

New Frontier High School Application Packet

All of the following are required from interested applicants. Before submitting your application, please check each item to be sure you have included it in your application packet.

Please **hand deliver** the completed application materials to New Frontier High School (1401 Lincoln Heights, Dr., Kemmerer, WY).

Students who are interested in attending NFHS are required to participate in an interview. After reviewing the application materials, the Selection Committee will contact you to schedule your interview.

- Reference Request Form (2)
- Student Interview Questions
- NFHS/KJSHS School Activities
- Enrollment Form
- Record of Current/Prior School Programs
- Student Health Record
- Home Language & Occupational Immigrant Surveys
- Parent/Guardian & Student Agreement Form
- Residence Information Form
- High School Reduced Meal Application (if applicable)
- Executive Function Short Survey
- Permission to Obtain & Release Information
- Activities Department Handbook Forms (Available from www.rangers1.net if applicable)

-
- Evidence of current immunizations
 - Copy of Birth Certificate
 - Current Transcripts
 - Current Reading, Math, and English levels

Note: Transcripts, Health History, and information regarding student academic levels are available in student accumulative folders at LCSD#1 District Office. Copies of these folders will be made available to NFHS staff on applicants who are LCSD#1 students.

- Other (as requested by NFHS review committee)

If you have any questions, please call the New Frontier High School at 307-877-5819.

Special Note to Parents: School districts are required to report each year to the State Department of Education student race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government, but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the education programs and services to which they are entitled.

The federal government recently changed the reporting categories for student data. With the new reporting categories, you may now identify your child by ethnic group (either Hispanic/Latino or not Hispanic/Latino) **and** by **one or more** racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, and White).

This district is committed to a policy of nondiscrimination in relation to race, color, national origin, sex, age, disability, and religion. This policy should prevail in all matters concerning staff, students, education programs and services and individuals with whom the school district does business.

Referral and Criteria

New Frontier High School

We accept referrals from the following:

- Any person between the ages of 14 and 21 who is interested in attending NFHS.
- Parents/Guardians of persons between the ages of 14 and 21.
- Kemmerer Junior-Senior High School Building Intervention Teams

Enrollment Criteria: Students who face one or more of the following obstacles to learning in a traditional setting may apply to NFHS.

- Behind in credits
- Personal or family health
- Dropped out of school
- Home-schooled
- Learning disabilities
- Limited English Proficiency
- Unable to function in a traditional school environment for reasons other than those cited above

Students are not eligible to apply who are

- Currently suspended or expelled from LCSD#1
- Court-placed

New Frontier High School

Physical Address: 1401 Lincoln Heights Dr., Kemmerer, WY 83101

Phone: 307-877-5819

Mailing Address: PO Box 335, Diamondville, WY 83116

FAX: 307-877-5644

Reference Request Form

Directions to Applicant: Please give one of these reference forms to a teacher, counselor or principal at your current or former school. Please give the other form to an adult who knows you well. (This could be family member, a friend of the family, a neighbor, employer, a pastor, etc.) Ask your reference to return the letter to NFHS.

To Whom It May Concern:

_____ has applied for admittance to New Frontier High School. Please do not give the completed form directly to the student. Please answer the following questions and return this form to the address above. Thank you.

1) Please provide your name, address and a phone number where we can reach you.

2) How long have you known the applicant and in what way? _____

3) What do you feel are the applicant's strongest personal characteristics? Why?

4) What do you feel are the applicant's weakest personal characteristics? Why?

5) Knowing we are limited in the number of students we can accept, would you recommend this person for acceptance into our school over other students? Yes No Why or why not?

6) On a scale of 1 to 5, with 5 being the greatest, what do you think are the chances of this young person's success at receiving a high school diploma from our school? 1 2 3 4 5

7) Additional Comments:

Your Signature _____

Date _____

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6) On a scale of 1 to 5, with 5 being the greatest, what do you think are the chances of this young person's success at receiving a high school diploma from our school? 1 2 3 4 5

7) Additional Comments:

Your Signature _____

Date _____

New Frontier High School (NFHS) Interview Questions

Date _____

Name of applicant _____

Prior to your interview, please write notes to yourself in the space provided that will help you with your oral responses during the interview. Place your signature at the end of the questions and return this list of interview questions at the end of the interview. If you need more space, you can use the back of the pages or add additional pages. Every effort will be made to inform you within twenty-four hours of the decision of the NFHS admissions committee's decision regarding your admittance to NFHS.

Our mission at NFHS is to assist students to graduate, become productive citizens and prepare for post-secondary education.

Graduation Requirements:

- 1.) The completion of 30 academic credits.
- 2.) Students must receive a cumulative grade point average of 1.50 or higher.

