

Congratulations

Potential Fresh Start Academy

GRADUATE!

ITEMS NEEDED TO COMPLETE REGISTRATION FOR

ALL STUDENTS:

SOCIAL SECURITY CARD

COPY OF BIRTH CERTIFICATE

COPY OF IMMUNIZATION RECORDS

PROOF OF RESIDENCE

(ST. LOUIS CITY RESIDENTS ONLY)

PERSONAL PICTURE IDENTIFICATION

MISSOURI STATE ID OR DRIVERS LICENSE

FRESH START REGISTRATION CHECKLIST

STUDENT'S NAME: _____ DATE ENROLLED: _____

ADVISORY: _____ SCHEDULED TIME: _____

ITEMS NEEDED TO COMPLETE REGISTRATION FOR ALL STUDENTS:

- COMPLETED APPLICATION
- SOCIAL SECURITY CARD (NOT REQUIRED FOR UNDOCUMENTED STUDENTS)
- COPY OF BIRTH CERTIFICATE (OFFICIAL GOVERNMENT ISSUED BIRTH CERTIFICATE OR PASSPORT WITH OFFICIAL SEAL)
- COPY OF IMMUNIZATION RECORDS (FOR THE LAST YEAR)
- PROOF OF RESIDENCE (ST. LOUIS CITY RESIDENTS ONLY) MUST BE A CURRENT ST. LOUIS CITY RESIDENT WITH A UTILITY BILL IN YOUR NAME FOR YOUR CURRENT ADDRESS FROM (AMEREN, LACLEDE GAS OR CITY OF ST. LOUIS WATER DIVISION).
- MISSOURI STATE ID OR DRIVER'S LICENSE (PARENT AND/OR STUDENT VALID GOVERNMENT ISSUED IDENTIFICATION OR PASSPORT)
- (TABE) PLACEMENT TEST RESULTS _____
- REGISTRATION APPLICATION
- MISSOURI OPTION AGREEMENT FORM
- MEDIA RELEASE FORM
- TECHNOLOGY USE FORM
- AUTHORIZATION TO RELEASE RECORDS
- FIELDTRIP FORM
- MEDICAL FORMS

*Please note: The registration process cannot begin without ALL of the required documents.
Exceptions will be made for students in transition*

(FOR OFFICE USE ONLY)

All documents have been received and reviewed _____ Administrative Assistant Orientation Date: _____ Start Date: _____ AM or PM Sessions: _____
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Approved By: _____

Director

Counselor

Test Coordinator

Nurse



NEW AND RE-ENTRY STUDENT REGISTRATION INFORMATION

PARENTS/GUARDIANS PLEASE READ: Please fill out this form completely and present it with your student's required documents to the SLPS representative when completed.

Please Print

STUDENT NAME, ADDRESS, GRADE, SEX, RACE, BIRTHDATE, HOME TEL#, EMERGENCY CONTACT, DCN/Medicaid #, WITHDRAWAL DATE, MOTHER/GUARDIAN NAME, MOTHER/GUARDIAN EMAIL, FATHER/GUARDIAN NAME, FATHER/GUARDIAN EMAIL, CELL PHONE #

ALL of the following questions MUST be completed in accordance with Missouri Department of Education guidelines.

- Does student use a language other than English?
Is a language other than English used at students home?
Has student ever received special education services?
Is student currently in Missouri Children's Division (DFS) custody...
Have you or a member of your family moved with a child or children within the past 3 years...
Presently, where is student living?
Missouri Safe Schools Act Disciplinary Information:
Is student presently under suspension or expulsion...
Has student been charged or convicted of any felonies?

PARENTS/GUARDIANS PLEASE READ. By signing below I understand I must personally provide residence verification, immunization records, and birth records to my child's assigned school to complete my child's registration...

SIGNATURE OF PARENT / GUARDIAN, DATE



Missouri Option Program Overview

Welcome to the Missouri Option Program!

We look forward to working with you and helping you meet your goals.

