



Enrollment Packet 2026-2027

- Enrollment is between 9:00 a.m. – 2:00 p.m. Monday through Friday.
- Upon enrollment, student must be at least 16 years old, no more than 21 years old and have previously been in the 9th grade.
- If a student was expelled from a previous school, parent/guardian must bring the expulsion letter. At that time, a determination regarding enrollment will be made by the Director.

Documents needed¹ to enroll 16- or 17-year-olds:

- ✓ - Parent/Guardian and student must be present at time of enrollment
- ✓ - Parent MUST HAVE ID and student MUST HAVE STATE ID
 - Court-ordered custody papers, if applicable
- ✓ - Birth Certificate
- ✓ - Social Security Card
 - Providing a student's Social Security Card/number is voluntary as the social security number may be used as a student identification number.
- ✓ - Complete shot (immunization) records from birth to present
- ✓ - Current month LIGHT or GAS bill ONLY (from address at which the student is living)
 - * Official transcripts from last and previous schools attended
 - * Withdrawal letter at time of enrollment

Documents needed¹ to enroll 18 to 21-year olds:

- ✓ - Student MUST HAVE STATE ID or DRIVERS LICENSE
 - Court-ordered custody papers, if applicable
- ✓ - Birth Certificate
- ✓ - Social Security Card
 - Providing a student's Social Security Card/number is voluntary as the social security number may be used as a student identification number.
- ✓ - Complete shot (immunization) records from birth to present
- ✓ - Current month LIGHT or GAS bill ONLY (from address at which the student is living)
 - * Official transcripts from last and previous schools attended
 - * **MUST HAVE** withdrawal letter at time of enrollment

MUST HAVE ALL DOCUMENTS and a **COMPLETED APPLICATION** to be accepted for enrollment.

¹Students who meet the definition of homeless as defined by the McKinney-Vento Act (lack a fixed, regular, adequate nighttime residence, are sharing the housing of another person due to loss of housing, economic hardship or similar reason, or are living in emergency or transitional shelters or abandoned in hospitals) shall be admitted with or without any of the afore-mentioned required documentation. Migrant students, while not always homeless, may also meet the definition of homeless under McKinney-Vento and will be evaluated on a case-by-case basis. Furthermore, students displaced by weather disasters shall be served like any other students and may come to us without parents or guardians, documents, records, paperwork and other items typically required for enrollment in school. These students must be enrolled immediately despite the lack of records and documents. The school's homeless liaison will be able to assist you with any of these issues.



Students living with parent(s) **MUST** have proof of residence (1 required per board policy) with a parent name and address of where parent lives

Students declaring they are independent **MUST HAVE BOTH** proof of residence (1 required per board policy) AND proof of income (paystub from current job or government assistance).

Acceptable Forms for Proof of Residence

1. Monthly Utility Bill or Receipt of Utility Installation (Electric, Water, Gas, Sewage)
 - Cell phone bills are **NOT** accepted
 - Must be within 90 days of enrollment date
2. Signed Lease/Rental Agreement/Renter's Insurance Declaration Page
 - Must contain street address (a P.O. Box address cannot be used)
 - Lease/Rental Agreement must be dated and include lessor and lease names and signatures and the length of lease
3. Monthly Mortgage Statement/Deed/Property Tax Bill/Home Owner's Insurance Declaration Page
 - Must contain street address (a P.O. Box address cannot be used)
 - Must be dated within 90 days of enrollment date
4. Paycheck/Paystub
 - Must contain street address (a P.O. Box address cannot be used)
 - Must be dated within 90 days of enrollment date
5. Monthly Bank statement
 - Must contain street address (a P.O. Box address cannot be used)
 - Must be dated within 90 days of enrollment date

Note: In certain unique situations, additional forms of documentation may be acceptable as proof of residency should you be unable to provide one of the above.



ENROLLMENT / FILE CHECKLIST

Please initial and/or provide the date each document was received. Please mark items N/A for items that are not needed for specific students.

