



STUDENT APPLICATION PACKET

3800 South Othello Street
Seattle, WA 98118
P. 206.723.0333
F. 206.723.0222
www.sua.org

Student Application Checklist

- Complete and Submit Student Application Packet**
- Gather Records to Submit to Seattle Urban Academy**
 - Transcript from previous high school
 - