



MNVA

Minnesota
Virtual Academy

HOUSTON PUBLIC SCHOOLS

Minnesota Virtual Academy HS
2300 Corporate Park Drive
Suite 200
Herndon, VA 20171
Ph. 1.866.360.0159
Fx. 1.866.523.3160

Additional Required Documentation

Part 1: (The pages supplied in this PDF)

Please be sure you have completed and signed the forms listed below.

- Release of Student Records
- Full-Time Student Contract
- Non-Resident Agreement
- Resident District information
- Open Enrollment Application
- MDH Pupil Immunization Record (Please have this form completed by your student's physician)

Part 2: (Items you will need to supply)

Before you send in your enrollment packet, please be sure you have completed and included copies (do not include originals) of the following:

- Proof of age for each child applying to our program (Copy of birth certificate)
- Current proof of residency (copy of current utility bill, tax statement, lease, or mortgage statement)
- Current Official Transcripts
- A copy of your student's Multifactorial Evaluation/504 or IEP, if applicable

Fax or mail the required documents listed in both parts 1 and 2 to MNVA-HS. The fax number for MNVA-HS is 1-866-523-3160. If you are unable to fax, please mail the documents to:

Minnesota Virtual Academy HS
2300 Corporate Park Drive
Suite 200
Herndon, VA 20171

Student's Name:

Student's Home Phone:



MNVA

Minnesota
Virtual Academy

HOUSTON PUBLIC SCHOOLS

Minnesota Virtual Academy HS
2300 Corporate Park Drive
Suite 200
Herndon, VA 20171
Ph. 1.866.360.0159
Fx. 1.866.523.3160

Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health/immunization, and discipline/expulsion records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____ Student's Social Security Number: _____

Student's Legal Address: _____
street apt #

_____ city county state zip

Home Phone: (_____) _____

Prior School Information

Name of Prior School: _____

School's Address: _____
street

_____ city county state zip

School's Phone: (_____) _____

Name of Parent or Legal Guardian: _____
first last

Parent/Guardian's Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY:

Send student records to: Minnesota Virtual Academy
2300 Corporate Park Drive
Suite 200
Herndon, VA 20171

Student's Name:

Student's Home Phone:



MNVA

Minnesota
Virtual Academy

HOUSTON PUBLIC SCHOOLS

Minnesota Virtual Academy HS
2300 Corporate Park Drive
Suite 200
Herndon, VA 20171
Ph. 1.866.360.0159
Fx. 1.866.523.3160

Full-Time Student Contract

The Minnesota Virtual Academy (MNVA) provides students an opportunity to participate in online learning on a full-time basis. Because online learning represents a non-traditional learning experience, there are certain expectations for students enrolling in these courses. This contract is intended to present to students and parents the standards expected for enrollment in the MNVA program.

As a student registering for the MNVA program, I am aware that I am expected to comply with the following standards as well as all policies and procedures set forth in the Student Handbook:

1. The use of the Internet will be appropriately used as outlined in the course materials. Inappropriate use of the Internet will not be tolerated and may result in the loss of the right to participate in the MNVA program.
2. Appropriate language and message content is expected at all times. Teachers may retrieve and print student work, comments, and messages at any time.
3. Students are expected to adhere to the following procedures:
 - a. Students must communicate with their online teacher(s) on a regular and consistent basis in all of their classes. Students are expected to communicate with their teachers on a weekly basis.
 - b. Students must log into all of their online courses on a regular and consistent basis. Students are expected to work in their classes a minimum of five times per week.
 - c. Students must use course materials in an authorized and appropriate manner.
 - d. Students will be expected to follow other rules specified by their online teacher.

Students who fail to comply with the above conditions are subject to:

- First Offense: The student will receive an email warning from either his/her online teacher or the MNVA administration. A copy of the email will be sent to the student's parents.
- Second Offense: A conference will be held with the student, the student's parent/guardian, and the administrative staff of MNVA regarding the student's continuation with the MNVA program.

Any student discipline for program removal will be in compliance with the Pupil Fair Dismissal Act, Rev. 2007.

I have completed the open-enrollment requirements to participate in this online learning program.

I have read the policies in the Student Handbook and agree to this Student Contract. I also understand that until this contract and the Student Application are received by the Minnesota Virtual Academy, the course registration process cannot begin.

