

BULTUM ACADEMY

2024-2025 ENROLLMENT PACKET

Please Note: Completing the enrollment packet requires that the student must first complete the Student Application form and be admitted because schools cannot collect any information about a student other than contact information before the students are enrolled in the school.

STUDENT INFORMATION: (Please use uppercase letters when filling it out)

First Name: _____ Middle Name: _____ Last Name: _____

Please check: Male or Female

Date of Birth (MM/DD/YYYY) _____ **Grade** Entering in **September 2024:** _____

Primary Address: _____ City: _____

Zip: _____ Primary Phone: _____ Primary Email: _____

With Whom Does the Student Reside? _____ Relationship: _____

Please list other children living in the home:

Name	Fall 2022 Grade	Applying to BULTUM Academy Yes or No

* According to Minnesota statute 124.E11, a charter school shall give preference for enrollment to a sibling of an enrolled student and to a foster child of that parent and may give preference for enrolling children of the school's teachers before accepting other students by lottery. For this purpose, we request that you list above all children who are currently enrolled and have applied for enrollment at BULTUM Academy.

LEGAL GUARDIAN #1:

First Name: _____ Last Name: _____

Relationship to student: _____

Include for Mailings? Yes No

Address (If different from student):

City: _____ State: _____ Zip: _____

Home Phone (If different from student): _____

Mobile Phone: _____ Work Phone: _____ E-mail: _____

LEGAL GUARDIAN #2: (if applicable):

First Name: _____ Last Name: _____

Relationship to student: _____

Include for Mailings? Yes No

Address (If different from student): _____

City: _____ State: _____ Zip: _____

Home Phone (If different from student): _____

Mobile Phone: _____ Work Phone: _____ E-mail: _____

Please answer the following questions regarding the student. Has the student moved to the United States from another country? No _____ Yes _____

If Yes, Country: _____ If yes, date the student first entered the United States

Month/Day/Year: _____ If yes, date the student first attended school in the United States

Month/Day/Year: _____

EMERGENCY CONTACT # 1 - SOMEONE OTHER THAN PARENT / GUARDIAN:

If your child becomes ill at school or if school closes for an emergency please list someone who can care for him/her if we are unable to reach parents/guardians.

First Name: _____ Last Name: _____ Relationship: _____

Phone: _____

EMERGENCY CONTACT # 2 - SOMEONE OTHER THAN PARENT / GUARDIAN

First Name: _____ Last Name: _____ Relationship: _____

Phone: _____

Racial Ethnic Information:

The following data is collected for the purpose of compliance with federal and state civil rights laws. Parents/guardians or age-appropriate students are asked to identify student's ethnicity and race.

Part A – Federal. Is student Hispanic/Latino (a)? (Choose one)

- No, not Hispanic/Latino(a)
- Yes, Hispanic/Latino(a)

Part B – Federal. What is student's race? (Choose one or more)

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

Part C - State. Please identify a category that best describes student's race and or ethnicity (Choose only one)

- Hispanic or Latino;
[A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.]
- American Indian/Alaskan Native; [Persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition]

Asian;

[A person having origins in any of the original peoples of the Far East, Southeast Asia or Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.]

Black or African American;

[A person having origins in any of the Black racial groups of Africa]

Native Hawaiian/Other Pacific Islander;

[A person having origins in any other original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.]

White; or

[A person having origins in any other original peoples of Europe, the Middle East, or North Africa]

Two or more races

HOMELESS STATUS:

This following information is used to ensure the educational rights and protection for students experiencing homelessness. A homeless individual is one who: (1) lacks a fixed, regular and adequate nighttime residence and (2) includes: (a) children and youths are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelter; are abandoned in hospitals; or are awaiting foster care placement; (b) children and youths who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; and (c) children or youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. You are not required to complete the information in this section of the form. If you choose not to complete this section there may be a delay in the provision of services. Teachers, school leaders, and the Minnesota Department of Education (MDE) will have access to this information.

Is the student considered homeless?

Yes No

If the student is considered homeless, what district and school did the student attend prior to becoming homeless?

If the student is considered homeless, what district and school is currently serving the location where the student is temporarily living?

PREVIOUS SCHOOL ENROLLMENT INFORMATION:

Has the student ever been enrolled in a school before?

Yes No

List Previous Enrollment (List the most recent)

School #1:

School District Name:

School Name: _____ City _____

Grade(s) Enrolled: _____

Withdraw Date: _____

SPECIAL SERVICES:

Does the student have an IEP (Individualized Education Plan)? Yes No

If yes, what is the student's primary disability (if applicable) (Check all that apply)?

