

APPLICATION FOR RE-ENROLLMENT FOR THE ACADEMIC YEAR 2020/2021

Deadline: NOVEMBER 29, 2019

FOR OFFICE USE ONLY

Date Received:

Service Fee \$175.00 /\$195.00

DEAR PARENTS;

*Thank you for your support of Beehive Science & Technology Academy. Due to limited space for the upcoming year, we ask each parent/guardian to fill out this re-enrollment form completely and return it **BEFORE** open enrollment begins on Monday December 2nd, 2019. Applications received unsigned, incomplete or after the deadline may not be considered for next year. Note: This application form is designed for current students but includes some information that needs to be updated since the initial application. There have been some changes in the enrollment process. Please review all documents!!*

Please return the re-enrollment packet in person along with:

- An up-to-date Record of Immunization (7th graders due by the first day of school)**
- PROOF OF RESIDENCE (Utility Bill)**
- \$195 Non-refundable Service fee in check or money order for consumable fees*. \$175.00 if paid by January 31, 2020, \$195 if received after January 31, 2020 or a completed fee waiver form.**
- FEE Waiver Application**

Do not e-mail your application for security purposes. BSTA is not responsible for lost e-mail.

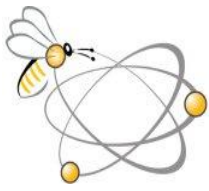
BEEHIVE SCIENCE & TECHNOLOGY ACADEMY

830 E 9400 S Sandy, UT 84094

www.beehiveacademy.org • contact@beehiveacademy.org

Phone: (801) 576-0070 **Fax:** (801) 618-4115

*BSTA admits students without regard to race, color, religion, gender, national and ethnic origin, or the presence of a medical condition or disability. *exceptions and restrictions apply (needs admin approval)*



RE-ENROLLMENT FORM FOR 2020-2021 ACADEMIC YEAR

Applicant's Name: _____ / _____ / _____
(Last) (First) (Middle)

Student's Current Grade Level: _____ **Grade applied for:** 7 8 9 10 11 12

Father's Name: _____ / _____ / _____
(Last) (First) (Middle)

Phone: _____ **Email:** _____
(Cell/Home)

Mother's Name: _____ / _____ / _____
(Last) (First) (Middle)

Phone: _____ **Email:** _____
(Cell/Home)

Residential address: _____
(Street & House/Apt. No.)

(City) (State) (Zip Code)

MAILING address: _____
(Street & House/Apt. No.)

(City) (State) (Zip Code)

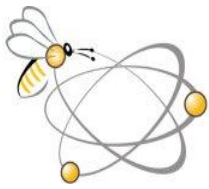
Does the applicant have a sister or brother who's an applicant also? No Yes

If yes, please write her/his name and grade applied for _____

I, the undersigned, hereby certify that, to the best of my knowledge and belief, the answers to the foregoing questions and statements made by me in this application are complete and accurate. I understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

Signature of Parent or Guardian

Date



MEDIA PERMISSION

From time to time, BSTA likes to showcase student work and classroom activities in our school newsletter, on our website, and other school-related publications as well as share our school's work with print and broadcast media as well as other parents. Please check the boxes next to the statements you give your permission for and sign below.

- GIVE** permission to BSTA to use my child's name, photography, and/or video image in school publications, video presentations, and on their website.

- DO NOT GIVE** permission to BSTA to use my child's name, photography, and/or video image in school publications, video presentations, and on their website.

- GIVE** permission to BSTA to use samples of my child's work credited with his or her name in school publications and on their website.

- DO NOT GIVE** permission to BSTA to use samples of my child's work credited with his or her name in school publications and on their website.

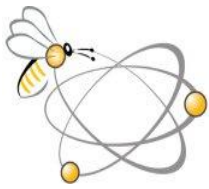
- GIVE** permission to BSTA to supervise the news media in the photography, filming, or interviewing of my child for the purpose of news article, television news, or radio program.

- DO NOT GIVE** permission to BSTA to supervise the news media in the photography, filming, or interviewing of my child for the purpose of a news article, television news, or radio program.

Name of Student

Parent Signature

Date



STUDENT RELEASE FORM

If you plan to have someone other than yourself pick up your child or in case of emergency, please fill out this form. ONLY PEOPLE NAMED ON THIS FORM WILL BE ALLOWED TO PICK UP YOUR CHILD. PLEASE MAKE SURE THAT THEY ARE AWARE THAT THEY MIGHT NEED TO SHOW PROPER IDENTIFICATION TO THE PERSON ON DUTY AND/OR TO THE RECEPTIONIST.

Name of Student: _____

(Last)

(First)

(Middle)

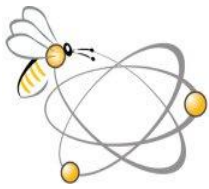
NAME OF PICKUP PERSON	PHONE #
Special Pickup Days or Instructions:	
NAME OF PICKUP PERSON	PHONE #
Special Pickup Days or Instructions:	
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Special Pickup Days or Instructions:	
NAME OF PICKUP PERSON	PHONE #
Special Pickup Days or Instructions:	
NAME OF PICKUP PERSON	PHONE #
Special Pickup Days or Instructions:	
NAME OF PICKUP PERSON	PHONE #
Special Pickup Days or Instructions:	
NAME OF PICKUP PERSON	PHONE #
Special Pickup Days or Instructions:	

By filling out this form, you authorize Beehive Science & Technology Academy to release your child to one of the above named persons. If you have any questions, please feel free to call the office at (801) 576-0070.

Name of Parent/Guardian

Signature

Date



STUDENT HEALTH HISTORY

Student Name: _____ **Birth Date:** ____/____/____
(Last, First, Middle)

The following information may be helpful in assessing a child’s health. If you do not wish to complete the entire form, you may wish to speak personally with one of our administrators. Has this child ever had any of the following? If “Yes” please give age at the time.

MEDICAL CONDITION	YES/NO	AGE	MEDICAL CONDITION	YES/NO	AGE
Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO		High Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Arthritis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Kidney Disorders/ Infection	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Migraines	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Attention Deficit/Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO		Mumps	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bleeding Disorders	<input type="checkbox"/> YES <input type="checkbox"/> NO		Osgood Schlatter’s	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Birth Trauma	<input type="checkbox"/> YES <input type="checkbox"/> NO		Pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Cerebral Palsy	<input type="checkbox"/> YES <input type="checkbox"/> NO		Rheumatic Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chicken Pox	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Cystic Fibrosis	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scarletina	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Developmental Delays	<input type="checkbox"/> YES <input type="checkbox"/> NO		Scoliosis/Curvature of Spine	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO		Seasonal Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Epilepsy/Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO		Sickle Cell Anemia	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ear Infections	<input type="checkbox"/> YES <input type="checkbox"/> NO		Strep Throat	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Frequent Colds	<input type="checkbox"/> YES <input type="checkbox"/> NO		Tonsillitis	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hearing Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Vision Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart Disease/ Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other (_____)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Please explain any “YES” answers (attach any applicable document): _____ _____					

• Is your child under a doctor’s care for a health condition? YES NO

Medications: _____

• Does your child have any health conditions that prevent participation in PE or other activities? YES NO

Explanation _____

• Has your child ever had a serious injury, illness, or surgery? YES NO

• Does your child wear contact lenses? YES NO

• Does your child wear glasses? YES NO

• Does your child routinely take over-the-counter or prescription medication? YES NO

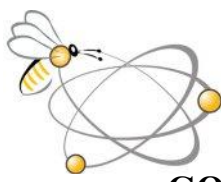
• Will your child need to take medication* during school hours? YES NO

* Students who are required to take any prescription medication during school hours must have on file with the school administration, a consent and request for medication during the school day form signed by the child’s doctor and parent or guardian. NO over-the-counter medication will be given to students. Parents MUST come to the school and administer over-the-counter medication.

Name of Parent/Guardian

Signature

Date



GOOGLE APPS FOR EDUCATION PERMISSION SLIP BEEHIVE SCIENCE & TECHNOLOGY ACADEMY

BSTA has created Google Apps for Education accounts for all students in grades 6---12. Students will have access to following Google services:

- Gmail (Email accounts will be restricted. Students will be allowed to exchange emails with teachers only. Email accounts will be closed to outside traffic.)
- Calendar (Students will be able to use Google Calendar. They can add/remove events on their calendar)
- Drive (Google Drive will be used by students to create, upload, download, and save their school work. All stored work will be accessible from home, school, and anywhere there is an Internet connection.)
- Classroom (This is a communication tool that will be used by teachers and students to exchange files and provide feedback on assignments.)
- Sites (Students will create a Google Site for their STEM projects.)
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Google Apps is a place for students to safely keep online communication and collaboration documents as they relate to school – school web sites, school documents, school videos, school calendars, and school email. It is not to be used for personal things. The email naming convention is `firstname.lastname@student.beehiveacademy.org`. Students will have training on how to use Google Apps for Education.

Responsible Use Guidelines

Teachers will make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning environment. All participants will respect the teacher's time and professionalism by supporting the same positive approach.

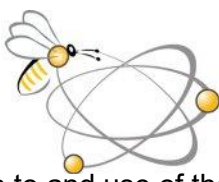
Students will adhere to the BSTA Acceptable Use Policy. All participants will be respectful in their postings and comments. No cyber bullying, inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, or threatening comments will be tolerated.

All participants must protect their login and password information. If participants suspect that a password has been compromised, they must notify the teacher immediately. No participant may share his/her login information or information about the site with anyone who is not a participant. This includes adding monitoring software or other means by which outsiders can access the site without permission.

Any participant who is aware of violations of this agreement by others must report these violations to the teacher immediately, either verbally or in writing.

Copyrighted material that is not cited in any student work will be deemed as plagiarism and discipline accordingly. Student users are strictly prohibited from accessing documents other than their own unless documents have been shared with them.

Students are also prohibited from using the Goggle Chat feature. BSTA reserves the right to access the Google system of user accounts when there is suspicion that unacceptable use has occurred.



Access to and use of the student's Google account is considered a privilege. BSTA maintains the right to terminate the access and use of their Google account when there is reason to believe that violations of law or district policies have occurred. The alleged violation will be directed to the building principal and addressed according to the procedures outlined in the student handbook.

I agree to the terms and conditions in this document, and permit my child to use Google Apps for Education.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian e-mail: _____

Student name: _____

Student Signature: _____ Date: _____