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student's Name:	Student's Home Phone:	3
-----------------	-----------------------	---

Nonresident Agreement

Student's Last Name	First Name	Middle Name	School Year	Grade	
Student's Address	Apt. No.	City		Zip Code	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Student's Birth date		Gender
			Mo.	Day	Year
Parent or Guardian Last Name		First Name(s)		Phone #	
Parent Address (If different from student's)	Apt. No.	City		Zip Code	

Reason this transfer is requested: (This does not affect your acceptance)

SERVING School District Name	District Number	School Requested	Date Student Moved <i>(If applicable)</i>	
			Mo. Day Year	<input type="checkbox"/> <input type="checkbox"/>
RESIDENT School District Name	District Number	School Most Recently Attended	Signature of Parent/Guardian	
			<input checked="" type="checkbox"/> _____ THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY BELIEF AND KNOWLEDGE DATE SIGNED	

TYPE OF TRANSFER: (Completed by the School District Staff)

- 1. Agreement Between School Boards, Enrollment Exceptions.** M.S. 124D.08, Subd 1-2: Transfer requires the approval of both school districts. (SAC Code 11)
- 2. Continued Enrollment of 11th and 12th Grade Students.** M.S. 124D.08, Subd 3: Transfer requires the approval of the non-resident school district only (SAC Code 04)
- 3. Graduation Incentives Program.** M.S. 124D.68: Transfer requires the approval of the non-resident school district only. (SAC Code 03)

Effective Date of Transfer			Expiration Date of Transfer		
Month	Day	Year	Month	Day	Year

<p>SERVING/ NON-RESIDENT DISTRICT</p> <p>X _____ SIGNATURE OF SUPERINTENDENT OR RESPONSIBLE AUTHORITY</p>	<p><input type="checkbox"/> Application APPROVED</p> <p><input type="checkbox"/> Application DISAPPROVED</p> <p>DATE SIGNED _____</p>
<p>RESIDENT DISTRICT</p> <p>X _____ SIGNATURE OF SUPERINTENDENT OR RESPONSIBLE AUTHORITY</p>	<p><input type="checkbox"/> Application APPROVED</p> <p><input type="checkbox"/> Application DISAPPROVED</p> <p>DATE SIGNED _____</p>



MNVA

Minnesota
Virtual Academy

HOUSTON PUBLIC SCHOOLS

Minnesota Virtual Academy HS
2300 Corporate Park Drive
Suite 200
Herndon, VA 20171
Ph. 1.866.360.0159
Fx. 1.866.523.3160

Resident District Information

To Be Completed By The Student or Parent:

Student's Name: _____

Last grade attended: _____

Indicate dates attended: _____

Parent's Name: _____

Street Address: _____

City, State, Zip: _____

Parent's Phone: _____

Resident School District Name: _____

Resident School District Number: _____

Res. School City, State Zip: _____

Student's Name:

Student's Home Phone:



APPLICATION FOR ENROLLMENT SCHOOL DISTRICT ENROLLMENT OPTIONS PROGRAM

ED-01861-22

GENERAL INFORMATION AND INSTRUCTIONS: Kindergarten through twelfth grade students and pre-kindergarten children with disabilities may apply to attend a public school outside of their resident district (Minn. Stat. § 124D.03). Use one application for each student.

Parent/Guardian: Request school and program information from districts, visit schools, and ask questions of administrators, teachers, parents and students. You may also visit the Department of Education's Web Site at <http://education.state.mn.us> for information about school districts, schools and school programs. If you have questions or need assistance, call Enrollment Options at (651) 582-8572.

Once you decide to apply, you must inform the school your child is currently attending that you are applying to a non-resident district for enrollment.

Complete Section 1 and sign Section 2. Send the completed application to the **non-resident district (not to Department of Education)**. **Applications must be sent to the non-resident district by January 15** for enrollment beginning the following school year. If you miss the January 15 deadline, contact the non-resident district to determine if you are eligible for a waiver of that deadline.

You can expect to receive an approval or disapproval from the non-resident district by **February 15**. When you receive an approval of your application you must by **March 1** notify the non-resident district of your commitment to attend there the following school year.

SECTION 1: TO BE COMPLETED BY THE STUDENT'S PARENT OR GUARDIAN

Parent/Guardian Name (Last, First, M.I.)		Telephone Number Home: () - Work: () -	
Parent/Guardian Address		City/State/Zip Code	
Resident District		City	
District of Choice (Non-Resident School District)		Houston Public School #294	
Student Name (Last, First, M.I.)		Birthdate Mo. ____ Day ____ Year ____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
School Currently Attending or Last Attended		Grade (as of today's date)	Special Needs (optional)
Reason for Request: (This does not affect your acceptance)		List school(s) choice(s) in non-resident district in order of priority 1. <u>Minnesota Virtual Academy</u> 2. _____ 3. _____	
For Minneapolis students applying for the "Choice is Yours" plan, do you believe your child qualifies for free or reduced price lunch? No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/>			
Are you applying to other districts? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, which district(s): _____			

SECTION 2: PARENT/GUARDIAN VERIFICATION OF INFORMATION

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Signature – Parent/Guardian

Date

Non-Resident District: Complete Section 3. The non-resident district must notify parents/guardians by **February 15** of approval or disapproval of application. After receipt of commitment to attend, the non-resident district must notify the resident district by **March 15** of the student's intent to enroll. Copies of all disapproved applications must be sent to the Department of Education.

