



Application for Admission - Traditional students (18 years and younger)

Please give complete information. Incomplete forms will not be processed.

A copy of the student's birth certificate and immunization records must accompany this form.

A \$30 enrollment fee is due with the return of all applications. Please make your check payable to the Hugoton Learning Academy.

Personal Information

Date: _____

Student's Last Name:	First:	Middle:
Address:	City:	State: Zip:
Home Phone #:	Email:	County:
Birth Date:	Place of Birth:	Age:
Gender: (circle one) Male Female		

Education

Has the student received a high school diploma? No Yes

Highest Grade Completed:	<input type="checkbox"/> I am attending school now	
	<input type="checkbox"/> I have dropped out of school	Date: _____
School Last Attended:	Dates Attended: _____	
School Address:	City:	State: Zip:
School System (Check one)	<input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Home School

Race/Ethnicity

Are you of Hispanic/Latino or Spanish origin? -A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

Yes No

Check all primary racial group and circle ALL other races that may apply from the list below.

1. American Indian or Alaskan Native-A person having origins in any of the original peoples of North, South, or Central America and who maintain tribal affiliation or community attachment.

2. Asian or Pacific Islander-A person having origins in any of the original people of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent.

3. Black or African American-A person having origins in any of the Black racial groups of Africa.

4. Native Hawaiian or Other Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Micronesia, the Northern Marianas, or other Pacific islands.

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

Parents

Father's Name: _____			
Address:	City:	State:	Zip:
Home Phone:	Email: _____		
Work Phone:	Occupation:	Place of Employment:	
Highest Level of Education Completed:	<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> College

Mother's Name: _____			
Address:	City:	State:	Zip:
Home Phone:	Email: _____		
Work Phone:	Occupation:	Place of Employment:	
Highest Level of Education Completed:	<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> College



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Contact Information (Closest relative other than your parents)

Name:	Relationship	Phone:	
Address:	City:	State:	Zip:

Language Survey

Which language did your child first learn to speak? _____

Which Language does your child most frequently speak at home? _____

Which language do you most frequently speak to your child? _____

Which language do the adults in the home most often speak? _____

Special Education Information

(Please note: IEP's go ineffective after the student turns 22 years old. After that time the student will not be eligible for special services.)

Has your child now or even received any special services? (i.e. speech therapy, gifted, learning disabilities, personal social adjustment, mentally handicapped, occupational therapy, other) Yes No

If Yes, please list which services: _____

Does Your child have an active IEP? Yes No Can you provide a a recent copy of your child's current IEP? Yes No

What was the last date your child received special education services? Month _____ Year _____

I understand that the HLA is not equipped to service all special education needs. _____ (initial)

Authorization for Emergency Medical Treatment

Known allergies _____

Regular medications _____

Special instructions _____

Other conditions pertaining to health _____

I hereby give my consent to the staff members of HLA that in the event all reasonable attempts to reach my contact person have been unsuccessful...

1. to request medical or dental assistance or treatment which may be necessitated by participation in a school sponsored or related activity for the above mentioned student;
2. to administer any treatment deemed necessary by (preferred physician) Dr. _____, or in the event the appropriate physician/practitioner is not available, by another licensed physician or dentist; and
3. to transfer the above mentioned student to the hospital deemed most appropriate by emergency medical personnel.

Medical coverage is with (Insurance Company) _____

Policy # _____

****Parent/Guardian Signature**



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Student/Parent Compact

I understand that my placement in this program is voluntary and that I may be asked to leave the program if the guidelines are not met. I agree to cooperate with the instructors and others in this school.

I will follow all required rules and regulations as stated in my school handbook

I am responsible for my own transportation

No day care is provided and students may not bring children with them to class

I will not earn credit merely for attendance. The earning of credits is dependent on a successful score of 80% mastery of course objectives, which includes all assignments and post-tests.

Students exhibiting disruptive or disrespectful behavior to either staff or students of HLA will receive an immediate correction and one warning. Continuing disruptive behavior will result in expulsion from the program.

I am expected to use the time at the academy for learning. I understand that students who are frequently off task will be warned, and that failure to heed such warnings may result in dismissal from the program.

Violent or illegal behavior on the premises is grounds for immediate expulsion from the program.

*I am expected to be present for the annual school count days for a full 6.5 hour day as set by USD 210, in compliance with the Kansas State

*I will be present at the Hugoton Learning Academy to complete the yearly assessment tests as scheduled by the HLA Testing Coordinator.

*I will be to school on the first day, as set by the USD 210 calendar, and have all of my work completed by the last day of school. All incomplete work will either result in an "Incomplete" for the class, or the work given will be graded and a grade will be given based on the student's completed work.

(*) Indicates a time-sensitive requirement. The students and parents will be made aware of all upcoming important dates ahead of time.

Signature _____ Date _____

As a parent/guardian of this student, I understand that I am as much responsible for my students actions. It is my responsibility to keep track of my students progress and making sure they are abiding by the rules of the Hugoton Learning Academy.

As a parent/guardian, I will make contact with the Hugoton Learning Academy staff once a month to check on my students progress.

Parent/guardian signature (if student is under 18 years old) _____



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Acceptable Use Policy: Computers, Network, and Internet

(The HLA Acceptable Use Policy is affective for both distance and on-site students.)

The network is provided to conduct research and access course materials. Access to network services is given to students who agree to act in a considerate and responsible manner. Access is a privilege...not a right! That access entails responsibility. An inappropriate use will result in suspension or cancellation of internet privileges.

Internet access is to be used for projects generated by this academy. Computer use by persons not enrolled in HLA is not authorized. Students will not use network resources to access or transmit obscene or offensive material.

Students will not use network resources to facilitate illegal activity. Students will not use network resources for commercial activity or lobbying.

Students will respect the copyrights of all accessible information.

Students will not use network resources in order to harass, send hate mail, discriminatory remarks, or any other behavior deemed anti-social or activity detrimental to the public image of HLA.

Students will not stream audio or video. Music can be listened to via CDs brought from home. Any and all Internet publishing must be for educational purposes and consistent with the policies of HLA. HLA, its staff, and IT personnel of USD 210 reserve the right to monitor and edit the content of any and all published materials.

Students will not download and/or install any software or files (including MP3s) without the expressed permission of HLA or IT staff. HLA and/or IT staff reserve the right to uninstall any and all unauthorized software found without notification. This includes instant messaging software (Yahoo!, Chat, MSN Messenger, etc.).

IT personnel reserve the right to remotely monitor any workstation at any time and to remove a student's access if that student is found to violating any section of the Acceptable Use Policy.

Any violation may result in the loss of computer access as well as disciplinary and/or legal action including termination of enrollment. Users are considered subject to all local, state, and federal laws.

Student: *I have read the Acceptable Use Policy and will abide by the stated terms. I understand that a violation may result in the loss of network access and/or further disciplinary actions which can include immediate expulsion from the program. I release HLA, its staff, and IT personnel from any and all liability arising as a result of my use of network resources and I assume all responsibility for my use of network resources.*

Parent or Legal Guardian: As the parent or legal guardian of the student, I have read the Acceptable Use Policy and grant permission for the student to access network resources. I understand that the network resources of HLA are designed for educational purposes and that it is impossible for HLA to restrict all access to all unauthorized materials and I will not hold the HLA, its staff, or IT personnel responsible for materials acquired by the student from the network.

Student Signature _____ Date _____

Parent Signature _____ Date _____

HLA Representative Signature _____ Date _____