

Nawayee Center School Enrollment Application

2022-2023

2421 Bloomington Avenue South ♦ Minneapolis ♦ Minnesota ♦ 55404 - 612-721-1655



Our Mission:

Providing transformative education, grounded in indigenous life-ways and a love of learning.

Our Vision:

Inspiring a sense of place, and direction, within the circle of life from which students discover strength, purpose, and vision.

Center School will exemplify excellence in indigenous education.

Student's Name: _____

Grade level: _____

Minneapolis Public School Student ID#: _____

Minneapolis Public School District provides bus cards to those students living 2 or more miles from school

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Student's Name: Last _____ First _____ Middle _____			To be completed by School Official: Check the documents returned to the school. Students will not be enrolled in school until these forms are completed. <input type="checkbox"/> Application <input type="checkbox"/> Lunch Form <input type="checkbox"/> Student Intake Form School Official: _____ Start Date: ____ / ____ / ____																									
Student's Address: _____ Apt. # _____ City: _____ Zip Code: _____ County: _____ SSN# _____ Home Phone #: (_____) _____ - _____ Email _____ Cell Phone #: (_____) _____ - _____																												
Student's Birth Date: Month _____ Date _____ Year _____ Age: _____	Student's Birthplace: City: _____ State: _____ County: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female																										
Student's Ethnicity: <input type="checkbox"/> Native American Tribal Affiliation: _____ <input type="checkbox"/> Anglo/Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other _____																												
MPS Student ID Number: _____	Last Grade Completed: _____ Date Last Attended: ____ / ____ Last School Attended: _____ City: _____ State: _____ Zip: _____		Has student attended a MPS school in the past two years? Yes ___ No ___ If no, you must go to the MPS Student Placement Center before enrollment can be approved by Center School																									
Special Education Yes ___ No ___																												
Parent/Guardian's Legal Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div> Parent/Guardian's Address (if different from student): _____ City: _____ Zip Code: _____ County: _____ Home Phone #: (_____) _____ - _____ Work Phone #: (_____) _____ - _____ Name of the adult person(s) student lives with (if different than parent/guardian) _____ Relationship to Student: <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____																												
Emergency Contact Person: _____ Relationship: _____ Home Phone #: (_____) _____ - _____ Cell/message #: (_____) _____ - _____																												
Other Children in Household: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Last Name</th> <th style="width: 20%;">First Name</th> <th style="width: 20%;">Birth Date</th> <th style="width: 10%;">Sex</th> <th style="width: 30%;">School</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				Last Name	First Name	Birth Date	Sex	School	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Family Data

The following family data information does not impact enrollment at Center School. It is strictly confidential and is used to do the following:

- Determine student's eligibility for Educational Benefits (formerly known as free-or-reduced lunch) and bus cards
- Make programming changes to best meet student's needs

Annual Income: <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,001 - \$15,000 <input type="checkbox"/> \$15,001 - \$20,000 <input type="checkbox"/> \$ 20,001 and over	Economic Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your case number? _____
The name of the primary care clinic/hospital you use: _____	
Is the student currently taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list type(s) of medication(s): _____	

Student Criteria

Is the student? (check all that apply) <input type="checkbox"/> Pregnant <input type="checkbox"/> Parent <input type="checkbox"/> Currently on probation <input type="checkbox"/> Employed (circle one) ○ Part-Time or Full-Time <input type="checkbox"/> A year, or more, behind academically	Has the student ever been? (check all that apply) <input type="checkbox"/> Arrested <input type="checkbox"/> Placed in shelter or foster home <input type="checkbox"/> Been homeless in the last 6 months <input type="checkbox"/> On probation <input type="checkbox"/> Expelled from another school
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Parent/Guardian Authorization

I, _____, as the student's parent/guardian, authorize Center School staff to do the following:

- Seek medical care for my child in the case of an emergency; I accept the responsibility for any costs incurred not covered by insurance or medical assistance.
- Take my student on school field trips and outings during the year.
- Disclose confidential information to agencies and persons for school related purposes; I understand that information received, or disclosed, by the school shall be treated as confidential.

Parent/Guardian Signature

Date

Although Center School's focus is culturally specific, no one will be denied services based on race, creed, origin, or sexual orientation.

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Student Intake Form

All students and staff of **Nawayee Center School** operate under the same guidelines. Therefore, **in order to remain here**, all students and staff must adhere to the following behavioral expectations:

- ✧ *Be here on time.*
- ✧ *Respect all school personnel & property.*
- ✧ *Respect all students & staff physically, emotionally, and verbally.*
- ✧ *Be prepared to teach, learn, & participate.*
- ✧ *Be chemically free during school.*
- ✧ *Be and do your personal best.*

- **Cellphone use is prohibited during classtime.**
 - All cellphones must remain out of sight, either in a locked locker or holstered in a pocket, during classtime. Cellphone use is permitted only during passing times, lunch periods, and when otherwise specified by Center School staff.
- Nawayee Center School strives to be a *neutral, safe environment* for all students and staff; therefore, we ask that **no gang colors, bandanas, or non-cultural/religious head coverings be worn at school and/or school events.**
- Nawayee Center School **prohibits weapons, drugs, alcohol, and non-traditional use of tobacco on all school grounds and property.** For all student and staff personal protection, all students entering the building will be wanded for weapons and other prohibited items.

I, _____, *have read and agree to follow Center School's expectations.*
(print name)

Student Signature: _____

Date: _____

I, as a parent/guardian, agree to work closely with Center School staff to help ensure the success of my student.

Parent/Guardian Signature: _____

Date: _____

Administrator Signature: _____

Date: _____