



Progeny Academy

Send completed form to:

Progeny Academy
5929 Brooklyn Boulevard, Brooklyn Center, MN 55429
Phone: (763) 325-9150 Fax: (763) 325-9151
www.progenyacademy.org

Grade

Student Enrollment Form 2025-2026

Progeny Academy does not discriminate based on age, gender, ethnicity, economic status, religion or services needed.

Student Information (please print)

Student's Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____/_____/_____ Male/Female (circle one) Phone: _____/_____/_____
Month Day Year

Mailing Address: _____ City: _____ Zip: _____

Name of previous school: _____

Race/Ethnicity (used in federal and state civil rights and statistical reports)

Is this student Hispanic/Latino? _____ Yes or _____ No

What is the student's race? **Please select one or more even if you picked one above.**

____ American Indian Alaska Native

____ Asian

____ Black-African American

____ Native Hawaiian or other Pacific Islander

____ White

Parent/Guardian Information (please indicate address of residence)

Parent/Guardian 1 (person to contact first): _____ Relationship: _____

Address: _____

Phone: _____/_____/_____ Cell or work phone: _____/_____/_____ Ext. _____ English speaker? Y/N

Parent/Guardian 2 (person to contact second): _____ Relationship: _____

Address: _____

Phone: _____/_____/_____ Cell or work phone: _____/_____/_____ Ext. _____ English speaker? Y/N

E-mail #1: _____

Signature _____ **Date** _____/_____/_____

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Student Emergency Information

Student's Last Name: _____ First Name: _____ MI: _____

Alternate Emergency Contact (Not Parent/Guardian):

Last Name: _____ First Name: _____

Home Phone: _____ - _____ - _____

Work Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

Relationship to the student: _____

Alternate Emergency Contact (Not Parent/Guardian):

Last Name: _____ First Name: _____

Home Phone: _____ - _____ - _____

Work Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

Relationship to the student: _____

Alternate Emergency Contact (Not Parent/Guardian):

Last Name: _____ First Name: _____

Home Phone: _____ - _____ - _____

Work Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

Relationship to the student: _____

IMPORTANT:

WE MUST HAVE A WORKING CONTACT PHONE NUMBER FOR ALL STUDENTS IN CASE OF EMERGENCY.

YOU MUST UPDATE THE SCHOOL IF ANY OF THE ABOVE INFORMATION CHANGES.

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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		
Student's Full Name: (Last, First, Middle)		Birthdate or 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 staff 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.

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General Permission Slip 2025-2026

Parent or Guardian – This form contains multiple permissions. Please sign and date **each** of the areas below. A brief description of each of the permissions is included.

Student's Last Name: _____ First Name: _____

Grade Level in 2025-2026 _____

- During the school year, your student may be photographed, filmed, and/or interviewed for press publications. By signing below, you are giving permission for your child to be included in the various publications.

_____/_____/_____
School Publications- Parent Signature **Date**

- Progeny Academy will take several field trips throughout the year. Some of the field trips will include involvement in the community. The trips are an outgrowth of learning activities pertaining to the curriculum and Minnesota Academic Standards and are considered essential to the program at the school. By signing below, you are giving permission for your child to participate in supervised field trips and other activities as designated and/or approved by the staff of Progeny Academy that will occur outside of the school building.

A notice and explanation of each field trip will be sent home prior to the activity. The parent will have an opportunity to refuse a field trip at any time.

_____/_____/_____
Field Trip Release- Parent Signature **Date**

- As a family we have read through the Family and student handbook for the 2024-2025 School Year. *We will also read through and go over the 2025-2026 Family Handbook when it is posted for the upcoming school year.* We understand the policies and procedures set forth by the school. The student and the family will adhere to all policies, procedures and regulations as approved by the Progeny Academy Board of Directors and implemented by the School Administration.

The family and student handbook will be available to families via school website. A hard copy will be supplied to families upon request.

_____/_____/_____
Handbook Acknowledgement- Parent Signature **Date**

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Computer and Internet Usage Contract

Dear Parent/Guardian:

At Progeny Academy all students have access to the Internet and 1:1 technology. The Internet is a global information system with great educational potential. The use of the Internet is a **privilege**. Students will be taught appropriate use of the Internet and/or email. Information on the Internet changes rapidly. It is the school's responsibility to teach students the skills to be responsible users of the Internet and adopt guidelines for student use of the Internet. District/school officials work to control the Internet environment to provide access to the most appropriate educational sites and materials for students and staff. To protect the due process rights of students the guidelines below define appropriate educational and ethical uses of the Internet at Progeny Academy, identify individual student responsibilities, and outline the responsibilities of the school in carrying out these guidelines. Additionally, it is the responsibility of the student to treat the technology respectfully and ensure that the technology and its components are taken care of in a safe way. Students and families are responsible for any costs pertaining to repairing and/or replacing the technology.