Included in the 30 academic credits are the following required courses:

English – four credits including English I, II, III and IV.

Social Studies – three units including World History, U.S. History, and American Government

Mathematics – three credits

Science – three credits

Physical Education – one credit (Personal Fitness)

Health – ½ credit

General Business – ½ credit

Discovery – ½ credit

15 on the ACT Exam

- 1. What courses/credits do you need to do to graduate?**

- 2. What is your post-secondary plan for the two years after you have earned your high school diploma? What do you need to do to bring this plan into reality?**

At NFHS, students are expected to develop successful habits and self-evaluate their performance in six areas (the six P's): Prepared, Polite, Prompt, Participate, Positive Mental Attitude, and Produce.

- 3. In regards to these six attributes of successful students which do you do best? Which do you need to work on the most? Why?**

NFHS staff commitment to respect students by:	An NFHS student demonstrates respect by commitment to:
Developing personal accountability, relevancy, and productive relationships.	Take personal responsibility for my own learning: U face it, U own it, U fix it, U Check it. (Four U's)
Recognizing student learning strengths and weaknesses and adjusting quickly.	Identify and apply my learning style strengths and improve upon my learning style weaknesses.
Providing intensive structured and supported learning activities.	Contribute positively to the NFHS culture by deliberately pursuing my high school diploma and learning the skills and concepts that will prepare me for next level training.
Addressing and correcting behaviors that impede learning.	Comply to behavior rules, written and unwritten, that will lead to classroom and course work success: Positive Mental Attitude, Prompt, Prepared, Polite, Participate, Produce. (Six P's)
Providing training in executive function skills.	Learn and use executive function skills: Attention, Emotional Regulation, Flexibility, Inhibitory Control, Initiation, Organizing, Planning, Self-Monitoring, Working Memory.
Providing multiple opportunities to demonstrate proficiency.	Produce evidence of my learning at a proficiency rate of 70% or better..

DISCOVERY

Productivity & Reflection

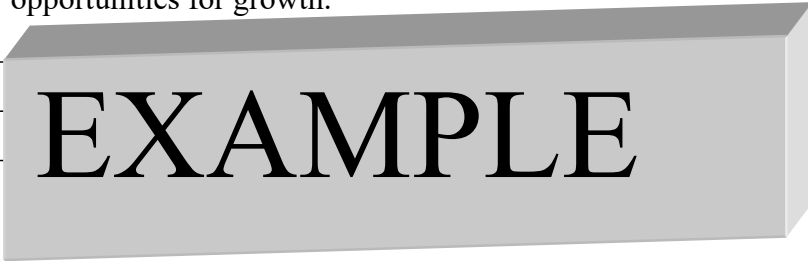
1. Clearly define the event. (What was going on before you were asked to complete this form?)

Circle the terms that best fit your current situation

2. What changes can you make to prevent similar problems in the future?

6 P's
Prompt
Prepared
Produce
Participate
PMA
Polite

3. Reflect upon your opportunities for growth.



EF
Planning
Organization
Initiation
Working Memory
Attention
Flexibility
Self-Monitoring
Inhibitory Control
Emotional Regulation

4. How does (or will) this improve our learning environment?

5. This event requires a change in behavior. List some consequences that will occur if you decide not to resolve this problem as you have agreed (including completing missed work and / or restitution).

Student

Teacher

Date

Principal

New Frontier High School & Kemmerer Junior-Senior High School Activities

NFHS students are encouraged to participate in LCSD1 extracurricular and KJSHS elective curriculum activities as stipulated in their student success plan.

NFHS students that want to participate in KJSHS activities must do so on their own initiative.

NFHS students who want to participate in KJSHS activities, are expected to follow the dress code and policies of KJSHS.

NFHS students will only be eligible to take part in the KJSHS senior trip if they have participated in class sponsored activities and fundraisers, 3 out of the 4 years of high school. Students must be on track to graduate, and meet academic eligibility for activities. Attendance will be tracked by the KJSHS class officers/chaperones each year of high school. For more information, contact Mrs. Platt, Mrs. Sargent, or a Senior Class Sponsor at KJSHS.

Student Fundraising

These guidelines apply to the fundraising activities of each class from 9 through 12, as approved by the Board of Trustees.

Freshmen & Sophomore Years: Assigned concessions, one dance, and one fundraiser.

Junior Year: Assigned concessions, one dance, (excluding the prom), and one fundraiser.

Senior Year: Assigned concessions, homecoming programs, one dance, dinners prior to school plays, and one fundraiser.