SECTION 3: TO BE COMPLETED BY THE NONRESIDENT DISTRICT

Date of Receipt of Application	District Name Houston Public School	District Number #294
Contact Person Mr. Kim Ross	Title Superintendent	Telephone Number (507) 896 - 5323
<input type="checkbox"/> APPROVED ¹		<input type="checkbox"/> DISAPPROVED ²
_____ <i>Signature - Superintendent / Responsible Authority</i>		_____ <i>Date</i>
¹ On the basis of information provided in the above application, and with respect to district criteria, policies and procedures, the above student will be assigned for enrollment in: <u>Minnesota Virtual Academy</u> on _____ at _____ <i>School Building Name Starting Date Grade Level</i> Please visit the district offices at least ten (10) days prior to the above starting date for completion of all enrollment forms.		² The above district is unable to approve your request for enrollment for the following reason(s): <input type="checkbox"/> Lack of capacity in a building <input type="checkbox"/> Lack of capacity in a program <input type="checkbox"/> Lack of capacity in a class <input type="checkbox"/> Already reached enrollment set by law



Pupil Immunization Record

FOR SCHOOL USE ONLY
 () Complete; booster required in _____
 () In process; 8 mos. expires _____
 () Medical exemption for _____
 () Conscientious objection for _____

Name _____ Birthdate _____ Student Number _____

Minnesota Statutes Section 121A.15 requires children enrolled in a Minnesota school to be immunized against certain diseases, allowing for specified exceptions. This form is designed to provide the school with information required by the law.

Medical exemption: No student is required to receive an immunization if they have a medical contraindication or laboratory evidence of immunity. To receive a medical exemption, a physician must sign the following statement:

Enter the MONTH, DAY, and YEAR for all vaccines the pupil received. DO NOT USE (✓) or (✗).
 Vaccines/doses in shaded boxes are recommended but not required by law.

I certify that immunization is contraindicated for medical reasons or that laboratory confirmation of adequate immunity exists for the following immunizations:

Type of Vaccine	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Diphtheria, Tetanus, and Pertussis (DTaP, DTP)					
Diphtheria and Tetanus (DT) - pediatric formulation (<7 yrs)					
Tetanus and Diphtheria (Td) – adult formulation (7yrs)					
Polio (IPV, OPV)					
Measles, Mumps, and Rubella (MMR) (minimum age: 12 mos)					
Hepatitis B (hep B) *					
Varicella (chickenpox)**					
Pneumococcal Conjugate (PCV)***					
Haemophilus influenzae type b (Hib)***					

 Signature of physician _____ Date

Conscientious exemption: No student is required to have an immunization which is contrary to the conscientiously held beliefs of his/her parent or guardian. To receive this exemption, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s):

 Signature of parent or legal guardian _____ Date

Subscribed and sworn to before me this _____ day of _____ 20____

 Signature of notary

History of varicella disease:

I certify that this child had chickenpox disease on this date: _____ (YR) and therefore does not need a varicella shot.

 Signature of parent/legal guardian or physician/public clinic _____ Date

* Hepatitis B is required for kindergarten and 7th grade.
 ** Varicella vaccine will be required starting fall 2004.
 *** PCV and Hib vaccines are recommended only for children through age 4 years.
 Note for school personnel: Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+Hib, Hib+HBV) in each applicable space.

Indicate immunization status and source of above information by choosing one of the following:

I certify that this student has received all immunizations required by law.

 Signature of parent/guardian or physician/public clinic _____ Date

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K + 7th), varicella (K + 7th), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are:

 Signature of physician/public clinic _____ Date

Additional exemptions

- **Children less than 7 years of age:** The 5th dose of DTaP/DTP/DT (similarly, the 4th dose of polio vaccine) is not necessary if the 4th DTaP/DTP/DT (3rd dose of polio) was administered after the 4th birthday.
- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Td booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose. Enforcement of the Td booster requirement will be reinstated in the fall of 2004 for all 7th-12th graders.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for those students who provide documentation of the alternative 2-dose schedule.
- **Students 7 years of age or older:** Do not need pertussis vaccine.
- **Students 18 years of age or older:** Do not need polio vaccine.