

Post Lottery Charter School Registration Packet



FAST FORWARD CHARTER HIGH SCHOOL

To register your student, please complete the following steps:

New Students:

Thank you for beginning your enrollment in FFCHS!

1. Complete ***all*** pages of this packet
2. Pay the general fee (if not qualifying for a fee waiver)
3. Turn in the following documentation:
 - Photocopy of student immunization record
 - Photocopy of student birth certificate
 - Photocopy of all transcripts from grades 9-11
 - General Student Fee (\$120) or fee waiver form

Returning Students:

Thank you for reenrolling in FFCHS!

1. Complete all pages of this packet (we need to update the information each year for our own records and to meet legal requirements). Return this packet and other materials.
2. Pay the general fee (if not qualifying for a fee waiver)
3. Turn in the following documentation:
 - General Student Fee (\$120) or fee waiver form

For registration questions please call the school office at: (435) 713-4255

Non-Discrimination Policy

Fast Forward Charter High School High admits students of any race, creed, color, national or ethnic origin, religion, sex, or disability to all the rights, privileges, programs and activities generally accorded or made available to students at FFCHS and does not discriminate on the basis of race, creed, color, national or ethnic origin, religion, sex, or disability in the administration of its educational policies, admissions policies, scholarship programs, extracurricular programs and other school-administered programs.

Fast Forward Charter High School Contract

STUDENT

1. Respect

I am aware that the only reason for attendance is to learn. I will respect all teachers and students, follow instructions, obey all school rules, and be willing to complete class assignments given me. I will remember that other students have come to learn and I must not distract them from learning.

2. Attendance.

I will attend school regularly.

3. Physical facility maintenance

I understand that our school facilities and equipment are costly to purchase and maintain. I will not deface, destroy, or otherwise waste that which has been provided for my benefit.

4. Law

I will respect civil law and school rules.

5. Physical Affection

I recognize and agree that any display of affection between students, on or in the immediate vicinity of the building will not be tolerated. This includes but is not limited to embracing, kissing, lap-sitting, etc.

PARENT

1. School Travel

I give my permission for my child to participate in travel for school-sponsored activities during and after school hours. Travel will be by school bus. I give permission for an appropriately licensed driver to transport my child.

2. School Activities

I give my permission for my child to participate in school-sponsored activities. These activities may include, but are not limited to: field trips, photo-shoots, off-campus lectures and classes, Lagoon trips, ski trips, water-ski trips, etc.

3. Attendance

I understand that it is the parents' responsibility to see that their child attends school. I know that by calling Fast Forward telephone number (713-4255) during school hours, I can find out if my child was in attendance that day. I also understand that when my child is absent due to illness or other reasons, I am responsible to either call the school or send a note to the school explaining that my child was absent with my knowledge. I also understand that my child will lose credits from class if his/her absences exceed 4 days per six-week term.

4. Parent Involvement at Fast Forward Charter High School

I understand that parent/teacher/student involvement is critical for my child's educational success. I agree to participate in the Fast Forward Parent Teacher Organization and related activities. I also agree to attend Parent/Teacher Conferences.

5. Release of Information

I hereby give my permission for Fast Forward Charter High School to request and receive any and all academic, special education, and behavioral records from my child's previous school.

6. I/we agree to all the above conditions and requirements.

Signature of parent/guardian

Date

Signature of student

Date

(My signature indicates that I agree to the above policies)

FOR SCHOOL USE ONLY

SSID#: _____ FFCHS#: _____
Date packet received from parent: _____
Student Orientation attended: __
Student start date: _____

FFCHS STUDENT INFORMATION

DEMOGRAPHIC INFORMATION:

Legal Name (as identified on birth certificate)

Birth Date

_____/_____/_____
Last First Middle

GRADE:

GENDER

Parent Main Phone #:

9 10 11 12

M F

Student Cell Phone #:

Student Address:

Street Address Apt # City State Zip Code

Ethnicity: (Please check one. Race and ethnicity information is required by State and Federal accountability programs.)

Are you Hispanic/Latino?

Yes

No

Race: (Please circle *one or more* of the following races for yourself)

Asian Black or African American Native Hawaiian or Other Pacific Islander White American Indian or American Indian

If Native American or Alaskan, List your Tribal affiliation in the box to the right:

LAST SCHOOL ATTENDED:

School Name City State

HOME LANGUAGE SURVEY: This information is helpful in order to provide meaningful instruction for all students and to communicate most effectively with parents.