NFHS students are encouraged to apply for any and all post-secondary scholarships and grants (including local scholarships) for which they may qualify. Contact NFHS in March for information regarding scholarships.

NFHS students will participate in the annual district wide graduation ceremony at KJSHS.

I have read and understand the New Frontier High School & Kemmerer Junior-Senior High School Activities.

Student Signature _____

Date _____

Parent/Legal Guardian Signature _____

Date _____

**STUDENT ENROLLMENT FORM
LINCOLN COUNTY SCHOOL DISTRICT #1**

Student Legal Last Name: _____ **First:** _____ **Middle Name:** _____

Birth Date: _____ Male Female **Grade:** _____ **Place of Birth:** _____

Last School Attended _____

Other children in the family Name/School _____

Ethnic Background:

- White** (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central American), and who maintains tribal affiliation or community attachment)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

Hispanic Ethnicity:

- Yes, Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American culture or origin, regardless of race)
- No, not Hispanic or Latino**

PRIMARY HOUSEHOLD: FAMILY STUDENT RESIDES WITH

Home Address: _____ Mailing Address: _____

Home Phone: _____ Legal Guardian: _____

Guardian Military Connection Father Mother Other: _____

Status: Active Duty, Deployed Discharged Killed in Action Student Military Identifier Only
 Active Duty, Not Deployed Inactive Retired Transitioning Out of Active Duty
Branch: Air Force Reserve Army Coast Guard Marine Corps Navy
 Air National Guard Army Reserve Coast Guard Reserve Marine Corps Reserve Navy Reserve
 Army National Guard

Household Member to be contacted first

Name: _____ Relationship: _____ E-mail Address: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Household Member to be contacted second

Name: _____ Relationship: _____ E-mail Address: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

NON-HOUSEHOLD EMERGENCY CONTACTS – to assume care in case of emergency if no one above can be reached.

*Please give local contacts, other than those listed above.

Contact #1 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Contact #2 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Other than English, is there another language spoken in your home? Yes No

What is your native language? _____

Legal Guardian or Parent Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

New Student to District (NE) Returning Student/Not Attended Anywhere (RE) Returning Student/Attending Elsewhere (EN) Foreign Exchange (FE)
Current School Enrollment Date: _____ Date started in school: _____ Homeroom: _____

Record of Current/Prior School Programs

Lincoln County School District #1
P.O. Box 335
Diamondville, WY 83116
www.rangers1.net

Information Provided for:

Student Name: _____ Date of Birth: _____

Special Education

Has your child participated in Special Education anytime during their school years? Yes No

If yes, is the IEP current? Yes No

If yes, IEP date (if known) _____

If no, date or grade exited (if known) _____

Other Special Programs

Has your child participated in any of the special programs listed below? Yes No

ELL Plan (Bilingual/English as a Second Language Instruction) Yes No

If yes, is it current? Yes No *If no, date or grade exited.* _____

Home School/Private School Yes No

If yes, is it current? Yes No *If no, date or grade exited.* _____

Title I Services (i.e. Reading or Math) Yes No

If yes, is it current? Yes No *If no, date or grade exited.* _____

504 Assistance Plan Yes No

If yes, is it current? Yes No *If no, date or grade exited.* _____

Other (Explain) Yes No

Legal Guardian or Parent Signature

Relationship

Date

Student Health Record

Student Name: _____ Grade: _____ Date of Birth: _____

Current Medical Conditions and any necessary recommendations or accommodations (asthma, diabetes, seizures, heart condition, neurological condition, orthopedic condition, kidney/bladder condition, contagious diseases, ADHD, vision, speech, hearing problems, etc.)

Medication Allergies: _____

Food Allergies (must describe reaction):

Other Allergies: _____

Current medications and dosage: _____

Past medical conditions (diseases, illnesses, injuries, surgeries, treatments, etc.):

May your child participate in regular P.E.? Yes No

If no, please explain: _____

NOTE: Any medication to be administered to a student by a delegated staff during the school day or during school related activities must be in the original container and have parent's permission on the *Administration of Medication* form. Prescription medications must include a doctor's order in addition to the previous requirements. Forms are available at the school office. Only a delegated staff member or the school nurse may administer medications. **All medications, including over the counter, must be supplied by parents.** Exceptions to the policy are: cough drops (must be provided by the parent/guardian), lotion, lip balm.

Medical Treatment Consent

I, _____, authorize the Kemmerer Schools to engage medical service for _____, in the event of any accident or emergency that might occur while under the school's supervision, and I am not readily available.

