



ST GEORGE ACADEMY
INDIVIDUALIZED UNIVERSITY PREPARATION

RETURNING DRAGONSLAYER REGISTRATION FORM 2021/2022

Student Name _____
Last First Middle

Preferred Name or nickname _____

Has your student ever been: Held back a grade Advanced a grade Home-Schooled

Student Grade for 2021-2022 School Year:

8th Grade 9th Grade 10th Grade 11th Grade 12th Grade

Birthday _____ Student Lives with:
 Male Both Parents Mother Only Father Only
Gender: Female Mother/ Father/ Guardian
 Non-Binary Stepfather Stepmother
Preferred Pronouns He/Him She/Her They/Them

Current Physical Address (no PO) _____
Street Address

City State Zip Code

Mailing Address _____
Street Address

Same as Physical Address
City State Zip Code

Ethnicity: Is the student Hispanic or Latino? Yes No
Race: Select all that apply. American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Asian Black or African American White

**Main Parent/
Guardian Contact**

Mother Father Guardian Custodial
 Non-Custodial

Name _____

Mailing Address

Address

Same as
student

City State Zip Code

Phone Number _____ Alternate phone Number _____

Workplace _____ Work Phone _____

Email Address _____

**Parent/ Guardian
Contact**

Mother Father Guardian Custodial
 Non-Custodial

Name _____

Mailing Address

Address

Same as
student

City State Zip Code

Phone Number _____ Alternate phone Number _____

Workplace _____ Work Phone _____

Email Address _____

**Parent/ Guardian
Contact**

Mother Father Guardian Custodial
 Non-Custodial

Name _____

Mailing Address

Address

Same as
student

City State Zip Code

Phone Number _____ Alternate phone Number _____

Workplace _____ Work Phone _____

Email Address _____

Emergency Contact

(someone other than above contacts)

- Mother
- Father
- Guardian
- Custodial
- Non-Custodial

Name _____

Mailing Address

_____ Address

Same as student

_____ City State Zip Code

Phone Number _____ Alternate phone Number _____

Workplace _____ Work Phone _____

Email Address _____

Is there a court decision that the non-resident or non-custodial parent should NOT receive school information or attend school activities? Yes No

If yes, please attach a certified copy of the court decision establishing a custody or guardianship and include those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge’s signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the Director of any subsequent modifications during the child’s tenure at the school.

What languages does the student currently understand? _____

First Language Spoken _____ Most used Language _____

Home Communication Language _____

St. George Academy Enrollment Survey

How did you hear about The Academy?

Why did you choose The Academy for your student’s educational experience?

Parent/Guardian Signature _____ Date _____

VOLUNTARY STUDENT INFORMATION QUESTIONNAIRE FOR MCKINNEY-VENTO HOMELESS ASSISTANCE ACT

This voluntary questionnaire is intended to address the McKinney-Vento Homeless Assistance Act 42 U.S.C §11431, *et.seq.* The Act requires that all homeless children and youths have equal access to the same free appropriate public education as provided to other children and youths, and to ensure all homeless children and youths an opportunity to meet the same challenging state standards to which all students are held.

The term “homeless children and youths” means individuals who lack a fixed, regular and adequate nighttime residence. Please answer the questions below to determine if the student is included in the definition, and is therefore eligible for the rights and services provided under the McKinney-Vento Homeless Assistance Act.

Submission of any false or misleading information is a violation of state law and may void this application and agreement.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the student sharing housing with other persons due to loss of housing, economic hardship, or similar reasons?
<input type="checkbox"/>	<input type="checkbox"/>	Is the students living in a motel or hotel due to the lack of alternative adequate accommodations?
<input type="checkbox"/>	<input type="checkbox"/>	Is the students living in an emergency or transitional housing?
<input type="checkbox"/>	<input type="checkbox"/>	Is the student living in a car, park, campground, public space, abandoned building, substandard housing, bus or train station or similar setting?
<input type="checkbox"/>	<input type="checkbox"/>	Is the students living in a primary nighttime residence that is a public or private place, not designed for or ordinarily used as regular sleeping accommodations for human beings?
<input type="checkbox"/>	<input type="checkbox"/>	Is the student seeking enrollment without an accompanying parent (not in foster care) living in one or more of the above described conditions?

If you answered **YES** to **ANY** of the above questions, please complete the remainder of this questionnaire.

