



**Mountain View Academy  
Student Enrollment/Lottery Application  
2018-2019**

**Student Information**

Full Legal Name: \_\_\_\_\_

First

Middle

Last

Preferred First Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

City

State

Country

Are there any restraining/court orders in place to protect your student?  Yes  No

If YES, a copy of the restraining/court order must be provided for our school records

Enrolling Grade: \_\_\_\_\_ Previous School: \_\_\_\_\_

If new to Mountain View Academy

Does the student have a sibling attending Mountain View Academy?  Yes  No

Does the student have:  Individualized Education Plan (IEP)  Speech Services

Behavior Plan  Section 504 Plan  Other: \_\_\_\_\_



- Students whose parent(s) or guardian(s) are:
      - Full-time Army, Navy, Air Force, Marine Corps, or Coast Guard active or training duty
        - Students at a school designated as a service school, while active military
        - Full-time National Guard members
        - Active Duty Military Technicians

Does not include:

- Students whose parent(s) or guardian(s) are:
- Members of other uniformed services, such as the commissioned corps of the National Oceanic and Atmospheric Administration and the commissioned corps of the Public Health Service.
- Retired or discharged former service members
- Part-time National Guard members who are not deployed
- Members of the reserves who have not been called to active duty
- Civilian (Title 5) employees of the Department of Defense
- Students with a relative in the armed forces other than the student's parent or guardian

Student will have an active duty parent/guardian at any point in the 2018-2019 school year:

Yes  No

## Activity Fee

There is a \$250 per-child, per-year, activity fee for the school year. \$50 of the \$250 is due with the application and remaining balance is due upon acceptance and must be paid by September 1, 2018. Please indicate below how you plan to pay the fee.

- I will pay in full (with this application)
- I will need to create a payment plan with the office (please see below)

The minimum payment is \$50 per month beginning in March. If you are unable to make the minimum payment of \$50 per month, you can petition the Board of Directors. Payments can be made in the office or mailed to Mountain View Academy at P O Box 485, Lowell, OR 97452.

I will pay \$50:  the first of each month       the fifteenth of each month

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Lottery

Enrollment preferences shall be given to (1) those students who were enrolled in Mountain View Academy in the previous school year, and (2) those students who have siblings that are presently enrolled in Mountain View Academy and who were enrolled the previous year. Providing the enrollment priorities have been met, if at the deadline of the enrollment phase, there are more eligible applicants for enrollment than spaces available, successful applicants

shall be selected by lottery, which shall be open to all applicants. In district students will receive priority in a lottery.

**Parents/Guardians have 48 hours to accept or decline the lottery enrollment offer.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Waiting List

A waiting list will be created when all available spaces have been filled. The waiting list will be a lottery process from all remaining applicants that were not drawn in the lottery for any open enrollment spaces. The waiting list will be cleared at the end of each school year. Any applicants still interested in enrolling will have to apply again at each new school year enrollment period.

### Race & Ethnicity

Federal regulations require all U.S. schools to gather statistical data on students' race and ethnicity. If more than one race is chosen, your student will be reported as multiracial. **Both race and ethnicity must be filled out.**

Race - select at least one:  Black  Native Hawaiian or Other Pacific Islander  Asian  
 American Indian or Alaska Native  White  Non-US Native American  
\_\_\_\_\_ % \_\_\_\_\_ %

Ethnicity - Hispanic/Latino:  Yes  No

### Home Language

Which language did this student learn first?  English  Other: \_\_\_\_\_

Which Language does this student use most often?  English  Other: \_\_\_\_\_

Which language do the parents use most at home?  English  Other: \_\_\_\_\_

Has this student attended school in any other country?  Yes  No

If yes, please complete questions 1 and 2

1. When did this student begin school in the US? \_\_\_\_\_

MM/DD/YY

2. Has this student been in English Language Learner Program in the US?  Yes  No

If yes, when and where? \_\_\_\_\_

MM/DD/YY

Country

### Emergency Contact Information

1st Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Phone(other): \_\_\_\_\_

2nd Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Phone(other): \_\_\_\_\_

3rd Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Phone(other): \_\_\_\_\_

### Emergency School Dismissal Instructions

On rare occasions, it may be necessary to dismiss students from school early due to an emergency. If that should happen, we recognize that your normal plans for after school care may change. Please indicate below what your student should do in this situation. Please talk with your student about the plan to be certain he/she understands what you want them to do. School phone lines are limited. During an emergency it may not be feasible to reach us or we may not be able to communicate emergency plans or changes to you.