Family Doctor _____ Phone Number _____

Insurance Company _____ Phone Number _____

Policy Number _____ Billing Address _____

Parent/Legal Guardian Signature _____ Date _____

Home Phone _____ Cell Phone _____ Work Phone _____

Relative or family friend that can be contacted in the event of an emergency if you are unavailable.

Name _____ Phone Number _____

Home Language & Occupational Immigrant Surveys

Lincoln County School District #1

Student Name: _____ Grade: _____

Home Language Survey

The identification of Limited English Proficient students, as defined by federal law, is essential for the ELL (English Language Learner) program. This information will help our District better serve students with special needs. A language assessment will be administered to all students if a language other than English is spoken. If you choose not to have your student participate in this assessment please contact the school. Please complete the questions below.

1. Which language did your son or daughter learn when he or she first began to talk? _____
2. What languages does your son or daughter most frequently use at home? _____
3. What language do you most frequently speak to your son or daughter? _____
4. What language is primarily spoken most often at home? _____
5. What language is needed for correspondence between school and home? _____

Encuesta de Idioma Domestico

La identificación de los estudiantes de dominio limitado del inglés, definido por la ley federal, es fundamental para el programa de ELL (Aprendiendo inglés). Esta información ayudará a nuestro distrito a servir mejor a los estudiantes con necesidades especiales. Una evaluación sobre el dominio del inglés sera administrada a todos los estudiantes que usan otro idioma que no sea inglés. Si usted desea que su estudiante no participe en esta evaluación por favor póngase en contacto con la escuela. Por favor conteste las siguientes preguntas.

1. ¿Qué idioma aprendió su hijo(a) cuando recién comenzó a hablar? _____
2. ¿Qué idioma habla en casa su hijo(a) con más frecuencia? _____
3. ¿En qué idioma le habla usted con más frecuencia a su hijo(a)? _____
4. ¿Qué idioma se habla de primario en su hogar con mas frecuencia? _____
5. ¿En qué idioma prefiere la correspondencia entre la escuela y el hogar? _____

Occupational/Immigrant Survey

1. Did your family move to the **United States** within the last 36 months? Yes No
If yes date of entry _____
2. When your child entered the **United States** what language did they speak? _____
3. Did your family move to **Lincoln County** within the last 36 months? Yes No
If yes date of entry _____
4. If you answered yes to question #1, was the purpose of the move to obtain agricultural/ranching or fishing related employment? Yes No
5. If you answered yes to question #1, is the work temporary or seasonal? Yes No
6. If you answered yes to #3, is the work a primary means of livelihood for yourself and your family? Yes No

This form must be on file with the school office/guidance counselor

Legal Guardian or Parent Signature _____ **Date** _____

Parent/Guardian Agreement Form

Lincoln County School District #1

Please Print or Type

Student Name: _____ Grade: _____ Date of Birth: _____

To help us ensure that all parents/guardians read, understand, and utilize the applicable student handbook; know that your child can participate in “around-town” field trips; understand that we can assess your student; review and agree to the Technology Acceptable Use procedures; and know that student names/pictures can be published, we are requiring that you mark the appropriate information and sign your name below. The student handbooks and the Technology Acceptable Use procedures are available on the parent quick links at www.rangers1.net. If you do not have access to the internet please request a copy at the school office.

We appreciate all that you do to help us educate your child!

I, _____, (please print parent/guardian name)

- confirm that I have read, understood, and will utilize the procedures outlined in the school student handbook indicated below
- New Frontier High School
- give permission for my child to participate in “around town” field trips that occur during the school day.
- confirm that I have read and agree to the Technology Acceptable Use procedures

By signing this parent agreement, you allow the school permission to use your child’s name and or picture to be published in the media. If you do not wish to give the school permission to use these items, please submit a letter to the building principal stating that you do not wish to have these items published

Parent/Legal Guardian Signature _____ Date _____

Student Agreement Form

Lincoln County School District #1

All students 6th grade and above need to fill out the information below and sign the agreement in regards to the student handbook and the Technology Acceptable Use procedures.

I, _____, (please print or type name)

- confirm that I have read, understand, and will utilize the procedures outlined in the school student handbook indicated below
- Canyon Elementary School
- Kemmerer Junior Senior High School
- New Frontier High School
- confirm that I have read and agree to the Technology Acceptable Use procedures

Student Signature _____ Date _____

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____

Address _____

Is this address Temporary or Permanent? (check one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain) _____

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 877-6991 extension 4103 or the State Coordinator at 307-777-3672.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

High School Reduced Meal Application

Lincoln County School District #1
P.O. Box 335
Diamondville, WY 83101
Phone 307-877-6991 ext. 4009

These sections must be completed by the head of household or designee.