- _____ Enrollment Application Form
- _____ Proof of Residency
- _____ Birth Certificate
- _____ Copy of Photo ID or current picture
- _____ Custodial/Guardianship Paperwork
- _____ Transcripts
- _____ Immunization Records
- _____ Emergency Medical Form
- _____ Home Language Survey
- _____ Media Release Form
- _____ FERPA Consent/Confidentiality and Communication Consent
- _____ CBI Form
- _____ Title I Compact
- _____ FES Consent Form
- _____ Request for Records
- _____ Free/Reduced Lunch Form
- _____ Student has been enrolled in CFLX900 Group
(CFLXCBI900/CFLXCBI901/CFLXCBI902, CFLXCBI903)

Additional Documents Collected:

- _____ Alternative Assessment Questionnaire
- _____ Enrollment Info Sheet
- _____ Notarized Letter
- _____ Caretaker/Grandparent Affidavits

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OFFICE USE ONLY

Date Rec'd _____
Session _____
Orientation Date _____
SSID # _____

ENROLLMENT APPLICATION

Please print in blue or black ink

School Year _____

STUDENT INFORMATION

Date _____

Name of Student _____

First

Middle

Last

Address _____ Apt.# _____ City _____ Zip _____

Primary Parent Phone # _____ Alternate Phone # _____ Email _____

Social Security # (optional) _____ - _____ - _____ Last 4 numbers of SSN (if full number not provided) _____ (required)

Birth Date _____ Gender: [] Male [] Female

Birthplace _____

City

State

Country

Native Language _____ U.S. Citizen? [] Yes [] No If no, list nationality _____

Student Ethnicity:

1. Is the student of Hispanic/Latino heritage? [] Yes [] No (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race)

2. Ethnicity (choose one):

- [] Asian [] American Indian or Alaskan Native [] Black or African American [] Native Hawaiian or Pacific Islander
[] White [] Multi-racial (If Multi-racial is selected, please check two (2) or more Race groups below)

3. Race (if #2 above is Multi-racial, please check two (2) or more of the following):

- [] Asian [] American Indian or Alaskan Native [] Black or African American [] Native Hawaiian or Pacific Islander
[] White

STUDENT'S FAMILY DATA

PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING CATEGORIES

Who has legal custody of the student?

Marital status of the student's parents:

- [] Both Parents [] One Parent (Mother or Father) [] Married
[] Mother & Stepfather* [] Father & Stepmother* [] Separated
[] Foster Care [] Guardian [] Divorced
[] Ward of the State [] Other: _____ [] Never Married
[] Independent (Self-Supporting)

* Only choose Mother & Stepfather or Father & Stepmother if BOTH the parent and stepparent have legal custody of the student and documentation can be provided.

Type of custody?

- [] Full Custody Do you have a court order restricting the non-custodial parent(s)? Yes No N/A
[] Shared/Joint Custody Do you have complete custody papers? [] Yes [] No [] N/A

A complete set of custody and/or guardianship papers must be on file with the school

Legal Mother/Guardian Name: _____

Mother's Maiden Name _____ Social Security # XXX-XX-_____ (last four digits)

Legal Father/Guardian Name: _____ Social Security # XXX-XX-_____ (last four digits)



Does the student have any children? Yes No If Yes, how many?

Will the student need daycare for their child? Yes No

Is the student presently reporting to a probation officer? Yes No * **Please Note:** Responding Yes will **NOT** exclude the student from admission

If yes, will the student need an enrollment letter from the school for his/her probation officer? Yes No

Probation Officer/Social Worker Name: _____ Phone: _____

Does the student have diabetes? Yes No

Does the student require the use of an inhaler? Yes No

Does the student's household have access to high-speed internet? Yes No

Please list any devices with internet capabilities the students consistently has access to and can use for educational purposes:

STUDENT'S PREVIOUS EDUCATION

Does the student have a current or active Individualized Education Plan (I.E.P.)? Yes No

Did the student ever have an I.E.P.? Yes No If Yes, what school year and at which school? _____

If Yes, please provide a copy of the student's I.E.P. and Evaluation.

What year did student start 9th grade: _____

<u>List of Previous Schools</u>	<u>Yrs. Attended</u>	<u>Grade Level</u>	<u>Outcome</u> (Suspended/Expelled/Dropped Out)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional information that would be helpful for the school to know: _____

PARENT/GUARDIAN INFORMATION

The following information should be completed referring to parent(s), guardian(s), and/or grandparent(s) with who the student resides:

Parent/Guardian: _____
Last First

Parent/Guardian: _____
Last First

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Work or Cell Phon Number: _____

Work or Cell Phone # _____

Email Address: _____

Email Address: _____

Preferred Session: _____



PARENT/STUDENT CONTRACT

We have read and understand all of the information contained in the Parent/Student Handbook. By signing below, I/we agree to abide by and support the Great Oaks High School rules and regulations, including the Code of Conduct and all other policies, as outlined in the Parent/Student Handbook. Although the Parent/Student Handbook reflects the current policies of Great Oaks High School, it may be necessary to make changes from time to time to best serve the needs of our school and its students.

STUDENT SIGNATURE _____
Signature *Date*

I hereby state that the information provided in this document is true and current. I am the legal guardian or custodian of this student.

PARENT/GUARDIAN SIGNATURE (if student is under 18 yrs. old): _____
Signature *Date*

For Office Use Only

- Provided proof of immunization (As required by the Iowa Department of Health)
Note: Immunization requirements must be met or student will be excluded on the 15th day
- Provided birth certificate Provided proof of residency
- Emergency Medical Authorization Free/Reduced Lunch and/or Income Verification
- Parent/Guardian Sign Offs: ___Request for Records, ___FERPA, ___CBI, ___Title I Compact, ___FES, ___Info Release
- Provide proof of independence (paystub, W2)

ENROLLMENT DETERMINATION:

- ENROLLMENT - COMPLETE:** The student **MAY BE ENROLLED**, meets requirements of residency, guardianship, immunizations and age (birth certificate), and proof of independence, if applicable
- ENROLLMENT WITH CONDITIONS:** The student **MAY BE ENROLLED**, but must provide proof of immunization within 14 days. At that point, student may not continue to attend school until proof of immunizations is provided. After 24 days (105 hours) of non-attendance, the student will be automatically withdrawn.

DEADLINE DATE: _____

- ENROLLMENT POSTPONED:** The student does not meet all requirements and **MAY NOT BE ENROLLED**, and must do the following prior to admittance:
 - Provide birth certificate Provide proof of residency
 - Provide proof of custody/guardianship Provide proof of independence (paystub, W2)

DEADLINE DATE: _____

ENROLLMENT OFFICIAL (Please Print First and Last Name) _____

Great Oaks HIGH SCHOOL admits students of any race, creed, color, handicapping condition, or sex. Furthermore, there will be no discrimination in the admission of students to Great Oaks High School on the basis of race, creed, color, handicapping condition, or sex. Admission preference and lottery requirements are further detailed in the Parent/Student Handbook.



EMERGENCY MEDICAL AUTHORIZATION

Student's Name: _____ Age: _____
Address: _____ Apt.#: _____
City: _____ Zip Code: _____ Phone: _____

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for their child who becomes ill or injured while under the school's authority when parents or guardian cannot be reached.

Residential Parent or Guardian

Mother's Name: _____ Daytime Phone: _____
Father's Name: _____ Daytime Phone: _____
Other's Name: _____ Daytime Phone: _____
Name of relative or childcare provider (other than parent): _____

PART 1 OR PART 2 MUST BE COMPLETED

Part 1 - Grant Permission

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____
Medical Specialist: _____ Phone: _____
Local Hospital: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful I hereby give my consent for (1) the admission of any treatment deemed necessary by above named doctor; or the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists concur in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Parent/Guardian Signature: _____ Date: _____

Part 2 - Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Great Oaks High School authorities to take the following action:

Parent/Guardian Signature: _____ Date: _____

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Iowa schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
<p>Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>		<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>		<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>	
<p>Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>		<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year</p>	
<p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p>			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/docs/dcl-factsheet-el-students-201501.pdf>

(Appendix A, continued)