1. Which language did your son/daughter learn when he/she first began to talk? _____
2. What is the primary language your son/daughter uses most frequently at home? _____
3. Which language do you most frequently use to speak to your son/daughter? _____
4. Which language is most often spoken by the adults at home? _____

Providing this information does not mean your child will be taught in his or her native language. This will help us find addition ways to help your child learn and provide extra programs or services as needed.

PARENT/GUARDIAN INFORMATION: Student's primary residence.

If parents are divorced or separated, please provide proof of: Shared custody Restraining order Single parent

#1

Name _____		<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt
Home Phone _____	Work Phone _____	<input type="checkbox"/> Father	<input type="checkbox"/> Uncle
Cell Phone _____	Pager _____	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Sibling
		<input type="checkbox"/> Stepfather	<input type="checkbox"/> Cousin
		<input type="checkbox"/> Grandmother	<input type="checkbox"/> Foster
		<input type="checkbox"/> Grandfather	<input type="checkbox"/> Other

Occupation _____

E-mail Address(es) _____

Employer and Address _____

#2

Name _____		<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt
Home Phone _____	Work Phone _____	<input type="checkbox"/> Father	<input type="checkbox"/> Uncle
Cell Phone _____	Pager _____	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Sibling
		<input type="checkbox"/> Stepfather	<input type="checkbox"/> Cousin
		<input type="checkbox"/> Grandmother	<input type="checkbox"/> Foster
		<input type="checkbox"/> Grandfather	<input type="checkbox"/> Other

Occupation _____

E-mail Address(es) _____

Employer and Address _____

NON-CUSTODIAL PARENT/GUARDIAN INFORMATION (Non-primary residence)

Check here if you would like to receive mailings for school information

Name _____	Home Phone _____	Work Phone _____
Mailing Address _____	City _____	State _____ Zip Code _____
E-mail Address(es) _____		

STUDENT HEALTH INFORMATION

Check here if there are no known health problems.

VISION

Known eye condition
 (Other than corrective lenses)
 Wears glasses Worn at all times
 Wears contacts Worn at all times

HEARING

Known hearing problem
 Uses hearing aid
 Has tubes in ears

ALLERGIES

Food
 Environmental
 Medicine

COMMENTS: _____

STUDENT HAS THE FOLLOWING CONDITIONS:

Does medication need to be administered during school hours? _____ YES _____ NO

Please provide signed *Physician's Authorization for Medication in School* form

Explanation: _____

Condition	Medication prescribed by doctor	Dosage	Administer during school hours?	
			YES	NO
<input type="checkbox"/> Asthma	_____	_____	_____	_____
<input type="checkbox"/> Epilepsy	_____	_____	_____	_____
<input type="checkbox"/> Fainting spells	_____	_____	_____	_____
<input type="checkbox"/> Diabetes	_____	_____	_____	_____
<input type="checkbox"/> Heart condition	_____	_____	_____	_____
<input type="checkbox"/> Migraines	_____	_____	_____	_____
<input type="checkbox"/> ADHD/ADD	_____	_____	_____	_____
<input type="checkbox"/> Other (specify)	_____	_____	_____	_____

Does student have severe allergies requiring an epi-pen? _____ YES _____ NO

Explanation: _____

Does student have any condition that may result in a classroom emergency? _____ YES _____ NO

Does student have a physical condition which limits participation in:

Classroom activity YES NO
 Physical Education YES NO

Explanation: _____

MEDICAL INFORMATION

In the event of a suspension, accident, or other emergency, when a parent or guardian is unavailable, I hereby authorize a representative of the school to make arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. Under such circumstances I further authorize the physician named below to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

_____ Physician	_____ Address	_____ Phone
_____ Health Insurance	_____ Provider Insurance ID #	_____ Hospital preference

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

_____ Parent/Guardian Signature	_____ Date
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****A signed medication release must be on file in the Office for any student taking medication (physician prescribed or over the counter) during school hours. This must be renewed yearly. Per Utah Education Code, students in possession of prescribed, over the counter, or illegal drugs for personal use, sale, or supplying another student are subject to suspension and/or expulsion.**