Student Responsibilities:

As a user of the internet and our computer network I will:

1. Respect school rules and behavior standards in the classroom and on the Internet. That means I will be polite, use appropriate language, be respectful and honest.
2. Only use the computers or access the Internet with the permission of a teacher or supervising adult. I will always ask first.
3. Use Internet sites that are connected to what I am studying in class or that a teacher has OK'd for my use.
4. Only access appropriate material on the Internet. In the unlikely event that I accidentally access inappropriate material on the Internet, I will close the page immediately and tell my teacher what happened.
5. Respect the privacy of others. This means I will not use someone else's password or open or change another person's files.
6. Use the computer network in a manner which does not violate any laws, regulations or copyrights.
7. Remember that my school computer use is not private. That means my teachers or other people who operate the network can look at my files, e-mail or Internet use history.
8. Never give out any private information about myself in an e-mail or online, including my whole name, address or phone number.
9. Respect computer equipment and the use of the network and share computer resources and time with other students.

Staff Responsibilities:

1. Teach students the appropriate and ethical use of the Internet and email.
2. Help students understand the guidelines.
3. Help students locate appropriate sites for school use.
4. Monitor student use of the Internet and help them back out of inappropriate sites.
5. Not post any student work to the Internet without parent/guardian permission. If permission is granted, items will be considered fair use and available to the public.
6. Limit access to the Internet or the school Computer Network if the student does not follow these guidelines.

.....
We have read and understand the Computer Network and Internet Guidelines.

Student Name: _____

Parent or Guardian Signature: _____ Date: _____

Important: Students will not be able to access educational resources on the internet without this signed form on file in the office.



Student's Name _____ Birthdate ___ / ___ / ___ Gender ___ Grade (2025-26) _____

Dear Parent/Guardian: *The American Academy of Pediatrics recommends children receive a physical examination annually. Health information is vital in planning and supporting students while attending school. Please provide us with current health information each school year. State Law (M.S. 123.70 & M.S. 144.29) requires your child be immunized & receive a comprehensive physical examination before entering Kindergarten or elementary school.*

HEALTH CONCERNS: Please **X** if the student has any of the following and ***submit an emergency action plan** for starred conditions.

_____ **NO HEALTH CONCERNS**

_____ **Allergies*** to _____; reaction _____

Caused by (circle): Ingestion (eating allergen) Contact (touching allergen) Airborne (breathing allergen)

Medication (epinephrine) will be submitted to be used, as needed, in school (circle): Yes No

_____ Food Intolerance to _____; reaction _____

_____ **Asthma*** _____

Caused by (circle): Exercise Irritants (smoke, fragrances, etc) Allergens (pollen, mold, dander, etc)

Medication (albuterol) will be submitted to be used, as needed, in school (circle): Yes No

_____ **Diabetes*** (circle): Type Type 2 Managed by (circle): Diet/Activity Oral medication Insulin injections Pump

_____ **Seizures*** type/description/frequency _____

_____ Behavioral/Mental Health Concern _____

_____ Recent Surgery/Restrictions _____

_____ Other Health Concern _____

Clinic and Doctor _____

Health Insurance _____

Preferred Hospital in the event of an emergency _____

MEDICATIONS: Complete a Medication Administration Form for **any** medication (both prescription and non-prescription) needing to be administered during school hours (forms available upon request). **WRITTEN CONSENT IS REQUIRED BY BOTH THE STUDENT'S GUARDIAN AS WELL AS THEIR HEALTH CARE PROVIDER** prior to administering any medication in school.

CONSENT: *I attest to the information provided. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, medications, and/or allergies. I understand and agree that this student may receive a routine screening for vision and hearing deficiencies. I will comply with all school illness, immunization, and medication policies. I give my consent for any treatment deemed necessary in an emergency and, if necessary, the transfer of the student by Emergency Medical Services. The contacts listed below have my permission to pick-up the student if I am unavailable. Furthermore, I give permission for school health staff to confidentially exchange health information - both within the school as well as with outside health care providers - for use in meeting this student's health and educational needs in school.*

Parent/Guardian Printed Name _____ Parent/Guardian Signature _____ Date _____

Phone Number(s) _____ Email _____

Emergency Contact 1 Name _____ Phone Number _____

Emergency Contact 2 Name _____ Phone Number _____