

Enrollment Checklist

1. Fill out the application.
2. Complete all of the items in the checklist below for each student applying to the program.
 - Fax the documents to **800.878.9518** or
 - Scan and email your documents to KAldaho@kaplan.edu

If you have any questions or need assistance, please call us at **866.345.2909**.

Note: Students are not officially enrolled until all completed forms have been submitted, all additional required documentation for the student has been reviewed by the school Guidance Counselor, and it has been determined that the student meets the criteria for acceptance.

Checklist

- Student Application completed and signed (pages 2-4)
- Enrollment Acceptance form completed and signed (page 5)
- Agreement for Use of Instructional Property form completed and signed (pages 6 and 7)
- Family Educational Rights and Privacy Act (FERPA) Consent Form signed (page 8)
- Home Language Survey completed and signed (page 9)
- Proof of age (official copy of the applicant's birth certificate)
- Verification of residence in the State of Idaho is required to enroll in Kaplan Academy of Idaho. Acceptable verification must be in the parent/legal guardian's name. Driver's license or state-issued ID with current address required, PLUS one of the following: current unpaid utility bill, valid home owner's or property deed, residential lease, welfare documents from the Idaho Department of Health and Welfare, Social Security documents, or notarized rent verification statement.
- Student immunization records
- Transcript(s) for all high school credit earned to date (must include all transcripts for each grade completed)
- Discipline Behavior Report from last school attended
- If applicable, diagnostic exam results and copy of IEP or 504/508 plan

Student Application

Please fill out the following form and fax completed form to the Admissions Department at 800.878.9518.

Student Information

Legal Name: _____
Last First Middle

Preferred Name: _____ Gender: Male Female

Date Of Birth: _____

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: () _____ Alternate Phone: () _____

Email: _____

Ethnicity (optional): Prefer not to answer American Indian or Alaska Native Asian Black or African American
 Hispanic or Latino Native Hawaiian or other Pacific Islander
 White Two or more races

Ethnicity information is being collected for census data purposes only. You may choose "Prefer not to answer." It is the policy of Kaplan Academy of Idaho and Kaplan Virtual Education (KVE) not to discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and Title II of the Americans with Disabilities Act of 1990.

Grade entering in Fall 2009: 6 7 8 9 10 11 12

Previous School Information

Type of Last School: Public Private Home school Charter Parochial
 Combination public school/home school Not in school Other

Last School Name: _____ Last School Phone: _____
 Last School City: _____ Last School State: _____
 School District of Residence: _____ Student ID Number: _____

Parent/Guardian Information

Parent/Guardian 1: _____
Last First M.I.

Relationship to Student: _____ Legal Guardian? Yes No

Parent/Guardian 1 Mailing Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: () _____ Alternate Phone: () _____

Email: _____

Best time to contact Early Morning (8:00 am–12:00 pm ET) Morning to Midafternoon (12:00 pm–5:00 pm ET)
 Midafternoon (5:00 pm–8:00 pm ET) Early Evening (8:00 pm–11:00 pm ET)

Parent/Guardian 2: _____
Last First M.I.

Relationship to Student: _____ Legal Guardian? Yes No

Parent/Guardian 2 Mailing Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: () _____ Alternate Phone: () _____

Email: _____

Best time to contact Early Morning (8:00 am–12:00 pm ET) Morning to Midafternoon (12:00 pm–5:00 pm ET)
 Midafternoon (5:00 pm–8:00 pm ET) Early Evening (8:00 pm–11:00 pm ET)

Academic Placement Information

Does the student have access to a computer and printer? Yes No

Does the student have Internet access? Yes No

What is the primary reason for interest in our school? (Please select one)

- Greater one-on-one support and attention
- Option to progress through coursework at a different pace
- Alternative or supplement to home schooling
- Flexibility to pursue athletic, artistic, or other interests
- Ability to accommodate a physical condition or illness
- Convenience and accessibility needed for frequent travel or moving
- Flexibility to work while in school
- Dissatisfaction with local school
- Better course selection and opportunity to take courses or subject matter not offered at local school
- Chance to make up missing or required credits
- Alternative to traditional schooling—my child has been previously unsuccessful in or is not attending school
- None of the above
- Other

Check All That Apply to Student:

- Qualifies for free/reduced lunch Individualized Education Program Homebound LEP/ELL/ESL
- In gifted program Previously suspended Previously expelled 504/508 Plan
- None of the above

Comment Section

Provide any additional information you believe will help us meet the educational needs of your child.

Signing your name below and submitting this application indicates that:

- 1) All information contained in the application is complete and factually correct;
- 2) If the student enrolls, the student and parent/guardian will abide by the Student Handbook

Please be advised that the submission of this application does not guarantee acceptance into the school. There may be a limited number of openings available in the school.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____

Enrollment Acceptance

Statement of Education Equality

Kaplan Academy of Idaho does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age, or disability in admission or access to, or treatment or employment in, its programs and activities. For more information, please contact kacinfo@kaplan.edu.

Acknowledgement of Expectations

Please initial each of the following statements.

_____ I understand that I am enrolling my child in a public school with attendance requirements that he/she is expected to meet.