Choose one option only:

- A.  My student is to follow their regular dismissal plan, as if it were the end of the school day.
- B.  My student is to go to the residence of another student.  
Student's name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- C.  My student is to go to the residence of another responsible adult.  
Adult's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Medical Information

Student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital of Choice: \_\_\_\_\_

Please mark if your student has any of the following conditions:

- |                     |                          |       |  |
|---------------------|--------------------------|-------|--|
| ADD/ADHD            | <input type="checkbox"/> | _____ |  |
| Hearing Loss        | <input type="checkbox"/> | _____ |  |
| Speech Disorder     | <input type="checkbox"/> | _____ |  |
| Vision Problem      | <input type="checkbox"/> | _____ |  |
| Asthma              | <input type="checkbox"/> | _____ | <input type="checkbox"/> Check if Life Threatening |
| Diabetes            | <input type="checkbox"/> | _____ | <input type="checkbox"/> Check if Life Threatening |
| Physical Impairment | <input type="checkbox"/> | _____ | <input type="checkbox"/> Check if Life Threatening |
| Heart Problems      | <input type="checkbox"/> | _____ | <input type="checkbox"/> Check f Life Threatening  |

Seizure Disorder	<input type="checkbox"/>	_____	<input type="checkbox"/>	Check if Life Threatening
Allergies	<input type="checkbox"/>	_____	<input type="checkbox"/>	Check if Life Threatening
Food Allergies	<input type="checkbox"/>	_____	<input type="checkbox"/>	Check if Life Threatening
Other	<input type="checkbox"/>	_____	<input type="checkbox"/>	Check if Life Threatening

Depending on your student's allergies you may need to fill out a medical statement form in order for the district to provide food substitutions. Please contact the school office for more information.

Is your student taking medication?  Yes  No \_\_\_\_\_

Will your student be taking medication at school?  Yes  No \_\_\_\_\_

If yes, please fill out an Authorization for Medical Administration form.

**Consent for Treatment:** In the event of an accident or illness requiring medical attention, I understand that the school will attempt to notify me and will call for emergency medical services in the case of an injury or illness that is too serious to be treated with standard first aid. I also realize that the school district cannot be responsible for any expenses incurred in the treatment of students.

I consent to treatment, operations, or anesthetics, which may be ordered by my student's care provider or emergency medical personnel.

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

## Permissions

**Field Trips:** My student may participate in all school field trips.  Yes  No

**Website:** My student may be mentioned, quoted, pictured, or filmed.  Yes  No

**Facebook:** My student may be mentioned, quoted, pictured, or filmed.  Yes  No

**Photographs:** My student's picture can be taken and used for class newsletters, class activities, bulletin boards, or the school calendar  Yes  No

**Video:** My student may be videotaped during class or school plays  Yes  No

**Holidays:** My student has permission to celebrate holidays.  Yes  No

Exception: \_\_\_\_\_

**School Year Book:** My student may be mentioned or pictured.  Yes  No

**News Media:** My student may be seen, interviewed or quoted on T.V., radio, or newsprint.  Yes  No

## Technology

The use of computer and other technology at Mountain View Academy is a **privilege with responsibility**. Failure to abide by the following guidelines may result in revoking the privilege, or further consequences.

- I will follow all the teacher directions and established procedures when computers and other technology is being used. This includes carrying devices properly and not eating/drinking when using them.

- I agree to use the technology only when instructed to do so by my teacher.
- I understand that it is my responsibility to report any accidental damage to the teacher immediately.
- I will use the computers and Internet for the purpose of education and for working on approved school assignments only. I understand that using the devices for personal use is not permitted.
- I will not use the computers to listen to music unless it is part of an assigned project. I will not import music into the devices unless directed by a teacher for use in an educational project. I will abide by all copyright laws when doing this for an educational project.
- Students may use personal headphones or use school headphones, when approved by the teacher.
- I will only use the school computers and Internet if there are teachers present supervising me. I understand that unsupervised use is not permitted.
- No web sites, software, apps, or media should be printed shared, e-mailed, or downloaded without teacher approval.
- Do not copy other student work or files. Do not delete, manipulate or move student work or files.
- Do not login or attempt to login to the network drives with any ID other than your own.
- I understand that I may be financially responsible for the repair or replacement of stolen or abused hardware and materials.

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

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