- Autism Spectrum Disorders
- Developmental Cognitive Disability
- Developmental Delay
- Deaf/Hard of Hearing
- Emotional/Behavior Disorders
- Other Health Disorders
- Physically Impaired
- Specific Learning Disability
- Speech/Language Impairments
- Traumatic Brain Injury
- Visually Impaired

If your student's disability was not listed above or if you feel more explanation is necessary at this time, please describe. Please feel free to include your student's most recent IEP and evaluation with enrollment documents.

Does the student have a 504 Education Plan? Yes No

Please feel free to include your student's most recent 504 Plan with enrollment documents.

Does your student currently receive ELL (English Language Learner) services? Yes No

Is the student currently enrolled in a Gifted/Talented program? Yes No

Has the student ever been expelled from a previous school? Yes No

The information provided above is current and represents accurate information about the student.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

NOTE TO PARENTS:

▪ In order to enroll for kindergarten, students must turn 5 on or before September 30th of enrollment year. ▪

Lottery will be conducted in accordance to our enrollment policy if applicable.

BULTUM Academy will provide equal educational opportunity for all students and will not unlawfully discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, and parental status, status with regard to public assistance, disability, sexual orientation or age. Moreover, BULTUM Academy also makes reasonable accommodations for students with disabilities.

I hereby request that all educational, special education, health records and reports now on file concerning the following student be released to BULTUM ACADEMY, a Minnesota public charter school district #4270.

STUDENT INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth (MM/DD/YYYY): _____ Grade Enrolling 2022-2023: _____

Start Date: _____

SCHOOL INFORMATION

School the child is leaving: _____

School Address: _____

School Phone: _____ School Fax: _____

The following records are requested: *(Please send entire student records file.)*

- MARSS #
- Official School Records (transcript, progress reports, attendance and behavior records, and ELL scores) • Grades for the current year and at the time of the withdrawal
- Numerical equivalent for letter grade (if applicable)
- Health and Immunization Records
- Athletic physical card
- Special Education Records, including IEP, Evaluation Report and Progress Report
- 504 Plan
- Achievement and Intelligence Tests scores
- Psychological Records/ Consultations
- Students behavioral and discipline records

I hereby authorize and grant permission for the release and transfer of the above-mentioned records:

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____ Date: _____

BULTUM Academy sends and requests copies of student records when a student transfers into or out of the school, in compliance with the Family Educational Rights and Data Privacy Act of 1974 and the Minnesota Data Practices Act. Please mail the requested information and direct all inquiries to **Bultum Academy**.

Bultum Academy

Address: 1555 40th Ave NE, Columbia Heights, MN 55421

Phone: 763-568-4659 Email: bultumacademy@gmail.com

I hereby give my permission, as the parent/legal guardian of _____
_____ for the use and reproduction by BULTUM Academy of the video footage, photographs, voice recordings, or printed material in which my child's image, voice, or statements appear. I understand that the use of the participant's image, voice, or words will be primarily for the following purposes:

- Internal teacher learning - videos and teaching guides used and viewed as a learning tool for BULTUM Academy and other instructional faculty or school leaders;
- BULTUM Academy's website, Facebook and marketing materials; and
- Media purposes approved by BULTUM Academy's leadership including, but not limited to, television, newspaper, or radio pieces published or produced about BULTUM Academy.

I hereby waive any right that I may have to inspect or approve the finished video or photographic product that may be used in connection herein.

By signing this media release form, as my **Student's Parent/Legal Guardian, I hereby assign, transfer, or otherwise convey all rights, titles and interests in and to the video, photographs, or media pieces created**, including without limitation all copyrights and other intellectual property rights therein. There is no time limit on the validity of this release nor is there any geographic specification of where these materials may be distributed.

In signing this form, I hereby release any and all actions and claims which I, my family members, our heirs, executors, or administrators may have against BULTUM Academy, any and each of its Board of Directors, and their employees, representatives, agents, successors and assigns, arising for any reason whatsoever from the use, publication, distribution, or re-publication of words and/or images gathered during this activity.

I warrant that I am at least eighteen (18) years of age and acknowledge that I have thoroughly read and understand this Waiver and Release Form.

Print Name Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____ Date: _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Print Student's Full Name: (Last, First, Middle)	Birthdate AND Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> Language (s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> Language (s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> Language (s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> Language (s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staffs who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

STUDENT HEALTH FORM

Student's Name: _____ Birthdate: _____

Parent/Guardian: _____ Grade: _____

Cell Phone: _____ Home/Work Phone: _____

	YES	NO
Is there anything you wish to discuss with the school about your child's physical or emotional health?	_____	_____

Is there any physical and/or emotional reason that your child may need special consideration in the classroom or do you anticipate any adjustments in his/her school program?	_____	_____
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Does your child have any of the following: Allergy to food or medication?	_____	_____
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If yes, what? _____

Ongoing health conditions we should be aware of?	_____	_____
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Explain: _____

Diabetes?	_____	_____
Seizures?	_____	_____
Asthma?	_____	_____

Is medication taken for any condition at home (including asthma inhalers)?

Name of medication: _____

Do you anticipate your child taking medication during the school day? <i>(If yes, additional documentation is required)</i>	_____	_____
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Other physical problems, such as vision, hearing, speech, special shoes, etc.?	_____	_____
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Explain: _____

Does the child have a history of hospitalizations?	_____	_____
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Reason: _____

History of behavior concerns?	_____	_____
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Explain: _____

Does the school have the most recent copy of your child's immunization records? (MANDATORY BEFORE ATTENDANCE)	_____	_____
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Is there anything else that relates to your child's health that we should know?	_____	_____
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Explain: _____

PARENT SIGNATURE: _____ RELATIONSHIP: _____

PRINT PARENT NAME: _____ DATE: _____

Administration of Medication

Student Name: _____ Birth date: _____

Please complete the information below for Physician Order/Authorization and Parent/Guardian Request for Administration of Medication by School. This form **MUST** be completed for both prescription and over-the-counter medications. Prescription medications must be current and clearly labeled with the student's name and Doctor's contact information.

For Medication Administered in the School by Designated Staff

Medication: _____ Dose: _____

Time of Administration: _____ Frequency: _____

Other directives: _____

For treatment of: _____

Possible side effects: _____

Last date to be given: _____ Medication Allergies: _____

Print Physician Name: _____ Phone: _____

Physician Signature: _____ Date: _____

I, the parent/guardian, request this medication be given as prescribed. I release school personnel from any liability in the administration of this medication at school. I understand that I am responsible for communications with the health care providers ordering this medication.

I understand that this medication will not be administered by a school nurse.

Parent/Guardian Signature: _____ Date: _____

Print Parent Name: _____

Home Phone: _____ Work Phone: _____

To promote safety for your child, medication information may be shared with school personnel working

GUARDIANSHIP/CUSTODY DOCUMENTATION

PARENT/GUARDIAN:

Each year, school districts are faced with concerns dealing with guardianships and custody as they relate to emergencies; pick up of children, visitation, and phone calls from parents not having custody.

Please complete this form only if it applies to you.

Student's Name: _____

Legal Guardian(s):

Name _____ Address _____

_____ Phone _____

Spouse/Relative Not Having Custody or Primary Custody:

Name _____ Address _____

_____ Phone _____

Can the relative not having custody (or primary custody) see the child/children at school, pick them up at school, see their records, talk to them on the phone, send mail or gifts to be given to them at school?

Yes ____ No ____ Comments: _____

If the children are living with you, and you do not have legal custody, the school will need authorization from the legal custodian for emergency medical care. Please have the legal guardian indicate below if permission is granted.

I authorize emergency medical care for the above children. YES ____ NO ____

Legal Guardian signature: _____ Daytime phone: _____

PLEASE ATTACH A COPY OF LEGAL VERIFICATION OF CUSTODY (i.e. court order)

ANY OTHER INFO YOU WANT THE SCHOOL TO KNOW ABOUT CUSTODY-RELATED ISSUES:

2024-25 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to: (School/District Information)** _____

STEP 1: List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition: A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

STEP 2: Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify. If **NO** > Go to STEP 3.

If **YES** > Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) _____ then go to STEP 4 (Do not complete STEP 3)

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX- Or Check if Adult has **No SSN:** **Total Number of All Household Members** (Children + Adults)

B. Child Income.

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income before deductions or taxes in whole dollars (no cents).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

STEP 4: Contact information and adult signature. "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

I have checked this box if I *do not* want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form _____ Daytime Phone _____

Address (if available) _____ Apt# _____ City _____ Zip _____

SIGN HERE: Signature of Household Adult _____ Date _____

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	X52	X26	X24	X12	X1	<input type="checkbox"/> Verified? Attach Tracker	No change	Free After Verified	Reduced After Verified	Denied After Verified
All Total Income (Include child and adult income)	Weekly	Bi-weekly	2X Month	Monthly	Annualize	Household Size:	Categorical Eligibility	Free	Reduced	Denied
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining Official Signature:							Date:			
Confirming Official Signature:							Date:			