



SCHOLAR ENROLLMENT APPLICATION

OPEN ENROLLMENT, SCHOOL YEAR-ROUND!
PEB LUB TSEV KAWM NTAUV ZOO SIAB TOS TXAIS TXHUA LUB SIJHAWM!

Please fill in all fields and return to New Millennium Academy.
Address: New Millennium Academy **Fax:** (763) 235-7979
 5105 Brooklyn Blvd
 Brooklyn Center, MN 55429

If you need assistance, please contact our Main Office at (763) 235-7900.

SECTION 1: SCHOLAR & PARENT/GUARDIAN INFORMATION

SCHOLAR INFORMATION

Scholar Name:			
	(First Name)	(Middle Name)	(Last Name)
Birthdate:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
	(MM/DD/YY)		
Address:			
	(Home #, Street Address)	(APT/STE/Unit #)	(City, State and Zip/Postal Code)
Household Phone Number:		Type of Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	(Area Code-XXX-XXXX)		
What grade are you applying the scholar for?			
<input type="checkbox"/> Kg <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5 th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th			
Did the scholar attend school in the previous year?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the requested information in the boxes below.			
School Name:		City:	State:

SCHOLAR DEMOGRAPHICS

Please select the scholar's racial/ethnic group:			
<input type="checkbox"/> African-American	<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Caucasian/Non-Hispanic	<input type="checkbox"/> Asian/Pacific Island
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other (Specify):	
Does the scholar currently receive Special Education (SpEd) services or participate in an Individualized Education Program (IEP)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your scholar receive English Language Learners (ELL) services, currently or previously?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Internal Use – Main Office		
	Date	Initial
Application Received		
Birth Certificate		
Immunization Record		
Enrollment		

SCHOLAR DEMOGRAPHICS (CONTINUED)

Who does the scholar currently live with? *Note: Custody paperwork copies must be provided to New Millennium Academy, if applicable.*

Both Parents
 Mother
 Father
 Other (Specify): _____ / _____
(First Name, Last Name) (Relationship)

Does the scholar have any siblings or other family members currently attending New Millennium Academy?

Yes
 No
 If yes, please provide the requested information in the boxes below.

	First Name, Last Name	Relationship	Grade
1			
2			
3			
4			
5			

SCHOLAR HEALTH INFORMATION

Does the scholar have any health concerns?

Yes
 No
 If yes, please specify: _____

Does the scholar have vision, hearing or speech impairment?

Yes
 No
 If yes, please specify: _____

Does the scholar have any allergies to food or medication(s)?

Yes
 No
 If yes, please specify: _____

Does the scholar have asthma or receive medication(s) for asthma?

Yes
 No
 If yes, please specify: _____

Does the scholar take any medication(s)?

Yes
 No
 If yes, please indicate when:
 At Home
 At School
 As Needed
 Other (Specify): _____

Is the scholar up to date with his/her immunization records?

Yes
 No
 If yes, please provide a copy with this application.

The scholar's application will not be processed until immunization records are filed with New Millennium Academy.

SCHOLAR EMERGENCY INFORMATION

Please provide the following information in an event of an emergency.

Family Doctor Name:	_____	Phone Number:	_____
	(First Name, Last Name)		(Area Code-XXX-XXXX)

Dentist Name:	_____	Phone Number:	_____
	(First Name, Last Name)		(Area Code-XXX-XXXX)

Preferred Hospital:	_____
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Please provide two emergency contacts.

First Emergency Contact:	_____ / _____
	(First Name, Last Name) (Relationship)

Phone Number:	_____
	(Area Code-XXX-XXXX)

Second Emergency Contact:	_____ / _____
	(First Name, Last Name) (Relationship)

Phone Number:	_____
	(Area Code-XXX-XXXX)

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian

Name:			
	(First Name)	(Middle Name)	(Last Name)
Relationship to Scholar:		Email Address:	
			(Example: janedoe@domain.com)
Phone Number:		Type of Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	(Area Code-XXX-XXXX)		

Secondary Parent/Guardian

Name:			
	(First Name)	(Middle Name)	(Last Name)
Relationship to Scholar:		Email Address:	
			(Example: janedoe@domain.com)
Phone Number:		Type of Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	(Area Code-XXX-XXXX)		

New Millennium Academy offers open enrollment, school year-round. All applications received are fulfilled based on a first come, first serve basis until enrollment capacities are met. Incomplete applications or applications missing documentation will not be processed until the application is either completed or missing documents have been provided.

By signing below, you are indicating you have filled in all required fields of this application and have provided all required documentations.

X

Parent/Guardian Print Name

X

Parent/Guardian Signature

X

Date

SECTION 2: MEDIA RELEASE CONSENT FORM
DAIM NTAWV TSO CAI SIV MENYUAM DUAB RAU TSEV KAWM NTAWV

Scholar Name:		Grade:	
	(First) (Middle) (Last)		

Please check a box below. *Thov khij ib qho:*

I give **FULL** permission for my child’s photographs video images to be used by New Millennium Academy. I authorize the image to appear on T.V, newsletter, calendars, website, annual report, school videos, local news media and any publicity purpose associated with the school. *Kuv TSO CAI rau tsev kawm ntawv New Millennium Academy siv kuv tus menyuam cov duab los txhawb lub tsev kawm ntawv li cas los tau tsis muaj kev txwv.*

I **DO NOT** give permission for my child’s photographs and video images to be used by New Millennium Academy for any reason. *Kuv TSIS TSO CAI rau tsev kawm ntawv New Millennium Academy siv kuv tus menyuam cov duab.*

I understand this photo release consent form shall remain in effect as long as the student is enrolled at New Millennium Academy, unless explicitly noted otherwise by the parent/guardian. *Kuv nkag siab tias daim ntawv tso cai siv menyuam duab rau tsev kawm ntawv no yuav nyob nrog rau tsev kawm ntawv txog hnuv kuv tus menyuam tsis kawm ntawv hauv New Millennium Academy. Yog kuv txiav txim siab hloov kev tso cai, kuv mam li sau tuaj qhia tsev kawm ntawv paub.*

X

Parent/Guardian Print Name

X

Parent/Guardian Signature

X

Date

SECTION 3: MINNESOTA LANGUAGE SURVEY

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your scholar is multilingual. In Minnesota, scholars who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your scholar should take an English proficiency test. Based upon the results of the test, your scholar may be entitled to English language development instructions. **Access to instructions is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instructions at any time.** Every enrolling scholar must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your scholar. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Scholar Name:		Birthdate:	
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(First Name) (Middle Name) (Last Name)

	Check the phrase that best describes your scholar:	Indicate the language(s) other than English in the space provided:
1. My scholar first learned:	<input type="checkbox"/> Language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> Only English	
2. My scholar speaks:	<input type="checkbox"/> Language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> Only English	
3. My scholar understands:	<input type="checkbox"/> Language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> Only English	
4. My scholar has consistent interaction(s) in:	<input type="checkbox"/> Language(s) other than English <input type="checkbox"/> English and language(s) other than English <input type="checkbox"/> Only English	

Language use alone does not identify your scholar as an English learner. If a language other than English is indicated, your scholar will be screened for English language proficiency.

X

Parent/Guardian Print Name

X

Parent/Guardian Signature

X

Date

***All data contained on this form is considered confidential. It will only be shared with district staff who need the information to best serve your scholar and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will be shared with other individuals or entities, except if they are authorized by the state or federal law to access the information. Compliance with this request for the information is voluntary. ***