*****COMPLETED BY SCHOOL EMPLOYEE*****

1. **Check.** Confirm the following statements related to the administration of Iowa’s language usage survey:
 - The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
 - The district or school informed the parent(s) or guardian(s) of the form’s purpose. The language usage survey only is used to understand students’ linguistic experiences and educational background.
 - The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
 - For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
 - Results of the language usage survey are kept with the student’s cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

<p>Student’s native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p>Student’s home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<input type="checkbox"/> Yes. Assess the student’s English proficiency. <input type="checkbox"/> No. Do not assess the student’s English proficiency.
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district



Media Release/Student Information Form

TO BE COMPLETED BY PARENT, GUARDIAN or ADULT STUDENT (Please print clearly):

Name of Participating Student

Age

Great Oaks High School

School

Des Moines IA

50313

City

Grade

I/we understand that as part of my/our child's attendance at Great Oaks High School ("School"), photos, videos, and quotations may be taken for use in publications and reports about the program. I/we further understand that members of the news media invited to cover the program may take photos, videos and quotations.

I/we grant permission to the School and its Board of Directors, Management Company, employees, agents and representatives to use such materials for the promotion of the program and to use this student's name, photographic likeness, alone or in a group, in any publication, document, TV production, video or to release said name or likeness to any media outlets including, but not limited to, newspapers, magazines or TV stations for publicity and/or recognition purposes and/or to use this student's name and/or photographic likeness, alone or in a group, on the official website of the School and/or Management Company.

I agree that I and/or my child shall have no right, title, or interests in any photo or videotape covered by this agreement and waive any right to compensation for such use. I release the School, its Board of Directors, the Management Company, employees, agents, representatives and all organizations and individuals related to the School from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness as described above.

Signature of Parent/Guardian

Date

Signature of Student (if 18 years old)

Date



FERPA Consent:

The Family and Educational Rights and Privacy Act (FERPA) provides parents and students over 18 years of age ("eligible students") certain rights regarding the student's educational records. In order to serve the student's educational needs, Great Oaks High School may find it necessary to disclose a student's name and address to a vendor to provide them with the appropriate learning solutions. These vendors agree to the confidentiality of the student's name and address and will not use such information for any purpose other than those required under their vendor contract with Great Oaks High School. I hereby agree that my student's name and address may be provided to these entities to ensure that Great Oaks High School can best meet the educational needs of my student.

Confidentiality and Communication Consent:

As the parent/guardian, I agree to allow Great Oaks High School personnel the right to contact me or my student in any manner of communication that pertains to the student's academic well-being. This may include, but is not limited to: Director, Assistant Directors, Teachers, Family Advocate, Employability Specialists, Administrative Assistants, and EMIS/Student Data Specialists. This information will remain confidential except in cases where there is an ethical and or legal responsibility to limit the above said confidentiality.

Signature of Parent/Guardian

Date

Signature of Student (if 18 years old)

Date



CAREER BASED INTERVENTION PROGRAM INFORMATION

As a Student at Great Oaks High School, you will be participating in a Career Based Intervention Program. This Program allows the Student to earn high school credits for time spent at work. In order to receive the appropriate amount of credits for work, the Student must regularly provide the School with employment information including but not limited to the name and address of the employer, the amount of time worked per pay period, the date of termination/last date worked, and efforts made to obtain new or previous employment. Failure to provide appropriate documentation will prevent the Student from earning the corresponding credits. All Students are required to complete all regular academic coursework. Additionally, Students under the age of 18 must have a valid work permit.

STUDENT AND PARENT CONTRACT FOR CAREER BASED INTERVENTION

The Career Based Intervention (CBI) Program is designed to give students the opportunity to complete their education while learning the obligations of the world of work. The success of students in the CBI Program is dependent upon their desire to improve. There are definite responsibilities the STUDENT must agree to carry out before being enrolled:

As a condition of enrollment into the Great Oaks High School Career Based Intervention Program, I, _____, agree to the following conditions:

- 1) To be in school every day and on time unless excused from school.
- 2) If in a paid work experience, to be at work on time and to miss work only if excused by the employer, school, or parent.
- 3) If it is necessary to miss a scheduled shift at work, the student agrees to notify the employer in a timely and courteous manner, prior to the time that the student was supposed to begin working his or her shift.
- 4) The Student must notify the School immediately of any school or work problems and accept the designated staff member's counseling, guidance, and any reassignments or adjustment of the Student's work experience.
- 5) The Student must exercise good personal hygiene and be properly dressed and groomed per the direction of the School and the Student's employer.
- 6) The Student must understand that s/he may be dropped from the program if s/he cuts a class, lies, cheats, steals, fails a class, or is fired from a paid work experience.
- 7) The Student must report to any work experience in a timely manner and not loiter around the School once dismissed for the day.
- 8) The Student must assume the responsibility of transportation to and from his or her work experience.
- 9) The Student agrees to make an honest effort to succeed in all academic subjects and at work and to perform all academic and work obligations in a manner that will reflect positively on self and Great Oaks High School.
- 10) The Student agrees to immediately notify the School of any changes in employment, rate of pay job description, full or part time work status, and residency.
- 11) The Student understands that not fulfilling any of the above conditions may result in dismissal from the CBI Program and or loss of credits.



The Great Oaks High School's Career Based Intervention Program affords the Student the ability to attend school for a shorter time period each day than the required four and one-half hour session. ONLY STUDENTS WHO ARE REGULARLY WORKING MAY TAKE ADVANTAGE OF THIS PRIVILEGE. IF A STUDENT IS NOT REGULARLY WORKING, THE STUDENT MUST ATTEND THE FULL 4.5 HOUR SESSION.

By signing below the Student acknowledges that s/he will be participating in the Great Oaks High School's Career Based Intervention Program, and that s/he will comply with the rules and regulations of the Program.

Signature of Student

Date

I, _____, the Parent/Guardian fully understand and agree with the goals, program requirements, and rules of the Great Oaks High School's Career Based Intervention Program. I will fully cooperate with the school to accomplish the goals and to ensure that the requirements are met and the rules are adhered to by my Student.

I give my permission for my Student, to participate in the Career Based Intervention Program at this school.

Signature of Parent/Guardian

Date

**Great Oaks High
School Title I
Compact**

What is a “school-parent compact?”

Each Title I, Part A School must jointly develop, with the parents of children served under Title I, Part A, a school-parent compact as a component of its written parental involvement policy. A school-parent compact is a written agreement between the school and the parents of children participating in Title I, Part A programs that identifies the activities that the parents, the entire school staff, and the students will undertake to share the responsibility for improved student academic achievement, in addition, the school-parent compact outlines the activities that the parents, school staff, and students will undertake to build and develop a partnership to help the children achieve to the State’s high academic standards.

What information and opportunities must schools provide parents of children participating in Title I, Part A programs?

Schools served under Title I, Part A must provide to parents of participating children, in a timely manner, information about the programs, funded by Title I, Part A. That information must include:

- A description and explanation of the school’s curriculum;
- Information on the forms of academic assessment used to measure student progress; and
- Information on the proficiency levels students are expected to meet.

Upon the request of parents, schools must provide the opportunities for regular meetings for parents to formulate suggestions and to participate, as appropriate, in decisions about the education of their children. The school must respond to any suggestions as soon as practicably possible.

The School, the students, and the parents of the minor students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State’s high standards.

This school-parent compact is in effect during the 2026-2027 school year.

The purpose of this Compact, found in Section 118 of Public Law 103-382, is to build and foster development of the school-student partnership to help all students achieve the State of Iowa’s high standards. Parent/Guardians, students, and teachers will share the responsibility for improved student achievement.

Each student is responsible for his or her own academic progress in mastering the necessary skills in order to complete the academic program at Great Oaks High School.

The school will provide high-quality curriculum and instruction in a supportive and effective environment that enables all students to meet the State’s student performance standards.

The school will provide students and parents of minor children with reports on their children’s progress.

The school will provide parents with opportunities to volunteer, observe, and participate in their child’s learning.

The school will provide reasonable access to staff through parent/teacher conferences and consultations.