- 1) Size of Family – Please indicate the total number of individuals in your household, including **all** adults and children. _____
- 2) Student Information – Please complete for each student Pre-K through 12thGrade

	Last Name	First Name
1		
2		
3		
4		
5		
6		
7		

If you need more space, please use the reverse side of this application or attach a copy of this survey marked clearly as a continuation of this information.

- 3) Total Household Income – please report for all members of the household:

Type of Income	Job 1	Job 2	Check if No Income
1-Gross Monthly Earnings: wages, salary, commissions	\$	\$	<input type="checkbox"/>
2-Monthly Welfare Payments, Child Support, Alimony	\$	\$	<input type="checkbox"/>
3-Monthly Payments from Pensions, Retirement, Social Security	\$	\$	<input type="checkbox"/>
4-Monthly Dividends or Interest on Savings	\$	\$	<input type="checkbox"/>
5-Monthly Worker’s Compensation, Unemployment, Strike Benefits	\$	\$	<input type="checkbox"/>
6-Other Monthly (SSI, VA, Disability, Farm, other)	\$	\$	<input type="checkbox"/>
Totals for Columns Job 1 and Job 2	\$	\$	<input type="checkbox"/>

Student Executive Function Short Survey

Name _____ Date _____

Circle the number of the answer that best describes you.

1. I remain focused and on task in class without redirection from the teacher.

1 2 3 4 5
Never Rarely Some of the Time Most of the Time Always

2. I react to stressful situations calmly and patiently.

1 2 3 4 5
Never Rarely Some of the Time Most of the Time Always

3. I accept direction and comply when asked the firsttime.

1 2 3 4 5
Never Rarely Some of the Time Most of the Time Always

4. I complete and turn in my assignments ontime.

1 2 3 4 5
Never Rarely Some of the Time Most of the Time Always

5. I ask questions and lead appropriate discussions in the classroom.

1 2 3 4 5
Never Rarely Some of the Time Most of the Time Always

6. I am organized and use my time effectively.

1 2 3 4 5
Never Rarely Some of the Time Most of the Time Always

7. I plan ahead. I am prepared and on time for school and classes.

1 2 3 4 5
Never Rarely Some of the Time Most of the Time Always

8. I admit and fix my mistakes.

1 2 3 4 5
Never Rarely Some of the Time Most of the Time Always

9. I remember important things and can follow multiple instructions.

1 2 3 4 5
Never Rarely Some of the Time Most of the Time Always

(Multi-Health Systems, Goldstein & Naglieri)

Permission to Obtain & Release Information For Enrollment in Lincoln County School District #1

Information Provided for:

Student Name: _____ Date of Birth: _____

Information to be released from:

School District/Agency: _____

Address: _____

Phone: _____ Fax: _____

Section A: The following information, if available:

Send To: Lincoln County School District #1
Address: P.O. Box 335, Diamondville, WY 83116
Phone: (307) 877-5819
Fax: (307) 877-5644
E-mail: llewis@rangers1.net

WY WISER ID _____

WY State Standards/Proficiency Data _____

PAWS, WELLA Testing Results _____

Official Student Academic/Administrative Records including identifying information, grade level completed, in-progress grades, transcript, attendance, discipline (specifically suspension data) _____

Immunization/Health Record/School Physical _____

Standardized Test Scores _____

Current 504/504 Evaluation(s)/Accommodations _____

Current ELL Plan/Testing Results to Qualify/Accommodations _____

Current Gifted and Talented Plan/Testing Results _____

Current Title I Services/Accommodations/Testing Results (i.e. DIBELS) _____

RTI Interventions/Progress Monitoring (i.e. summer school, tutoring, extended day, etc.) _____

Home/Private School State Testing Results _____

Other (specify): _____

Sections B: Information Requested ONLY IF RECEIVING SPECIAL EDUCATION SERVICES

Send To: Lincoln County School District #1 Special Education Department
Address: P.O. Box 335, Diamondville, WY 83116
Phone: (307) 877-9095
Fax: (307) 877-9638
E-mail: pourada@rangers1.net

Current IEP/Accommodations/Amendments _____

Current Evaluation Results (including any school psychologist reports) _____

Notice of Outside Evaluation(s)/Current Eligibility _____

Current Notice of Meeting(s) _____

CSC Meeting Minutes _____

Behavior Plans _____

Progress Reports _____

Other (specify): _____

*** This permission is valid for one year from the date signed. A copy of this form is as effective as the original.**

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize that health records, once received by the school district or public agency, may not be protected by the HIPPA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA)

Legal Guardian or Parent Signature	Relationship	Date

Federal Law 99.31 – No parent signature required for educational records sent to another education agency.