_____ I understand that public school enrollment includes participation in the required state testing program.

_____ I expect my child to have the guidance and support of a professional Instructor in implementing the Kaplan Academy of Idaho program.

_____ I understand that student progress is an expected part of the Kaplan Academy of Idaho program in addition to the attendance hours logged. Instructors will review progress and consider other factors, including parental input, when making student advancement or disciplinary decisions.

_____ I understand that I am required to participate in regular conferences with my child's instructor(s).

_____ I understand that if my student enrolls both my student and I will read and abide by the Student Handbook.

I verify that all of the information contained in the application, including, without limitation, the Student Application, is complete and factually correct.

Please accept this signed and completed document to enroll _____ (student's name) in Kaplan Academy of Idaho.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Agreement for Use of Instructional Property

Responsible Party is the parent or legal guardian of the Student, who is enrolling at Kaplan Academy of Idaho.

Kaplan Academy of Idaho has made arrangements to permit each Student to use certain instructional books and materials ("Instructional Property") to facilitate the Student's education while enrolled in Kaplan Academy of Idaho.

Responsible Party hereby agrees to the following:

1. **Term.** Responsible Adult's and Student's rights to use and possess the Instructional Property expire upon the Student's termination of enrollment. Notwithstanding the foregoing, Kaplan Academy of Idaho reserves the right to terminate any right to use of Instructional Property and take possession immediately if it has reason to believe that any term or condition of this Agreement is being violated. Responsible Party shall return all of the Instructional Property as instructed within five (5) days of the termination date in the same condition as delivered, normal wear and tear excepted.
2. **Ownership.** At no time shall legal title to or ownership of any of the Instructional Property vest in the Responsible Party or Student, who shall only have the rights to temporary use and possession as provided herein.
3. **Condition of Instructional Property.** Responsible Party agrees to fill out, sign, and return the Instructional Property Receipt Acknowledgment Form (to be enclosed with Instructional Property) to Kaplan Academy of Idaho to acknowledge receipt of the Instructional Property and to affirm that it is all in satisfactory operating condition upon receipt.
4. **Responsibility for Instructional Property.** Responsible Party must maintain the Instructional Property at the Responsible Party's residence set forth as the shipping address in the enrollment form unless Responsible Party provides thirty (30) days' written notice of any new address to Kaplan Academy of Idaho. Responsible Party shall be solely liable for any loss or damage to the Instructional Property until it is received back by Kaplan Academy of Idaho and shall take all reasonable precautions to protect it. Responsible Party agrees to inform Kaplan Academy of Idaho of any loss or damage to the Instructional Property from any cause whatsoever within three (3) days of the loss or occurrence of damage. Kaplan Academy of Idaho will provide the Responsible Party with a loss report form that will include provisions for the Responsible Party to pay for the lost or damaged Instructional Property and, upon receipt, will allow the replacement Instructional Property to be shipped.
5. **Maintenance and Repair.** Responsible Party is responsible for maintenance and repair of the Instructional Property while in his or her possession and will follow all instructions for Instructional Property requiring repairs or upgrades as directed by Kaplan Academy of Idaho Technical Support and the Warranty Agreement with the Original Equipment Manufacturer. Responsible Party is solely responsible for upgrading to new software versions when publicly available, obtaining and installing antivirus file updates, and overall maintenance of each software application provided.

6. Use of Instructional Property. Responsible Party agrees that: (i) Instructional Property may be used solely for the education of the Student while enrolled at Kaplan Academy of Idaho and not for the benefit of any other person or for any other purpose, (ii) all Instructional Property shall be used in accordance with Kaplan Academy of Idaho policies and rules and the manufacturer's instructions, (iii) each software application provided shall be subject to, and used in accordance with, the license and/or use agreement that accompanies that software application, (iv) all usage of the Instructional Property shall be subject to Kaplan Academy of Idaho policies and rules regarding Network/Internet use and protocol, (v) Responsible Party is solely responsible for ensuring that the software settings, default configurations, and administrative privileges are maintained at the original specified settings that the Instructional Property had upon delivery and will be liable for any resulting damage to the Instructional Property, any files, and/or other software applications if these default settings are changed or modified without explicit authorization from Kaplan Academy of Idaho Technical Support, and (vi) Responsible Party is solely responsible for keeping User IDs and passwords confidential to prevent unauthorized usage and understands that passwords should be changed on a regular basis.

7. General Indemnity. Responsible Party agrees to indemnify, defend, and hold harmless Kaplan Academy of Idaho and any sponsoring School District or Authority, their respective employees, officers, directors, agents, assignees, and all affiliated companies and/or entities ("Indemnified Parties") from and against any and all claims, actions, suits, proceedings, costs, expenses (including, without limitation, court costs and attorney fees), damages, obligations, judgments, orders, penalties, fines, injuries, liabilities, and losses arising directly or indirectly out of or in connection with any matter covered by this Agreement, other than those caused by Kaplan Academy of Idaho.