Please notify the school if your living status changes.

Student Name _____ Date _____ Grade _____

Parent/Legal Guardian/Caregiver Information

Parent/Legal Guardian/Caregiver name _____

Relationship to student _____ Phone _____

Address _____

List all school age siblings of the above-named student residing with you:

Name	School	Grade

Parent/Legal Guardian/Caregiver Signature _____ Date _____

St. George Academy- Title I Services & Fee Waiver

Part A: Parent/Parent Information

Guardian Name _____

Address _____ Apt Number _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Email _____

Part B: Student Demographics

B.1 Check all that apply to your student:

<input type="checkbox"/>	First generation to attend college	<input type="checkbox"/>	Limited English proficiency
<input type="checkbox"/>	Refugee or immigrant	<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Student's first language not English		

B.2 Academically, my student is: Below Average Average Above Average

B.3 My student has a disability: Yes No

If yes, explain: _____

B.4 Student's first language: _____

Part C: SNAP & TANF

Does anyone in your household qualify for SNAP or TANF benefits? Yes No

If yes, fill out the table below:

Household Member	Case Number

St. George Academy- Title I Services & Fee Waiver

Part D: Student Information

Please list every child in your household currently attending a K-12 school:

Child Name	Date of Birth	School	Grade

Part E: Household Income

Please fill out the following information according to your household's income *last month*. Be sure to include *every* member of your household, including children. If the household member does not have an income, or the income type is unapplicable, use zero.

Household Member	Work Income	Child Support/ Alimony Income	Social Security/ Retirement Income	Unemployment/ Other Income

Parent/Guardian Signature _____ Date _____

DO NOT FILL OUT-School Use Only

Total Income: _____	Household Size: _____	Eligibility _____
Determining Signature: _____		Date: _____
Confirming Signature _____		Date: _____

2021 -2022 Permissions and Annual Acceptance Policy

St. George Academy asks each family to annually renew their understanding and commitment to the school's mission, vision, philosophy and policies. Please initial the following statements and sign below to show your acceptance and support.

- _____ I have read SGA's mission, vision and philosophy. I am committed to support SGA in the fulfillment of these goals.
- _____ I understand that all approved policies and procedures are available for review on our website (Student Handbook under the School Culture tab).
- _____ I understand that SGA does not provide transportation and that each family will need to provide their own transportation to and from school.
- _____ I understand that SGA does not provide lunch and that each family will need to provide lunch for their student every day.
- _____ I agree to notify SGA immediately of any information change including home address, phone number, email address, health status, and family status changes.
- _____ If my student is taking prescription medication that must be administered during the school day, I will complete the appropriate forms available in the school office.
- _____ I understand that SGA's communication with parents is primarily conducted digitally.

Parent/Guardian Signature _____ Date _____

Student Technology Use

- _____ I understand that internet use at SGA is a privilege and inappropriate or prohibited computer behaviors by my student(s) will result in a loss of network privileges, disciplinary action, and/or referral to legal authorities in appropriate situations.
- _____ I understand that prohibited use includes but is not limited to accessing obscene, pornographic, hate-inspired, illegal or other material that is deemed to be harmful to minors.
- _____ I understand the use of technology by my student to bully, cyber-bully, or intimidate other students is strictly prohibited. I understand that the use of technology to cheat, plagiarize or disrupt the learning environment is strictly prohibited.
- _____ I understand that all students are granted access to the internet, but all access to the internet through Academy resources is subject to the terms of the Technology Acceptable Use Agreement and Academy policy as outline in the Student Handbook.
- _____ I understand that if my student is in possession of a person device and violates any instructor policy or the Technology Acceptable use Agreement, my student will lose personal device privileges. Administration will confiscate the device and a parent or guardian will be required to retrieve the device from the Administration office.
- _____ I understand that students grades 10-12 at SGA will be provided a Chromebook for school use and students grades 8-9 will have access in their core classes. Students are responsible for keeping laptops in proper working order and notifying the school immediately in cases of loss or damage. Students are also expected to respect all school supplies, equipment, and property.

Parent/Guardian Signature _____ Date _____

School Directory Info

It is often requested to provide contact information of our students to parents wishing to contact other parents for various reasons. With your written permission we will include your information in our 2021/2022 St. George Academy Directory. This will be released only to SGA parents. No directory information will be used or sold for commercial purpose.

- No**, do not put any of our information in the directory.
- Yes**, do include the School Directory information including: Student Name, Parent Name, Address, Phone, Alt. Phone, Parent Email

Parent/Guardian Signature _____ Date _____

Media Release and Consent

I hereby give St. George Academy, their legal representatives, and assigns, the right and permission to copyright and/or use, publish, and reuse and republish pictures or portraits made of my students through any media and for purposes of marketing and publicizing of St. George academy.

I hereby release, discharge, and agree to save harmless the photographer, St. George Academy, representative, employees, or assigns acting under their direction to distribute the finished produce even through the finished product may be blurred, distorted, altered or used in composite form, either intentionally or otherwise.

I hereby waive any right to approve the finished photography and understand that these images will be used in social media and print forms, and I agree to hold blameless St. George Academy for the reactions of others in those forums who may see and comment on said images.

I have read the foregoing release, authorizations, agreement, before affixing my signature below and warrant I understand the contents thereof.

- No**, I do not consent to the Media Release and Consent.
- Yes**, I do consent to the Media Release and Consent.

Parent/Guardian Signature _____ Date _____

St. George Academy Medical Update 2021 -2022

Student Name _____

Primary Care Physician _____ Phone Number _____

Dentist _____ Phone Number _____

_____ In the event of an accident or other emergency, when the parent/guardian, or emergency contact is unavailable, I hereby authorize a representative of the school to make arrangements as he/she considers necessary for my student to receive medical or hospital care. I further authorize the physician or dentist above 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.

_____ In recognize that is the event of an emergency, the SGA will call an ambulance or paramedics if staff deems it necessary.

_____ I hereby accept financial responsibility for all accident/illness-related costs which are not covered by my health and/or accident insurance and I and agree to the emergency procedures outlined and give my consent to have my child receive first aid by school staff

Vision and Hearing

- | | |
|---|---|
| Known eye condition | Known Hearing Problem |
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Uses hearing aid or aids |
| <input type="checkbox"/> Wears Contacts | <input type="checkbox"/> Has tubes in ears |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Allergies

- | | |
|--|------------------------------------|
| Allergy Types: | Does your student carry an EpiPen? |
| <input type="checkbox"/> Food | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> No |
| <input type="checkbox"/> Other _____ | |

Special Dietary Restrictions? _____

Medical Conditions

Student has the following conditions:

Condition	Medication	Dosage	Administer during School?	
<input type="checkbox"/> Asthma			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Autism			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Epilepsy			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Fainting Spells			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Diabetes			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Heart Condition			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Migraines			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Mobility			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> ADD/ADHD			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you marked yes to any medication you will need to fill out a Medication Authorization Form. This must be renewed yearly.

Does your student have any condition which may result in a classroom emergency Yes No

Does your student have a physical condition which limits participation in physical activities? Yes No

Explain: _____

Parent/Guardian Signature _____ Date _____

**St. George Academy Parent/Guardian Permission for School
Counseling Services 2021 -2022**

As part of every students' experience at St. George Academy, the Dean of Students will routinely discuss issues related to academic planning and progress, career education and decision making, and personal/social development. Within the private setting of the counseling office, students may wish to discuss personal issues. The Utah Family Educational Rights and Privacy Act (Utah Code 53A-13-301/302) requires that school personnel have your consent prior to discussing these personal issues.

In order to build trust with the students, and maintain a family's right to privacy, the Dean of Students will keep information confidential with limited exceptions. If a student is deemed a threat to self or others then the parent/guardian will be informed along with appropriate personnel. If information is requested through a court ordered disclosure information may be shared. Information gathered during a counseling session may be shared with the Executive Director. Consultation may be sought with other professionals if additional support is needed. If you would like the Dean of Students to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an addition release of information form.

For further information, question or concern, please contact the Dean of Students, Ms. Jensen at 435-319-0105.

Please check only one below:

**Utah law requires a 2-week waiting period prior to counseling services being provided unless a student's parent/guardian agrees otherwise.

- I give consent** for my students to participate in school counseling services as outlined above immediately and thereby waive the 2-week waiting period.**
- I give consent** for my student to participate in school counseling services as outlined above but would like the services to begin 2 weeks from the below date.**
- I do NOT give consent** for my student to participate in the school counseling services as outlined above at this time.

Parent/Guardian Signature _____ Date _____