DENTAL INFORMATION

_____ Dentist	_____ Address	_____ Phone
_____ Insurance Provider	_____ Insurance ID#	

Emergency Contact Information (Do not include anyone listed under Parent/Guardian)

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

#1

_____ Name	_____ Home Phone	_____ Work Phone
_____ Relationship to child	_____ Cell Phone	_____ Pager/Other

#2

_____ Name	_____ Home Phone	_____ Work Phone
_____ Relationship to child	_____ Cell Phone	_____ Pager/Other

#3

_____ Name	_____ Home Phone	_____ Work Phone
_____ Relationship to child	_____ Cell Phone	_____ Pager/Other

SPECIAL EDUCATION – 504 PLAN – ESL/ELL SERVICES

Please check each of the instructional programs your child participated in at his/her previous school(s):

- SPECIAL EDUCATION:**
 - Resource Classroom** (part-time resource class/help)
 - Self-Contained Classroom** (full-time resource class/help)
 - Speech-Language Services**

- OTHER SERVICES:**
 - ESL/ELL** (English language learner/English as a second language)
 - 504 Plan** (Medical reason for services: _____)
 - Gifted and Talented Services**
 - Other:** _____

School(s)/grade level(s) at which services were received: _____

Area(s): Reading Writing Math Behavior Social Skills Other: _____

Please describe your student’s needs and relate any other information you feel may be helpful for us to know so we can provide appropriate supports designed to meet his/her unique needs: _____

If possible, please provide a copy of your child’s latest IEP (Individualized Education Program) and eligibility information so we can determine appropriate services and supports your student may require upon entry to FFCHS.

Please ***complete and sign*** this form.

SCHOOL(S) LAST ATTENDED: _____

I hereby request and authorize the PREVIOUS school _____ in the _____ School District to forward the confidential educational records of my student to:

**FAST FORWARD CHARTER HIGH SCHOOL
ATTN: SPECIAL SERVICES COORDINATOR
875 W 1400 N, LOGAN, UT 84321**

If you have any questions or concerns, please contact Kathy Anderson, Special Education and Assessment Director, at (435) 713-4255, ext. 203.

Parent/Guardian Signature

Date

Fast Forward Charter High School Acceptable Use Policy for Internet and Network Access

The goal of using the Internet is to provide support for the public education system. The Internet is a world-class tool for educators, students, and parents. It can provide many exciting educational resources and learning opportunities. Unfortunately, there are materials on the Internet that are controversial in nature that do nothing to promote the educational process. It is important that all who access the Internet demonstrate judgment on the information that they access. The following is prohibited:

1. Any use of the Internet for illegal or inappropriate purposes to access materials that are objectionable in a public school environment. Inappropriate use is defined as use in violation of the intended use of the Internet, to provide information to support the educational process. (e.g., Instant Messenger, chat rooms, steaming video, audio, Internet radio, file sharing, MP3 downloading, and burning copies of copyrighted CDs are prohibited).
2. Any use for commercial purposes, financial gain or political lobbying.
3. Access to the Internet without parental permission.
4. Any unauthorized use of the FFCHS network.

It is understood that FFCHS, Logan City School District, the Utah State Office of Education, and the Utah Education Network have no control of the information on the Internet. Some sites on the Internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive to some people. While the student will receive supervision and guidance while using the Internet, it is his/her responsibility to choose not to access materials that do not fit the goal of Internet use at FFCHS.

Students that break this Acceptable Use Policy may face one or all of the following consequences:

1. Loss of network / Internet access
2. Removal from class (timeout or conference)
3. Parent conference
4. Suspension from school for the remainder of the term
5. Expulsion from school for repeated violation
6. Civil and criminal charges filed against the student

I have read the Student Contract and the Internet Acceptable Use Policy and agree to all terms therein.

Student Signature

Date

I give permission for the student who has signed the above statement to have access to the Internet at Fast Forward Charter High School.

Parent/Guardian Signature

Date

DISCIPLINARY HISTORY FORM

This information is allowed under Utah Code 53A-2-208(3)(b)

STUDENT NAME: _____

Grade at time of action: _____

Please circle the appropriate answer:

1. Has your student ever been suspended from school? Yes No
2. Has your student ever been expelled from school? Yes No
3. Is there any disciplinary action pending concerning your student from his/her previous school of enrollment? Yes No

If you answered yes to any of the above questions, please provide details below. (Include school name, student's grade level at the time of the incident, approximate date of the incident, describe the incident for which the discipline was taken, and the type of discipline handed down by the school.)