- Students must be at least 17 years old, in or beyond their senior year in high school, and be able to complete the program and graduate before their 22nd birthday.
- Students will be given the TABE placement assessment as soon as possible to ensure they have a reading and math level of at least 9th grade. The 9th grade level is considered necessary to be successful in passing the HiSET Test.
- Classroom hours are from 8:30 a.m. to 2:50 p.m. Student will be scheduled to leave early to work, volunteer, intern, go to college, or attend a SLPS Career and Technical Education program.
- The same rules and procedures apply to Missouri Option students as apply to any student attending the High School. A copy of the Student/Parent Handbook will be provided.
- Noncompliance with program guidelines regarding school attendance, work, or behavior may result in dismissal from the program.
- Students should successfully pass several practice exams with an overachieving score before taking the actual HiSET test. The Missouri Option Instructor will administer the practice tests.
- The Missouri Option Instructor will submit a request for "Authorization to Test" online, and \$95 electronic fee provided by the student, must be sent to the state High School Equivalency Office in Jefferson City, MO, as soon as possible after starting the program. Once the authorization has been issued, it is valid for one year. Students can retake 2 sections of the test for a \$7 fee per section. If any part of the test has to be retaken after this, another \$95 will be required again as another authorization and test site fee will be charged.
 - On the day of the test, each student must bring a valid Missouri driver's license or Missouri photo ID to the testing center.
 - The HiSET test will be taken at Harris Stowe State University. The test may only be taken three (3) times in one calendar year (Jan.-Dec.). A minimum of 90% of the required school hours should be completed in order to graduate.
 - Receipt of test scores online may take a week or more. Classroom hours in accordance with Item #4 must be completed before test scores will be revealed to the student. Until verification of your scores is received, you must continue to attend class, and continue to work the minimum of 15 hours per week. You may use this time, also, to complete any of the required academic work towards graduation.
- The Missouri Option Instructor or Social Studies Teacher will administer the MO or US Constitution test. If your transcript shows that you have already passed the US Constitution, this requirement is considered fulfilled.
- After passing the HiSet test and meeting your other program requirements, you will be allowed to graduate with or after your cohort class (your kindergarten class). If you start the program during 1st semester of your senior year, you will not graduate until May when others in your class graduate. This program is not intended, in any way, to be an early graduation program.



FRESH START ACADEMY

Missouri Option Program Agreement

The Missouri Option Program Instructor and/or principal will review all items in this agreement with the potential student and the parent or adult guardian. Student, parent/guardian(s) are required to initial after each numbered guideline and sign at the conclusion to indicate and assure an understanding and compliance of the rules governing the program.

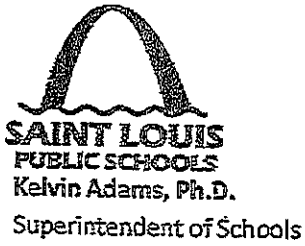
1. In order to participate in the graduation ceremony, students must have fulfilled 100% of the following requirements prior to graduation day.
 - a. Maintain at least a 90% attendance rate
 - b. Required classroom hours (See item #2)
 - c. Pass American Government class (United States and Missouri Constitution tests (See item #4)
 - d. Required work, training, internship, volunteer, dual enrollment, or technical school attendance hours (See item #6)
 - e. Pass the HiSET test (See item #7)
 - f. Pass a Health class
 - g. Pass a Personal Finance class
 - h. Completion of classroom coursework
 - i. Completion of End of Course Exams, ACT, and/or ASVAB
2. Students must be enrolled in the Missouri Option Program within the first twenty (20) school days of the semester in which they intend and are eligible to graduate. Enrollment after that date will mean graduation the following semester.
3. Students must attend class a minimum of 15-20 academic hours per week except for school holidays and closings. Academic work will be completed on a computer, in small groups, independently, or one-on-one with the Missouri Option Instructor. A student may be dropped from the program if he or she misses a total of 10 school days.
4. As a Missouri Option student you are in the program to earn your high school diploma. If you do not continue to participate in the program as required until graduation, you will be dropped from the program, and will not be issued a diploma.
5. Students will complete a course in American Government. The test over the United States Constitution and the Missouri Constitution must be passed with a minimum score of 76% in order to graduate. If your transcript shows that you have already passed the US Constitution, this requirement is considered fulfilled.
6. Students must have an approved job, internship, CTE program, dual enrollment, or volunteer placement for a minimum of 15 hours per week average after enrollment in the Missouri Option Program. Students must maintain career and college placement for a minimum of 15 hours per week over the course of the semester or until he/she has verification of passing the HiSET test. *After passing the test, the student continues in the program by either: 1) working a minimum of 30 hours per week average, or 2) attending college or technical school part-time and continuing to work 15 hours per week average until graduation.*
 - Appropriate and ongoing documentation, such as paycheck stubs and/or volunteer verification forms, must be submitted to the Missouri Option Instructor at a minimum of once per month. A student may be dropped from the program if he or she does not provide work or volunteer documentation within the stated time frame. A minimum of 100% of the required work hours should be completed in order to graduate.
7. Students must meet the minimum score determined by HiSET and the Department of Elementary and Secondary Education in order to pass this exam.
8. Noncompliance with program guidelines regarding school attendance, work, or behavior may result in dismissal from the program.

All items of the Missouri Option Program Agreement have been explained satisfactorily, and by signing, we consent to abide by the agreement.

Missouri Option Student _____ Date _____

Parent/Guardian _____ Date _____

Missouri Option Director _____ Date _____



St. Louis Public Schools Media Release Form

I understand the photograph(s) or video or audio recording(s) taken of my child by agents, employees or representatives of the Saint Louis Public Schools (hereinafter called "SLPS") shall be used in connection with the SLPS' dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the SLPS to copy, exhibit, publish or distribute any and all such images and audio of my child or wherein he or she shall appear, including composite or artistic forms and media, for purposes of publicizing SLPS programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears.

I hereby hold harmless and release and forever discharge the SLPS from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my or my child's behalf, may have by reason of this authorization.

