_____ Date
------------------------------------	---------------

**A signed medication release must be on file in the Office for any student taking medication (physician prescribed or over the counter) during school hours. This must be renewed yearly. Per Utah Education Code, students in possession of prescribed, over the counter, or illegal drugs for personal use, sale, or supplying another student are subject to suspension and/or expulsion.

DENTAL INFORMATION

_____ Dentist	_____ Address	_____ Phone
_____ Insurance Provider	_____ Insurance ID#	

Emergency Contact Information (Do not include anyone listed under Parent/Guardian)

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

#1	_____ Name	_____ Home Phone	_____ Work Phone
	_____ Relationship to child	_____ Cell Phone	_____ Pager/Other
#2	_____ Name	_____ Home Phone	_____ Work Phone
	_____ Relationship to child	_____ Cell Phone	_____ Pager/Other
#3	_____ Name	_____ Home Phone	_____ Work Phone
	_____ Relationship to child	_____ Cell Phone	_____ Pager/Other

Please check each of the instructional programs your child participated in at his/her previous school(s):

_____ **Special Education***

_____ Resource Specialist Program (RSP) and Individual Small Group Instruction (ISGI)

_____ Special Day Class/Self-Contained

_____ Speech and Language (SLP)

_____ **Other Programs**

_____ Gifted and Talented

_____ English as a Second Language (ESL) or English Language Development (ELD)

_____ 504 Plan

_____ Other: _____

Please complete the following if your child has been enrolled in any of the special programs listed above:

Birth date: _____/_____/_____

Grade: _____

Student Social Security Number: _____
(Voluntary)

Home Phone: _____

Parent/Guardian Name: _____
First Last

Address: _____
Street City State Zip code

*If you checked a Special Education program, we will need a copy of your child's IEP from his/her previous school. These records are needed in order to determine appropriate services for your child in our school. Please **complete** and sign this form.

PLEASE LIST PREVIOUS SCHOOL ATTENDED:

I hereby request and authorize the PREVIOUS school _____ in the

_____ School District City State Phone Fax

to forward the confidential records of my child to: _____

_____ Parent/Guardian Signature

_____ / _____ / _____ Date

School Use Only

Date form received: _____/_____/_____

Date records requested by Spec Ed office: _____/_____/_____

Person sending request: _____

Fast Forward Charter High School Contract

STUDENT

1. Attendance.

I will attend school regularly.

2. Respect

I am aware that the only reason for attendance is to learn. I will respect all teachers and students, follow instructions, obey all school rules, and be willing to complete class assignments given me. I will remember that other students have come to learn and I must not distract them from learning.

3. Physical facility maintenance

I understand that our school facilities and equipment are costly to purchase and maintain. I will not deface, destroy, or otherwise waste that which has been provided for my benefit.

4. Law

I will respect civil law and school rules.

5. Physical Affection

I recognize and agree that any display of affection between students, on or in the immediate vicinity of the building will not be tolerated. This includes but is not limited to embracing, kissing, lap-sitting, etc.

PARENT

1. School Travel

I give my permission for my child to participate in travel for school-sponsored activities during and after school hours. Travel will be by school bus. I give permission for an appropriately licensed driver to transport my child.

2. School Activities

I give my permission for my child to participate in school-sponsored activities. These activities may include, but are not limited to: field trips, photo-shoots, off-campus lectures and classes, Lagoon trips, ski trips, water-ski trips, etc.

3. Attendance

I understand that it is the parents' responsibility to see that their child attends school. I know that by calling Fast Forward telephone number (713-4255) during school hours, I can find out if my child was in attendance that day. I also understand that when my child is absent due to illness or other reasons, I am responsible to either call the school or send a note to the school explaining that my child was absent with my knowledge. I also understand that my child will lose credits from class if his/her absences exceed 4 days per six-week term.

4. Parent Involvement at Fast Forward Charter High School

I understand that parent/teacher/student involvement is critical for my child's educational success. I agree to participate in the Fast Forward Parent Teacher Organization and related activities. I also agree to attend Parent/Teacher Conferences.

5. Release of Information

I hereby give my permission for Fast Forward Charter High School to request and receive any and all academic, special education, and behavioral records from my child's previous school.

6. I/we agree to all the above conditions and requirements.

Signature of parent/guardian

Date

Signature of Student
(My signature indicates that I agree to the above policies)

Date

Fast Forward Charter High School Acceptable Use Policy for Internet and Network Access

The goal of using the Internet is to provide support for the public education system. The Internet is a world-class tool for educators, students, and parents. It can provide many exciting educational resources and learning opportunities. Unfortunately, there are materials on the Internet that are controversial in nature that do nothing to promote the educational process. It is important that all who access the Internet, demonstrate judgment on the information that they access. The following is prohibited:

1. Any use of the Internet for illegal or inappropriate purposes to access materials that are objectionable in a public school environment. Inappropriate use is defined as use in violation of the intended use of the Internet, to provide information to support the educational process. (e.g. Instant messenger, chat rooms, pornography, streaming video, audio, Internet radio, file sharing, MP3 downloading, and burning copies of copyrighted C.D's are prohibited).
2. Any use for commercial purposes, financial gain or political lobbying.
3. Access to the Internet without parental permission.
4. Any unauthorized use of the FFCHS network.

It is understood that Fast Forward, Logan City School District, Utah State Office of Education, and the Utah Education Network have no control of the information on the Internet. Some sites on the Internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive to some people. While the student will receive supervision and guidance while using the Internet, it is the student's responsibility to choose not to access materials that do not fit the goal of Internet use at FFCHS.