**Great Oaks High
School Title I
Compact**

STUDENT AGREEMENT

Communication between the Student and the School staff is important. As a student who has responsibility for his or her own education, I will attend the daily sessions on a regular basis and do all that is asked of me at the School to the best of my abilities.

I, _____ agree to Title I service for myself and that I will be responsible for supporting my learning in the following ways:

- Attending school regularly and punctually
- Being prepared to learn by being well-rested, fed and dressed according to the Great Oaks High School dress code each day
- Being prepared to learn by bringing the necessary supplies and learning tools to class each day
- Working on learning activities including computer-based learning, teacher-led, and vocational education to the best of my abilities
- Asking questions when I do not know something
- Supporting the school in efforts to maintain proper discipline
- Respecting all school staff, my fellow students, and the cultural differences of others

Signature of Student

Date

FAMILY REPRESENTATIVE AGREEMENT

Communication between the home and the School staff is important. As a parent or adult who has responsibility for the above-named student, I will attend at least one parent/teacher conference during which this Compact will be discussed as it relates to my child's achievement. I will read each progress report and talk to my child about the progress report. I understand that I will have reasonable access to my child's teachers, and will be able to observe classroom activities.

I, _____ agree to Title I service for my child and that I will be responsible for supporting learning of my child in the following ways:

- Reading Progress Reports
- Discussing Progress Reports with my child
- Participating in parent/teacher conferences
- Monitoring my child's school attendance
- Assisting my child in learning to resolve conflicts in positive ways
- Supporting the school in efforts to maintain proper discipline
- Respecting all Great Oaks High School staff and students, and the cultural differences of others
- Assuring that my child is prepared to learn by being well-rested, fed and dressed according to the Great Oaks High School dress code each day and that he/she has the necessary supplies and learning tools to class each day

Signature of Family Representative

Date



Family Education Services

Parent/Guardian Consent for Individual and Group Services

Your permission is requested for your child to participate in individual advising sessions and group activities. This time will be used to discuss ideas, behaviors, feelings, attitudes, and opinions of the student.

Because advising is based on a trusting relationship between the Advocate and the student, the FES Advocate will keep the information shared in the sessions confidential except in certain situations in which there are an ethical and/or legal responsibility to limit confidentiality. In the following circumstances you will be notified.

1. If the child reveals information about hurting himself/herself or another person.
2. If the child reveals information about child abuse.
3. Other situations that ethically and/or legally compel disclosure.

By signing this form I give my informed consent for my child to participate in individual advising sessions and group activities. I understand that

1. This time will be utilized to strengthen interpersonal skills, discuss feelings, share idea, practice new behaviors, and build self-esteem.
2. Anything that is shared during this time will be kept confidential by the Family Advocate except in the above-mentioned cases.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Student _____ Date _____

Return to _____

REQUEST FOR RECORDS (Entering Students)

➡ ➡ TO: _____
(previous school)

➡ ➡ A. You are authorized to release the following records for:
Student's Name: _____
Age: _____ DOB: _____
Date Requested: _____

- B. Specific Data to be Released: (Please indicate with X)
- | | |
|---|--|
| <input checked="" type="checkbox"/> Directory Information | <input checked="" type="checkbox"/> Official Transcripts w/ Seal |
| <input checked="" type="checkbox"/> Health Records | <input checked="" type="checkbox"/> OGT Scores (Scaled & Raw) |
| <input checked="" type="checkbox"/> Permanent/Cumulative Records | <input checked="" type="checkbox"/> Fees / Obligations owed |
| <input checked="" type="checkbox"/> Pupil Personnel Services/Special Ed | <input checked="" type="checkbox"/> Other: IEP / MFE |

- C. Reason for Request: (Please indicate with X)
- Enrollment
 To aid in present and future educational decisions
 Other: _____

➡ ➡ _____

Student's Signature	Date
_____	_____
Parent/Guardian's Signature (if student is under 18 years of age)	Date
_____	_____

Please return requested records to address listed below

**Great Oaks High School
 Attn: Student Registrar
 100 E Euclid Ave
 Des Moines, IA 50313
 (515) 207-5026 (phone)**