I certify that the above information is true and complete:

Parent/Guardian Signature

_____/_____/_____
Date

ACKNOWLEDGEMENT OF SPECIAL NOTICES

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Fast Forward Charter High School (FFCHS), with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, in accordance with FFCHS procedures, FFCHS may disclose appropriately designated "directory information" without written consent, unless you have advised a FFCHS administrator to the contrary. The primary purpose of directory information is to allow FFCHS to include information from your child's education records in certain school publications.

Examples include, but are not limited to:

- a playbill showing your student's role in a drama production;
- the annual yearbook;
- honor roll or other recognition lists;
- graduation programs; and/or
- sports activity sheets such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Examples of outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks.

In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three categories of directory information: names, addresses, and telephone listings - *unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.*

If you do not want FFCHS to disclose directory information from your child's education records without your prior written consent, *you must provide written notification.* The release of information will be effective from the time the notice is received at FFCHS.

Directory information is designated by FFCHS as follows:

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Electronic mail address
- Photograph
- Degrees, honors, and awards received
- Date and place of birth
- Major field(s) of study
- Dates of attendance
- Grade level
- The most recent educational agency or institution attended

ACKNOWLEDGEMENT OF SPECIAL NOTICES (continued)

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

In compliance with Section 504 of the Rehabilitation Act (504) and the Americans with Disabilities Act (ADA), Fast Forward Charter High School will provide reasonable accommodations to qualified individual with disabilities. Students, parents or employees needing accommodations should contact their school ADA/504 Coordinator. In compliance with the Equal Educational Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is Fast Forward Charter High School policy to provide alternative language services to students with limited English Proficiency (LEP) so those with potential language barriers have a meaningful opportunity to participate in FFCHS educational programs. FFCHS provides English as a Second Language (ESL) instruction and other effective services to students who are identified as LEP by means of a thorough evaluation process. Parents or guardians who want to request alternative language services for their child should contact the Special Services Coordinator.

EQUAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITY

It is the policy of Fast Forward Charter High School to provide equal educational and employment opportunity for all individuals. Therefore, Fast Forward Charter High School prohibits all discrimination on the basis of race, color, religion, sex, sexual orientation, age, national origin, disability, or veteran's status. This policy extends to all aspects of Fast Forward Charter High School educational programs, as well as to the use of all Fast Forward Charter High School facilities, and participation in all school-sponsored activities.

CIVIL RIGHTS GRIEVANCE PROCEDURE

Complaints of discrimination should be filed with the individual's principal or supervisor and/or with the school Compliance Officer/EEO Coordinator according to the provisions of the School Civil Rights Grievance Procedure, copies of which are available at Fast Forward Charter High School. If the complaint is against the principal or supervisor, the complaint may be filed directly with the Compliance Officer/EEO Coordinator. The Compliance Officer/EEO Coordinator, who has been designated to monitor and coordinate Fast Forward Charter High School compliance with Title IX, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and all other applicable State and Federal civil rights laws, may be reached at the following address and telephone number: 2185 South 3600 West, West Valley City, Utah 84119, (801)886-8181. Complaints of discrimination should be reported as soon as possible, but no later than 90 days after the incident(s) in order to be effectively investigated and resolved.

Parent/Guardian Signature: _____



I give Fast Forward Charter High School my permission to use photographic images of my student, free of charge, in advertisements, publications, and/or websites.

Student's Name (please print)

Name of Parent or Legal Guardian (please print)

Signature of Parent or Legal Guardian

Request for Transfer of Records / Notification of Enrollment



Jill Lowe, Principal
875 West 1400 North
Logan, UT 84321
(435) 713-4255 Fax (435) 753-9615

_____, _____ (DOB) enrolled in the ____ grade at Fast Forward Charter High School on _____.

You have been identified as the student's last school of attendance. Please let us know if he/she has not yet officially withdrawn from your school.

In accordance with UCA 53A-11-504 *Requirement of school record for transfer of student - Procedures*, and 34 CFR 99-31 governing the permissible disclosure of education records without the written consent of the parent if the disclosure is to officials of another school in which the student seeks or intends to enroll, we request that this student's ***original cumulative file*** - including a certified copy of the student's transcript of credits, health/immunization record, discipline file, and U-PASS testing information be sent to us at your earliest possible convenience.

