

Enrollment Checklist

Instructions

1. Fill out the online 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 kacoinfo@kaplan.edu

If you have any questions or need assistance, please call us at 866.879.1029.

Note: Students are not officially enrolled until all completed forms have been submitted and all additional required documentation for the student has been reviewed by the District Coordinator (Garrick Frontella).

Checklist

- Student online application completed and signed
- Completed Additional Student Information Form (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)
- Signed Family Educational Rights and Privacy Act (FERPA) Consent Form (page 8)
- Home Language Survey (page 9)
- Proof of age (document must be a certified copy of official Birth Certificate)
- Verification of residence in the State of Colorado is required to enroll in Kaplan Academy of Colorado. Acceptable verification must be in the parent/legal guardian's name. Driver's license or State 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 Colorado Division of Human Services (CDHS), Social Security documents, or notarized rent verification statement.
- Student Immunization Records
- Transcripts for any high school credit earned to date (must include all transcripts for each completed grade)
- Discipline Behavior Report from last school attended
- If applicable, Diagnostic Exam Results and copy of IEP or 504 plan

Additional Student Information Form

Student and Family Information

Student Place of Birth (State or Country) _____

Student Resides With: (Please check all that apply)

Mother Name _____ Phone _____

Email _____ IM _____

Father Name _____ Phone _____

Email _____ IM _____

Stepmother Name _____ Phone _____

Email _____ IM _____

Stepfather Name _____ Phone _____

Email _____ IM _____

Other Name _____ Relation _____

Phone _____ Email _____ IM _____

Mailing Address: _____
Street Address *Apartment/Unit #*

Home Phone: *City* () _____ *State* _____ *Zip Code* _____
 Alternate Phone: () _____

Email: _____

Emergency Contacts

If a parent cannot be reached, we will attempt to contact one of the following people in the order listed below. Please list two emergency contacts.

First Emergency
Contact's Name: _____ Relationship to Student: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Second
Emergency
Contact's Name: _____ Relationship to Student: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Miscellaneous Information

Has your child attended a school in this district (Rifle, Silt, or New Castle) before? Yes No

If yes, which school(s) and when? _____

From (Month/Year): _____ To (Month/Year): _____

Previous School: _____ Number of Years Attended: _____

School Address: _____
Street Address *City* *State* *Zip*

Phone *Fax*

Academic Placement Information

Year and Grade Level in which student was most recently enrolled in a Colorado Public School:

Year _____ Grade Level _____

Year and Grade Level in which student was most recently enrolled in a United States Public School:

Year _____ Grade Level _____

How many full academic years has your child attended school in the United States? _____ Years

Has your child ever had remedial reading assistance? Yes No

If so, at what grade level(s) did he/she receive reading assistance?

Has your child ever received remedial math assistance? Yes No

If so, at what grade level(s) did he/she receive math assistance?

Has your child ever been in a speech program? Yes No

If so, at what grade level(s) did he/she receive speech assistance?

Has your child ever been in any special education program? Yes No

What type of special education program was he/she enrolled in?

Has your child ever been in a special or adaptive physical education program? Yes No

Has your child ever been in a program for the talented and gifted? Yes No

Has your child ever been retained? Yes No

If so, what grade level was repeated?

Has your child ever been expelled from school? Yes No If yes, when? (MM/DD/YYYY)

Is your child currently detained in the juvenile justice system? (response optional) Yes No

Is your child currently pending a trial and may be placed in the juvenile justice system? (response optional) Yes No

Enrollment Acceptance

Statement of Education Equality

Kaplan Academy of Colorado 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 kacoinfo@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 understand that my child will be expected to attend school at the Kaplan Academy of Colorado learning center a minimum of one day per week if my student is enrolled full-time.

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

_____ I understand that it is my responsibility to coordinate with Kaplan Academy of Colorado to arrange for my child's full-time student transportation to and from the learning center at a minimum of one day per week.

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

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

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

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

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

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 Colorado.

Kaplan Academy of Colorado 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 Colorado.

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 Colorado 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 Colorado 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 Colorado. Responsible Party shall be solely liable for any loss or damage to the Instructional Property until it is received back by Kaplan Academy of Colorado and shall take all reasonable precautions to protect it. Responsible Party agrees to inform Kaplan Academy of Colorado 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 Colorado 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 Colorado 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 Colorado 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 Colorado 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 Colorado 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 Colorado 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 Colorado 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 Colorado.

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 Colorado. 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 Colorado. 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.

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.

Garfield School District Re-2 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 your 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 Garfield School District Re-2 and/or KVE identify as necessary to providing education services

To best serve the student, Garfield School District Re-2 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 Garfield School District Re-2 can best meet my student’s education needs.

Parent/Guardian Signature: _____ Date: _____

The following information is to be completed for each student that enrolls for the first time in any Kaplan Academy of Colorado. This survey shall be kept in each student’s permanent record folder. This information is used to help us communicate better with our students’ families and help us identify students that need to be assessed for English language proficiency to determine eligibility for additional instructional programs and services. Please do not leave any question unanswered.

Home Language Survey

The following information is to be completed for each student that enrolls for the first time in any Kaplan Academy of Colorado. This survey shall be kept in each student's permanent record folder. This information is used to help us communicate better with our students' families and help us identify students that need to be assessed for English language proficiency to determine eligibility for additional instructional programs and services. Please do not leave any question unanswered.

Name: _____ Birth Date: _____

Student Grade: _____

Use the Language Code Guide on the next page to answer questions 1-4 and 6. Write the language code and name.

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: Y N Reads Y N Understands: Y N Reads Y N
Speaks Y N Speaks Y N

Language: _____

Understands: Y N Reads Y N
Speaks Y 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: _____

This form must be signed by the parent or legal guardian to release student records.

This form authorizes Kaplan Academy of Colorado to:

Obtain Records

Release Records

Student's Name While Attending School: _____

Student's Date of Birth: _____ Dates of Attendance: _____ to _____

Name of Parent or Legal Guardian: _____

Student's Legal Address: _____

Street

City

County

State

Zip

Home Phone: _____ Alt: _____

Previous School: _____

School's Address: _____

Street

City

County

State

Zip

School's Phone: _____ Fax: _____

Please select the documents requested:

Transcripts

Immunization and Health Records

Standardized Test Scores

Behavior Records

Psychological Assessments

Confidential Files

Special Education Documents (including but not limited to IEP, 504 Plan, gifted and talented, etc.)

Mail Records to: **School**

Other

Select One

Attn: Garrick Frontella

Garfield Re-2, Center for Integrative Studies

703 Railroad Avenue

Rifle, CO 81650

By signing below I authorize, the release of my child's records to or from the school and/or district stated above.

Parent Guardian Signature: _____

Date: _____