Students that break this Acceptable Use Policy may face one or all of the following consequences:

1. Loss of network / Internet access
2. Removal from class (timeout or conference)
3. Parent conference
4. Suspension from school for the remainder of the term
5. Expulsion from school for repeated violation
6. Civil and criminal charges filed against the student

I have read the Student Contract and the Internet Acceptable Use Policy and agree to all terms therein.

Student Signature

Date

I give permission for the student who has signed the above statement to have access to the Internet at Fast Forward Charter High School.

Parent/Guardian Signature

Date



I give Fast Forward Charter High School my permission to use photographic images of my student, free of charge, in advertisements, publications, and websites.

Student's Name (please print)

Name of Parent or Legal Guardian (please print)

X _____
Signature of Parent or Legal Guardian

DISCIPLINARY HISTORY FORM

This information is allowed under Utah Code 53A-2-208(3)(b)

STUDENT NAME

GRADE

Please circle the appropriate answer:

- 1. Has your student ever been suspended from school? Yes No
- 2. Has your student ever been expelled from school? Yes No
- 3. Is there any disciplinary action pending concerning your student from his/her previous school of enrollment? Yes No

If you answered yes to any of the above questions, please provide details below. (Include school name, student's grade level at the time of the incident, approximate date of the incident, describe the incident for which the discipline was taken, and the type of discipline handed down by the school.)

I certify that the above information is true and complete:

Parent/Guardian Signature

_____/_____/_____

Date

ACKNOWLEDGEMENT OF SPECIAL NOTICES

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Fast Forward Charter High School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Fast Forward Charter High School may disclose appropriately designated "directory information" without written consent, unless you have advised Fast Forward Charter High School to the contrary in accordance with Fast Forward Charter High School procedures. The primary purpose of directory information is to allow Fast Forward Charter High School to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories names, addresses and telephone listings -unless parents have advised the LEA that they do not want their student 's information disclosed without their prior written consent. If you do not want Fast Forward Charter High School to disclose directory information from your child's education records without your prior written consent, you must notify Fast Forward Charter High School in writing by 8/24/2005.

Fast Forward Charter High School has designated the following information as directory information:

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Electronic mail address
- Photograph
- Degrees, honors, and awards received
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- The most recent educational agency or institution attended

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

In compliance with Section 504 of the Rehabilitation Act ("504") and the Americans with Disabilities Act (ADA), Fast Forward Charter High School will provide reasonable accommodations to qualified individual with disabilities. Students, parents or employees needing accommodations should contact their school ADA/504 Coordinator. In compliance with the Equal Educational Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is Fast Forward Charter High School policy to provide alternative language services to limited English Proficient (LEP) students so that students with language barriers have a meaningful opportunity to participate in Fast Forward Charter High School educational programs. Fast Forward Charter High School provides English as a Second Language (ESL) instruction and other effective services to students who are identified as LEP by means of a thorough evaluation process. Parents or guardians who want to request alternative language services for their child should contact Fast Forward Charter High School.

EQUAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITY

It is the policy of Fast Forward Charter High School to provide equal educational and employment opportunity for all individuals. Therefore, Fast Forward Charter High School prohibits all discrimination on the basis of race, color, religion, sex, sexual orientation, age, national origin, disability, or veteran's status. This policy extends to all aspects of Fast Forward Charter High School educational programs, as well as to the use of all Fast Forward Charter High School facilities, and participation in all school-sponsored activities.

ACKNOWLEDGEMENT OF SPECIAL NOTICES, continued

CIVIL RIGHTS GRIEVANCE PROCEDURE

Complaints of discrimination should be filed with the individual's principal or supervisor and/or with the school Compliance Officer/EEO Coordinator according to the provisions of the School Civil Rights Grievance Procedure, copies of which are available at Fast Forward Charter High School. If the complaint is against the principal or supervisor, the complaint may be filed directly with the Compliance Officer/EEO Coordinator. The Compliance Officer/EEO Coordinator, who has been designated to monitor and coordinate Fast Forward Charter High School compliance with Title IX, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and all other applicable State and Federal civil rights laws, may be reached at the following address and telephone number: 2185 South 3600 West, West Valley City, Utah 84119, (801)886-8181. Complaints of discrimination should be reported as soon as possible, but no later than 90 days after the incident(s) in order to be effectively investigated and resolved.

Parent/Guardian Signature: _____

Request for Transfer of Records / Notification of Enrollment



FAST FORWARD
CHARTER HIGH SCHOOL

Stephanie B. Sorenson, Principal
875 West 1400 North
Logan, UT 84321
(435) 713-4255 Fax (435) 753-9615

On _____, _____ enrolled in _____ at Fast Forward Charter High School.
Date Student name Grade

You have been identified as the student's last school of attendance. Please let us know if this student has not yet officially withdrawn from your school.

In accordance with UCA 53A-11-504 Requirement of school record for transfer of student -Procedures, and 34 CFR 99-31 governing the permissible disclosure of education records without the written consent of the parent if the disclosure is to officials of another school in which the student seeks or intends to enroll, we request that a certified copy of this student 's record including the student 's transcript of credits, cumulative file, health/immunization record, discipline file, U-PASS testing information, the **IEP and associated testing as well as 504 Plan** be sent to us at your earliest possible convenience. If student left before the end of the semester/trimester please state the courses in which student was registered and grades at withdrawal. Please enclose an explanation of your grading system.

Our first priority is a **record of immunization** and a **copy of the transcripts** with a credit evaluation and the schedule they had set for this school year in order to aid us in our scheduling, so that we may certify that they are registered for the classes that they need.

Thank you for your cooperation on behalf of maintaining the most appropriate educational services for all students.

Signature

Date