8. DISCLAIMER OF WARRANTIES. NO PARTY MAKES ANY WARRANTY OR REPRESENTATION, EITHER EXPRESS OR IMPLIED, AS TO THE VALUE, DESIGN, CONDITION, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE, OR FITNESS FOR USE OF ANY OF THE INSTRUCTIONAL PROPERTY. IN NO EVENT SHALL ANY PARTY BE LIABLE FOR ANY ACTUAL, INCIDENTAL, DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THIS AGREEMENT, OR THE EXISTENCE, FURNISHING, FUNCTIONING, USAGE, OR MAINTENANCE OF ANY INSTRUCTIONAL PROPERTY PROVIDED UNDER THIS AGREEMENT.

9. Insurance. Responsible Party agrees to maintain at his or her expense adequate insurance to cover damage to the Instructional Property by fire, theft, flood, explosion, accident, act of God, or other cause to the full replacement value of the Instructional Property and agrees that he or she will be financially liable for it regardless of the availability of insurance proceeds.

10. Miscellaneous. Responsible Party represents that he or she has the power to bind all of Student's parents or legal guardians, all of whom shall be bound by these terms. Responsible Party cannot amend this Agreement unless accepted in writing by an authorized representative of Kaplan Academy of Idaho. This Agreement shall constitute the entire agreement between the parties with regard to the Instructional Property and any prior understanding or representation of any kind shall not be binding on either party, except to the extent incorporated herein. The waiver of any right under this Agreement by either party shall not be construed as a waiver of the same right at a future time or a waiver of any other right under this Agreement. This Agreement shall be construed and enforced in accordance with the laws of the state of Idaho. The parties acknowledge and expressly agree to waive any and all rights to a trial by jury of any claim or dispute arising under this Agreement.

Student Name:

Parent/Guardian Signature:

Date:

Family Educational Rights and Privacy Act (FERPA) Consent Form

The Family Educational Rights and Privacy Act (FERPA) gives parents and students over 18 years of age ("eligible students") certain rights regarding the student's education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student's education records.

Kaplan Academy of Idaho and its designated curriculum provider, Kaplan Virtual Education (KVE), have found that to best serve the student's education needs, it is necessary to disclose a student's name and address to the following classes of vendors that provide important services related to a student's education. In all cases, these vendors will have agreed to ensure the confidentiality of the student's name and address and to not use the information for purposes other than that contracted to meet the student's education needs.

- Suppliers of educational materials for purposes of shipping to and from the student's home
- Customer care providers that handle support calls for KVE
- Internet service provider
- Companies that enter the student information into a computer database for use by school officials
- Speakers or presenters presenting or participating in synchronous Web-conferencing sessions
- Computer professionals that host and maintain KVE's student account management systems
- Other contractors and subcontractors that Kaplan Academy of Idaho and/or KVE identify as necessary to providing education services

To best serve the student, Kaplan Academy of Idaho requests the following parental consent to disclose the student's name and address to the specified class of contractors.

I hereby agree that my student's name, address, and other information as necessary, be provided to the above identified contractors to ensure that Kaplan Academy of Idaho can best meet my student's education needs.

Student's Name:

Parent/Guardian Signature:

Date:

HOME LANGUAGE SURVEY

TO BE COMPLETED BY PARENT OR GUARDIAN

The following information is to be completed for each student who enrolls for the first time in Kaplan Academy of Idaho. This survey shall be kept in each student's permanent record folder. This form is for informational purposes only and is used to help us communicate better with our students' families. Students will still be required to take the annual Idaho English Language Assessment. Please do not leave any question unanswered.

Student's Name: _____ Birth Date: _____

Student Grade _____

1. Which language did THE STUDENT learn when he/she first began to talk? _____
2. What language does THE STUDENT use most frequently at home? _____
3. What language does THE PARENT OR GUARDIAN use most frequently to speak to the student?

4. Name the languages in the order most often spoken BY THE PARENTS OR GUARDIANS at home:
 - a) _____
 - b) _____
 - c) _____
5. Do you feel that THE STUDENT can communicate in English?
 Understands: Y N Reads Y N
 Speaks Y N Writes Y N
6. If a language other than English is indicated on any line above, can THE STUDENT communicate in that language?
 Language: _____ Language: _____

Understands: <input type="checkbox"/> Y <input type="checkbox"/> N	Reads <input type="checkbox"/> Y <input type="checkbox"/> N	Understands: <input type="checkbox"/> Y <input type="checkbox"/> N	Reads <input type="checkbox"/> Y <input type="checkbox"/> N
Speaks <input type="checkbox"/> Y <input type="checkbox"/> N	Writes <input type="checkbox"/> Y <input type="checkbox"/> N	Speaks <input type="checkbox"/> Y <input type="checkbox"/> N	Writes <input type="checkbox"/> Y <input type="checkbox"/> N

 Language: _____

Understands: <input type="checkbox"/> Y <input type="checkbox"/> N	Reads <input type="checkbox"/> Y <input type="checkbox"/> N
Speaks <input type="checkbox"/> Y <input type="checkbox"/> N	Writes <input type="checkbox"/> Y <input type="checkbox"/> N
7. Has the student attended school in the United States? Y N
 If yes, what was the beginning date (month and year)? _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____