



Application for Student Enrollment

If the number of applicants exceeds the number of openings your child will be placed on a waiting list in the order that the application was received.

Please Return Completed Application To:
 Dugsi Academy
 1821 University Avenue, Suite N360
 St. Paul, MN 55104

Student Information

Legal name: _____
 Last First Middle

Birth date: _____
 Month Day Year Male Female

Birth place: _____
 City State/Region Country

Immigrant (optional): No Yes, arrival date in U.S. Month ____ Year ____

How does your family identify this child?
 Somali African American Asian/Pacific Islander Other _____
 Hispanic Native American Caucasian/Non-Hispanic

What language(s) is spoken in your home? _____

Halal food preference? (optional): Yes No

Current or Last School Attended Information

My child has previous school experience (Please include pre-school experience) Grade level during 2008-2009 school year: _____

Name of current or last school attended: _____

School address: _____
 City State/Region Zip Code Country

School phone number: _____

Has this child ever repeated a grade? No Yes, grade: _____

My child has no previous school experience.

Has your child participated in an early childhood screening program?
 Yes. Where? _____
 No. Do you have an appointment for Early Childhood screening? No Yes

Parent Information

Mother's Name: _____
 Last First Yes No Lives in home with the student? Yes No Speaks and understands English? Yes No

Father's Name: _____
 Last First Yes No Yes No

Complete only if the student lives with a non-parent guardian:

Guardian's Name _____
 Last First Relationship Yes No

Student's Home Address: _____
 Number Street Name Apartment #
 City State Zip Code

Home phone: _____ Mother's cell: _____ Father's cell: _____
 Mother's work phone: _____ Father's work phone: _____
 Mother's email: _____ Father's email: _____

Bus transportation requested or Bus transportation not needed

Siblings who will seek enrollment in Dugsi Academy (list oldest first)

First name	Last name	Gender M/F	Date of Birth (M/D/Y)

Student Needs (Mark all that apply)

English as a Second Language Services

Medications

Type: _____

Reason: _____

Accommodations: _____

Allergies: _____

Please explain any special needs that your child may have. Be very specific.

Emergency Contact Information

Mother's day time phone: _____ Father's day time phone: _____

Other emergency contact: _____
Name Phone Number Relationship

Doctor's Name: _____ Doctor's phone: _____

Doctor/Clinic Address: _____

Waivers and Releases

Media Release (optional)

I hereby grant Dugsi Academy the right and permission to use my child's name, photo, and school work for the purpose of publicizing the program.

Initial to consent: _____

Medical Emergency/Liability Waiver (optional)

I hereby give my permission for Dugsi Academy staff members to procure all necessary medical assistance for my child while he/she is under the supervision of Dugsi Academy educators. I also grant permission to its representatives to authorize any medically competent person to do all the things reasonably necessary to take care of any injury or sickness. I acknowledge that I, the student's parent/guardian, shall accept financial responsibility for such services. Dugsi Academy will not accept financial responsibility for medical assistance.

Initial to consent: _____

Directory Information Release (optional)

Dugsi Academy will publish a student directory which will contain: students' names, addresses, grade levels, and home phone numbers. (Other student data will be held in accordance with data privacy regulations.) I hereby give my permission to have my child's name, address, grade level, and home phone number listed in a directory.

Initial to consent: _____

Academic Record Release (non-optional)

I/we authorize my child's previous schools to release all academic records to Dugsi Academy.

Parent Signature: _____ Date: _____

* Inaccurate or omitted information on this application may affect your child's placement and/or enrollment in Dugsi Academy.

* The information on this form may be shared with Dugsi Academy staff whose roles require access and with other agencies as required by law.

* Dugsi Academy is a public charter school and charges no tuition.

* Any change of address or phone number should be reported to Dugsi Academy.

* Please inform Dugsi Academy if either parent/guardian needs any accommodations to participate in the child's education.

* Information provided on this application will not be used for any discriminatory purpose. Dugsi Academy will not discriminate on the basis of race, religion, national origin, gender, age, handicap, or economic status. Dugsi Academy will not limit admission to pupils on the basis of intellectual ability, measures of achievement or aptitude, or athletic ability.

Office Use Only

Date applic. received: _____ Sibling priority: Yes No Date admitted: _____

Grade level assignment: _____ Applic. for Ed Benefits form received? Yes No

Bus route assignment: _____ Teacher assignment: _____

Resident district # _____ MARSS # _____ Start date: _____

Placed on waiting list: _____ Date family Informed of waiting list status: _____

