

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

Is this a permanent address? YES NO

Are you homeless? YES NO

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

<p>_____ Name</p> <p>_____ Home Phone</p> <p>_____ Cell Phone</p> <p>_____ Occupation</p> <p>_____ E-mail Address(es)</p> <p>_____ Employer and Address</p>	<p>_____ Mother</p> <p>_____ Father</p> <p>_____ Stepmother</p> <p>_____ Stepfather</p> <p>_____ Grandmother</p> <p>_____ Grandfather</p> <p>_____ Aunt</p> <p>_____ Uncle</p> <p>_____ Sibling</p> <p>_____ Cousin</p> <p>_____ Foster</p> <p>_____ Other</p>
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#2

<p>_____ Name</p> <p>_____ Home Phone</p> <p>_____ Cell Phone</p> <p>_____ Occupation</p> <p>_____ E-mail Address(es)</p> <p>_____ Employer and Address</p>	<p>_____ Mother</p> <p>_____ Father</p> <p>_____ Stepmother</p> <p>_____ Stepfather</p> <p>_____ Grandmother</p> <p>_____ Grandfather</p> <p>_____ Aunt</p> <p>_____ Uncle</p> <p>_____ Sibling</p> <p>_____ Cousin</p> <p>_____ Foster</p> <p>_____ Other</p>
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NON-CUSTODIAL PARENT/GUARDIAN INFORMATION (Non-primary residence)

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

<p>_____ Name</p> <p>_____ Mailing Address</p> <p>_____ E-mail Address(es)</p>	<p>_____ Home Phone</p> <p>_____ City</p>	<p>_____ Work Phone</p> <p>_____ State</p> <p>_____ Zip Code</p>
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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	(If YES – please fill out Asthma Action Plan Form)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Epilepsy	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fainting spells	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diabetes	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heart condition	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Migraines	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ADHD/ADD	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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



FAST FORWARD
CHARTER HIGH SCHOOL

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