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 ENROLMENT NUMBER (IF APPLICABLE): ________________________________

DATE OF BIRTH: __________________________ GRADE ENROLLING IN: ______________

STUDENT’S PRIMARY HOUSEHOLD INFORMATION

<table>
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<th>Home Phone #</th>
<th>Cell #</th>
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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)

( ) Both Parents  ( ) Mother  ( ) Father  ( ) 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.

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<th>NAME:</th>
<th>Relationship to Student:</th>
<th>Phone #</th>
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Check Any That Apply for the Student Enrolling

( ) Father Deceased  ( ) Mother Deceased  ( ) Parents Separated  ( ) 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: _____________________________________________