



**2018-2019  
ENROLLMENT CHECKLIST**

---

**Which program are you enrolling (Circle One)**

**VIP**

**STAR**

- Student Enrollment Form**
  - Questionnaire**
  - Medical Form**
  - Privacy Information**
- House Hold Economic Survey**
  - Residency Questionnaire**

## ENROLLMENT FORM 2018-2019

Name of your sponsoring district \_\_\_\_\_

- 1) While attending school, did you ever have an IEP or 504 Plan?...Y N If yes: which one and what is the most recent review date: \_\_\_\_\_
- 2) Have you been enrolled at Orion Diploma Completion (Project Encore) before?... Y N  
 If yes, what year: \_\_\_\_\_ Which program?.....  E-Flex  STAR  Summer School  VIP
- 3) Which program have you been referred to?.....  STAR  VIP In District  VIP out of District  
 If VIP:  
 Do you have a computer?..... Y N Internet Access?.....Y N \*Students are required to have high speed Internet to enroll as a VIP student\*
- Do you or your family work in the agriculture field?..... Y N If yes, has your family relocated for work in the last 36 months?..... Y N

Student First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender: Male / Female Student Cell Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security # (Last Four Digits) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Legal Guardian/Parent Name: \_\_\_\_\_ Legal Guardian/Parent Name: \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Alternate Contact Person phone number to be used during school hours: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What School District Do You Currently Live In? \_\_\_\_\_ District Entry date: \_\_\_\_\_ High School Entry Date: \_\_\_\_\_

What Year Did You Start School in Kansas? \_\_\_\_\_ Last Grade Level Completed: 9 10 11 12 (circle one)

Last High School Attended \_\_\_\_\_ City & State of Last High School \_\_\_\_\_

**Is this student Hispanic/Latino? (Choose only one)**

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**What is the student's race? (Choose one or more)**

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

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 American including Central America and who maintains tribal affiliation or community attachment.)

**Language Spoken at Home**

1. What language did you first learn to speak? \_\_\_\_\_

2. What language does your family most often speak at home? (do not include language learned in a class or television or other program) \_\_\_\_\_

3. What language do you most often speak with your family? \_\_\_\_\_

4. What language is most often spoke by the adults in your home? \_\_\_\_\_

By signing this form I understand this is an enrollment application for Orion Diploma Completion and does not guarantee acceptance into the program. If I do not meet academic, attendance, or behavior guidelines, I may be placed on probationary status or dismissed from Orion Diploma Completion. I further acknowledge that the information on this form has been filled out truthfully to the best of my knowledge and allow release of all my student records to Orion Diploma Completion in conjunction with the above school district.

Student Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

*OFFICE USE ONLY*

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment: Chromebook STAR \$ \_\_\_\_\_ Order ID# \_\_\_\_\_

# MEDICAL FORM

## STUDENT INFORMATION SECTION

Last Name _____	First Name _____
District _____	Counselor's Name _____

## PARENT/GUARDIAN CONTACT INFORMATION SECTION



**Parent/Guardian** \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Please specify whom to notify regarding your student's attendance and academic performance. Orion Diploma Completion will only notify the person(s) that have signed this form.**

Legal Guardian(s) \_\_\_\_\_  
*Print* \_\_\_\_\_ *Signature* \_\_\_\_\_  
Legal Guardian(s) \_\_\_\_\_  
*Print* \_\_\_\_\_ *Signature* \_\_\_\_\_



## STUDENT MEDICAL RELEASE SECTION

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Hospital preference \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_  
Contact Person Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### HEALTH ISSUES

Orion Diploma Completion requires all students provide the following information in case a health emergency arises during the school day. Students **CAN NOT** take any medication while at school, including over the counter medication.

History of: Food and/or Drug Allergies Yes \_\_\_ No \_\_\_ Medication (if required) \_\_\_\_\_  
Asthma Yes \_\_\_ No \_\_\_ Inhaler (if required complete form) \_\_\_\_\_

Current Medications (Please list) \_\_\_\_\_  
\_\_\_\_\_

I understand that if any emergency develops while I am at Orion Diploma Completion that a 911 call will be placed and emergency assistance will be provided at my own expense. **If student is enrolling in the E-Flex, VIP or STAR program, a parent or legal guardian must sign.**

Name \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**QUESTIONNAIRE**  
**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
*Last First MI*

Why do you want to attend school at Orion Diploma Completion?

Do you currently know anyone who is attending Orion Diploma Completion?

What problems are you having at your current school?

Have you ever been expelled or suspended from school?  Yes  No

If you answered yes to the previous question, explain why you were suspended or expelled from school?