Child's Legal Name

_____/_____/_____
Birth Date.

I hereby certify that I am the parent or guardian of, the minor named above, and do hereby give my consent without reservations to the abovementioned.

Parent/Legal Guardian

Date Signature

Printed Name



St. Louis Public Schools
TECHNOLOGY USAGE

District network/Internet access and assignment of e-mail account

School Year: _____

Student Agreement

I have read the St. Louis Public School District Technology Usage Policy, administrative regulation, and guidelines and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me, including but not limited to suspension or revocation of my access to district technology, and suspension or expulsion from school.

I understand that my use of the District's technology is not private and that the school district may monitor my use of district technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use. I consent to teacher-monitoring of my activities on the District network or the Internet. I consent of district interception of or access to all communications I send, receive or store using the District's technology resources, pursuant to state and federal law.

Signature of Student

Date

Printed Name (print clearly)

Home Address: _____

Home Phone Number: _____

Signature of Parent/Guardian

Date

Implemented: _____
Name

Date



FRESH START ACADEMY

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The Missouri Safe Schools Act, H.B. 1301 & 1298 Section 167.020.7 states that within two business days of enrolling a pupil, the school official enrolling a pupil, including any special education pupil, shall request those records required by district policy for student transfer and those discipline records required by subsection 9 of section 160.261 from all schools previously attended by the pupil within the last twelve months. Any school district that receives a request for such records from another school district enrolling a pupil that had previously attended a school in such district shall respond to such request within five business days of receiving the request. School districts may report or disclose education records to law enforcement and juvenile justice authorities if the disclosure concerns law enforcement's or juvenile justice authorities' ability to effectively serve, prior to adjudication, the student whose records are released. Based on this language of the Safe Schools Act, the district may not hold records until fees are paid. Violation of this subsection is a class B misdemeanor and a civil action is authorized based upon a district's failure to comply.

Student Name: _____ Grade _____ DOB _____ / _____ / _____

Previous School Attended _____

Address _____

City/STATE/ZIP _____

Please forward:

- Any grades this may have attained while in attendance at your school. If semester/quarter grades are not intended, please specify grades at time of withdrawal.
- Attendance Record
- Immunization records
- Standardized Test Scores
- Discipline Record
- Special Education Records (most recent evaluation, current IEP, and re-evaluation, etc.)
- Assessment Scores (ACT, EOCS, ASVAB etc.)

Thank you for your prompt cooperation.

Principal/Secretary/Designee _____ Date _____

I hereby authorize the release of all records listed below and any school information regarding my son/daughter (if applicable)

Parent/Guardian _____ Date _____

ST. LOUIS PUBLIC SCHOOLS
FIELD TRIP PERMISSION SLIP

SCHOOL: _____ TRIP DATE: _____

GRADE/CLASS: _____

PLEASE NOTE THE FOLLOWING REGARDING THE FIELD TRIP:

Where: _____

Activity: _____

Departure From School (Time): _____

Return To School (Time): _____

Person(s) in Charge: _____

1. I have been informed of the details of this educational field experience.
2. My child has my permission to participate in this supervised field experience.
3. I agree to instruct my child to obey all rules, regulations and instructions given by teachers and/or authorized school personnel. I further agree that no teacher or authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations or instructions.
4. This field experience is considered as school work and will be conducted as a regular class.

I GIVE PERMISSION FOR _____ TO TAKE THE FIELD TRIP TO:

(Student's Name)

THIS TRIP IS PLANNED TO EXTEND A UNIT OF STUDY WITHIN THE SCHOOL CURRICULUM.
YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND AGREED TO THE ABOVE AND THAT
WE HAVE YOUR PERMISSION TO TAKE YOUR CHILD ON THIS FIELD EXPERIENCE.

(Parent or Guardian Signature)

Home Phone: _____

Work Phone: _____

Address: _____

Person to contact in an Emergency: _____

Emergency Phone # _____



MEDICAL EMERGENCY INFORMATION FORM

Student Name: _____ Grade _____ DOB ____ / ____ / ____

Address _____ City/STATE/ZIP _____

Emergency Contact 1	
Name: _____	_____
Address _____	City/STATE/ZIP _____
Phone: _____	Relationship _____
Emergency Contact 2	
Name: _____	_____
Address _____	City/STATE/ZIP _____
Phone: _____	Relationship _____

Physician Name: _____ Office Number _____

Does Students have allergies: If so, what kind? _____

Does your child have any medical problems/ If yes, please describe. _____

Does your child take any medication regularly? _____

Permission: I give my permission for the school to administer the following over-the-counter medications to my child.

- Tylenol Benadryl Ibuprofen Fluoride mouth rinse

Note: To be administered at school, prescription medications must be accompanied by a doctor's note, a parental consent form and in an original pharmacy container. Forms are available in the front office. If the school is unable to contact me in case of serious medical emergency, I authorize the school to provide Emergency Medical Services.

Parent/Guardian _____ Date _____