

Great Expectations School Enrollment

Student Information

Student's Full Name: _____

Student's Preferred Name: _____ Student's Birth Date: _____

Enrollment Start Date: _____ Student's Enrollment Grade: _____

Parent / Guardian Information

Primary Name(s): _____

Relationship to Student: _____

Address: (mailing) _____

(physical) _____

Phone: _____

Email: _____

Secondary (If Applicable)

Name: _____

Relationship to Student: _____

Address: (mailing) _____

(physical) _____

Phone: _____

Email: _____

Household Information (Names of child's siblings and others in the home)

Name	Relation to Student	Sibling Birthdate

Family Participation

Great Expectations School recognizes parents as true partners in their children's education, and our program emphasizes the importance of family participation in student learning. The expectation is a family volunteer commitment of a **minimum** 24 hours per year. Please take a moment to complete the following questions.

Potential Volunteer Name	Email address	Phone Number

Volunteer Activities

What would you like to do for the school? Please initial (from above) any activities of interest.

- | | |
|---|--|
| <input type="checkbox"/> volunteer with the food program | <input type="checkbox"/> archive photos/articles |
| <input type="checkbox"/> volunteer in the classrooms | <input type="checkbox"/> support academic enrichment |
| <input type="checkbox"/> be a mentor for a student | <input type="checkbox"/> help with field trips |
| <input type="checkbox"/> assist with garden/greenhouse work | <input type="checkbox"/> perform basic maintenance/repairs |
| <input type="checkbox"/> serve on a school board committee | <input type="checkbox"/> help with special events |
| <input type="checkbox"/> provide school cleaning/beautification | <input type="checkbox"/> support office/administration work |
| <input type="checkbox"/> work with students on academics | <input type="checkbox"/> help with grounds (mowing, shoveling, etc.) |
| <input type="checkbox"/> assist with technology needs | <input type="checkbox"/> other: _____ |

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Release of Former School Records

Student's full name: _____

Former school name/district #: _____

Former school address: _____

Former school phone: _____

Child's last grade/teacher: _____

I hereby give my permission for the above-named school to release my child(ren)'s complete records, including Special Education materials, to Great Expectations School.

Print parent/guardian name: _____

Parent/guardian signature: _____ Date: _____

Please send records to: Great Expectations School PO Box 310 Grand Marias, MN 55604
 email: learn@GreatExpectationsSchool.com
 fax: 218-387-9344

Student Profile (Please complete one form for each child)

Note on data privacy: Great Expectations School (GES) has a Data Privacy Policy - included in the Family Handbook on our website – which outlines parent and school responsibilities regarding sharing student information. GES will release "directory information" unless notified in writing by the student's parent/guardian. This notification is required annually and must be renewed at the start of each fall term. The term "directory information" includes but is not limited to student's name, address, email addresses, telephone listing, date and place of birth, participation in activities/sports/events, weight and height of members of athletic teams, dates of attendance, photographs, awards and recognitions bestowed upon the student. **However, the data provided below is not considered "directory information" and will not be shared except as required in compliance with our policy and applicable laws or regulations.**

Ethnic Background If you are comfortable doing so, please share your child's ethnic background

Child's Individual Needs (For each need identified, please provide additional information below)

- | | |
|--|---|
| <input type="checkbox"/> Individualized Education Plan | <input type="checkbox"/> Mobility Impaired |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> ADHD Diagnosis | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Special Diet/Food Allergies | <input type="checkbox"/> Other Physical or Mental Health Concerns |

Additional information: _____

Transportation (Great Expectations School shares bus service with the resident school district -- ISD 166)

Will your child be riding the bus?

- Generally yes, to school in the morning
 Generally yes, from school to home (or childcare) in the afternoon
 Only occasionally to or from school
 No, I will always provide transportation or live within walking distance

Parent Hopes/Dreams (What would you like to see during your child's educational experience?)

All About You! (the student at GES) Please complete this section with your child.

Things I do well: _____

Things that are hard for me: _____

Subjects/activities that I like: _____

Subjects/activities that I don't like: _____

My favorite thing to do is: _____

Check all that apply to you:

- I prefer to work alone.
- I prefer to work with 1-2 partners.
- I prefer to work with 4 or more others.
- I like to speak in front of others.
- I like to be on stage.
- I like to be behind the scenes.
- I like group sports (like soccer).
- I like individual sports (like skiing).
- I like being different.
- I like being like others.

I am outgoing:

all the time with friends with family never.

I am shy:

all the time with new people with family never.

Rate the following:

0=would never do 1=do once in a while 2=do often 3=do as much as I can 4=would like to try

- | | | |
|---|---|--|
| <input type="checkbox"/> Read | <input type="checkbox"/> Run around/play sports | <input type="checkbox"/> Paint/draw |
| <input type="checkbox"/> Board games/cards | <input type="checkbox"/> Listen/play music | <input type="checkbox"/> Be with animals |
| <input type="checkbox"/> Talk/hang with friends | <input type="checkbox"/> Build/make things | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Be outside | <input type="checkbox"/> Be inside | <input type="checkbox"/> Computer |

Some things I would like you to know about me are:
