



NEW STUDENT APPLICATION

Please submit completed application to:

Windswept Academy

P. O. Box 1576

121 Cedar Street

Eagle Butte, South Dakota 57625

(605) 964-7600

(605) 200-0757

(605)964-7606-Fax number

Email: officemanager@windweptacademy.org

FOR OFFICE USE ONLY

Student

Name: _____

School Year: _____ Grade: _____

Birth Certificate Received: Y/N

Immunizations Received: Y/N

D.I.B. Received (if applicable): Y/N

All Student Records Received: Y/N

WINDSWEPT ACADEMY APPLICANT ENROLLMENT FORM

STUDENT NAME: _____
(LEGAL LAST NAME) (LEGAL FIRST NAME) (LEGAL MIDDLE NAME)

RACE/ETHNICITY _____

TRIBAL ENROLLMENT NUMBER (IF APPLICABLE): _____

DATE OF BIRTH: _____ GRADE ENROLLING IN: _____

STUDENT'S PRIMARY HOUSEHOLD INFORMATION			
Home Phone # _____		Cell # _____	
Mailing Address (PO BOX # & STREET ADDRESS) _____			
City: _____		State: _____	ZIP: _____
Name of the student's legal guardian: (full name of parent/guardian) _____			
Relationship to student: _____			
Parent/Guardian's home phone number: _____			
Parent/Guardian's cell phone number: _____			
Parent/Guardian's work phone number (if applicable) _____			
Parent/Guardian's email address: (if applicable) _____			
Student Lives with: (check all that apply)			
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian * All guardians (whether relatives or not, must provide legal documentation proving they have legitimate custody of the student
EMERGENCY CONTACT INFORMATION			
In case of an emergency and guardians cannot be reached the following people can be contacted.			
NAME: _____	Relationship to Student: _____	Phone # _____	
NAME: _____	Relationship to Student: _____	Phone # _____	
Check Any That Apply for the Student Enrolling			
<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced

Does the student require any regular medication? NO YES
 If YES, please list and explain medication needed _____

Does the student receive any special accommodations? (such as severe allergies) NO YES
 If YES, please explain: _____

Windswept Academy does not provide special services for those on an IEP. If your child is on an IEP, please sign on the line below, stating that you understand that we do not provide the special services for those on an IEP.
 (Parent/Guardian signature) _____

FAMILY INFORMATION

FATHER/STEPFATHER/MALE GUARDIAN

NAME: _____
ADDRESS: (PO BOX #, Street Address, City, State, Zip) _____
HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____
OCCUPATION: _____ EMPLOYER: _____ WORK PHONE: _____
RELIGIOUS AFFILIATION: (if any) _____

MOTHER/STEPMOTHER/FEMALE GUARDIAN

NAME: _____
ADDRESS: (PO BOX #, Street Address, City, State, Zip) _____
HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____
OCCUPATION: _____ EMPLOYER: _____ WORK PHONE: _____
RELIGIOUS AFFILIATION: (if any) _____

SIBLINGS

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

PREVIOUS SCHOOL INFORMATION

Name of School Last Attended: _____ Year/s Attended: _____
School Address: (PO BOX #, Street, City, State, Zip) _____

During the time the student has attended this school, has he/she ever been (*check any that apply*)
() Retained, () Suspended, () Expelled

If yes to any of those, please explain: _____

Name of School Attended Before the Previous School Above: _____
Year/s Attended: _____
School Address: (PO BOX #, Street, City, State, Zip) _____

During the time the student has attended this school, has he/she ever been (*check any that apply*)
() Retained, () Suspended, () Expelled

If yes to any of those, please explain: _____

PLEASE READ AND SIGN:

I, (we) have read the terms in this application and agree thereto. I, (we) have also received and read a copy of the Student/Parent Windswept Handbook and we (including student) agree to abide thereby. I (we) certify that all of the information presented by me (us) in this application is, to the best of my (our) knowledge, true, complete, and accurate. I (we) further certify that I (we) am (are) not withholding any information available that would be pertinent to the enrollment of this child at Windswept Academy.

Father/Stepfather/Male Guardian: _____ DATE: _____

Mother/Stepmother/ Female Guardian: _____ DATE: _____

Student : _____ DATE: _____

RELEASE OF STUDENT RECORDS

I hereby request and authorize the release of a copy of all school records to include: Academic/Attendance Records, Birth Certificates, Social Security Number, Degree of Indian Blood, all Health Records including Immunizations and Screenings, as well as any other pertinent records including but not limited to Special Education, Health Examinations, Test Scores, Diagnostic and Prescriptive Work-Ups, and Psychological Examinations for my child, (student's full name): _____ to the school,

WINDSWEPT ACADEMY
Attention: Admissions Office
P.O. BOX 1576
121 Cedar Street
Eagle Butte, South Dakota 57625
Phone Number: 605-964-7600
Fax Number: 605-964-7606
Alternate Phone Number: 605-200-0757
Email Address: officemanager@windsweptacademy.org

I affirm that I am the natural or adoptive parent, legal guardian, surrogate parent, or other person with legal guardianship responsibility of the above named student. I further affirm that my right to authorize release of the said records is not denied or limited by any agreement or court order governing the rights of separated or divorced parents; and, that I am not acting for any institution that is the legal guardian of the student.

Parent/Guardian Name (Please print): _____

Parent/Guardian Name (Signature): _____

Today's Date: _____

Please provide the complete address, phone and fax numbers for the school providing the records:

Name of School: _____

Date Student Was Withdrawn (if withdrawn during the school year) _____

School's Complete Address (PO BOX #, Street, City, State, Zip) _____

School Phone #: _____ Fax #: _____

Reason/s for leaving this school: _____

****School Office Personal Only****

Student's Enrollment Date: _____

Grade Student is Enrolling In: _____

Windswept Teacher assigned: _____