What is your most difficult subject in school?

Have you ever been appointed a truancy officer for lack of attendance?

Will Orion Diploma Completion be required to report attendance or academic progress to a designated state/county/local agency?

Do you have any questions or concerns related to your placement at Orion Diploma Completion?

I believe the information I have provided on this form to be truthful and accurate.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***Placement at Orion Diploma Completion is voluntary. Orion Diploma Completion cannot foresee all possible scenarios related to the placement of students. If it is determined the Orion Diploma Completion environment does not meet the student's needs, the student's guardian is free to contact his/her sponsoring district for other educational options.***



# Privacy of Information

I give my permission to this educational program to share my name, photo or interviews regarding this educational program in advertising, newspaper articles or on the program's website.

I give my permission to this educational program for my son/daughter to receive SMS text messages on the cellular phone number listed on the application.

I understand that Orion Diploma Completion does not charge me for this service and it **DOES NOT** pay for text messaging charges that may be incurred by you for sending or receiving text messages. Check with your wireless provider for possible charges.

**Student signature** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_ **Today's date** \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Today's date** \_\_\_/\_\_\_/\_\_\_

This educational program must follow the guidelines of a federal law called the Family Educational Rights and Privacy Act (FERPA). FERPA allows schools to disclose student records to the following without a student's permission:

- School officials with legitimate educational interest
- Other schools to which a student is transferring
- Specified officials for audit or evaluation purposes
- Appropriate parties in connection with financial aid to a student
- Organizations conducting certain studies for or on behalf of the school
- Accrediting organizations
- To comply with a judicial order or lawfully issued subpoena
- Appropriate officials in cases of health and safety emergencies
- State and local authorities, within a juvenile justice system, pursuant to specific state law.

*(In layman's terms, the above statement means that we will disclose student records to other schools, SRS, Social Security Administration, probation officers, social workers, EMS, court officers, and any other person or agency who fits into the allowed list without notifying you.)*

FERPA allows schools to disclose "directory" information about students, such as name, address, telephone number, date and place of birth, honors and awards, and dates of attendance unless a student has specifically requested that this directory information not be disclosed.

*If you wish to request that your directory information not be given, you must notify this program in writing, stating which items of directory information should not be disclosed.*

Sign and date below indicating that you understand the above statements concerning FERPA.

**Student signature** \_\_\_\_\_ **Today's date** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Today's date** \_\_\_\_\_

Please list any agencies and/or individuals who will be requesting information about you from this educational program. You should include family members other than legal guardians if you want them to be able to receive information. Also list your probation officer, recruiter, insurance, SRS, etc. if applicable.

Name	Phone #	Agency or Job
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This program will only furnish the following information to agencies such as those listed above:

- A) Date first attended program as a student, B) Total hours spent in Odysseyware or other curriculum and/or hours from the time clock program and C) Number of courses completed, if any. The staff will NOT write a letter saying you are "attending regularly" or a "full time student" if that is not accurate.

# 2018-2019 Household Economic Survey

Do not complete this form if you are Directly Certified to receive free meals or if you have filled out a Child Nutrition Program Meal Benefits Application.

**For your school to receive specific state and federal benefits and funding, you must fill out this form.**

There are \_\_\_\_\_ people in my household, including all children and adults.

The total annual income for all people in the household **before any deductions** for taxes, insurance, medical expenses, child support, etc. is \_\_\_\_\_ per year.

Student Name	School	Grade	Date of Birth

Additional students are listed on the back of this page.

**I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal and state funding based on the information provided. I understand that school officials may verify (check) the information.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone



## Enrollment Residency Questionnaire

This form is intended to address the McKinney-Vento Act.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Male  Female

Parent/Guardian(s) \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Last School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Presently, where are you living? (Check one)

Section A	Section B
<input type="checkbox"/> In a shelter _____ <div style="text-align: center; margin-left: 150px;">Shelter Name</div> <input type="checkbox"/> <i>Temporarily</i> with more than one family (due to loss of job, loss of housing, etc.)  <input type="checkbox"/> In a motel, car, or campsite  <input type="checkbox"/> In a temporary foster care awaiting permanent placement  <input type="checkbox"/> Alone without parental support (independent living Student)  <p><b>CONTINUE:</b> If you checked a box in this section, please <i>complete the rest of this form.</i></p>	<input type="checkbox"/> Choices in Section A do NOT apply.   <p><b>STOP:</b> If you checked this section, you do <i>not</i> need to complete the remainder of this form.</p>

If **Section A** is checked:

Instructions for Office Staff – Make a copy of the completed form. Send it via interschool mail to the McKinney-Vento Coordinator.