If the student left before the end of a grading term, please list the courses in which he/she was registered, grades at withdrawal, and whether he/she will earn partial or full credit for the courses. Also please enclose an explanation of your grading and credit award system to help us in determining his/her progress toward meeting graduation requirements at FFCHS.

If the student received special services, please also forward the ***original special education file***.

Our first priority is a ***record of immunization*** and a ***copy of the transcript*** with a credit evaluation and his/her schedule for the current school year in order to assist us with scheduling the classes this student requires for graduation purposes.

Thank you for your cooperation on behalf of maintaining the most appropriate educational services for all students.

FFCHS Registrar/Administrator

Date



EAST FORWARD CHARTER HIGH SCHOOL

Dear Parent or Guardian,

Since October 2009, Fast Forward Charter High School has been providing student access to UtahFutures, an on-line education and career planning system. UtahFutures was developed through the collaboration of the Utah State Office of Education, The Utah System of Higher Education, the Utah Department of Workforce Services, The Utah Library System, and the Utah State-wide GEAR-UP Grant.

In September 2014, students in grades 7 – 12 will have an opportunity to create an individual student profile that they can request to be connected to their local school. The steps, in order, are as follows:

- The student creates a profile with an individualized user name and password. The student will need to remember the answers to two security questions if he or she needs to recover that password. No one other than the student will have access to the password.
- As part of the student profile creation, the student can send a request to their local school to be connected to the school as a student.
- In order to complete the UtahFutures connection, a school counselor or other qualified educator at the school must accept the student's profile as a registered student at the school and
- The school must sign off that the student has permission, as outlined in the Family Education Rights and Privacy Act (FERPA) regulations, to create and use an individual profile : <http://www2.ed.gov/policy/gen/guid/fpco/index.html>
- If the school counselor or other educator declines the connection, the student will still be able to browse UtahFutures, but the student will not be able to save any assessment results, any scholarship search results, any college or university search results and any other critical information necessary for an effective PLAN for College and Career Ready.

Please be aware that the following information may be collected and stored as part of an individual student's profile:

- 1) Personalized resume, which can include home address and phone number, education and work history, interests, hobbies and extracurricular activities.
- 2) Results from the following interest and career assessments:
 - Reality Check—Reality Check is a career development activity that helps student envision their future and then evaluate how well their education and career goals will support that future vision.



EAST FORWARD CHARTER HIGH SCHOOL

- Career Cluster Inventory—Students rate 80 activities on how much they think they would enjoy doing them. Most of these activities are things they have done before. Answers are used to identify which of the 16 National Career Clusters a student might find most interesting.
 - Interest Profiler—Interest Profiler helps users identify interests and match them with a wide variety of careers. It doesn't tell users what they should be but organizes interests in six broad categories of work related to personality characteristics.
 - Work Importance Locator—Instead of questions, the Work Importance Locator uses twenty (20) cards with statements about different aspects of work. Users sort the cards into groups, based on how important the statement on each card is to the users ideal job - the kind of job the user would most like to have. There are five (5) levels of importance from Most Important to Least Important.
 - Entrepreneur's Assessment—The Entrepreneurial Career Assessment Form can help users learn more about entrepreneurs and more about themselves. By taking the assessment, users can gain insight into the differences between being self-employed and working for an employer.
- 3) Students may also save information regarding:
- Scholarship searches, including personal and family characteristics such as parent's level of education and any religious affiliations. This information will help student's access scholarships and information supportive of their background.
 - Post-high school education and training searches, including colleges, universities and other training programs, including "following" colleges and universities, and inviting them to make contact with the student. Student contact details will be anonymous to the colleges and universities.
 - Programs of study, including intended training after high school.
 - Occupations of interest, including top choices for future employment.
- 4) Students will need a valid e-mail address for the password recovery process. We recommend using school assigned student e-mail accounts or parent e-mail accounts.

Please indicate your permission for your student to use the elements of the student profile described above by signing and dating below. Be sure to include the name of the student and your relationship to the student.

Student Name (Please Print) _____

Your Name (Please Print) _____

Relationship to the student (Please Print) _____

Your Signature _____

Date _____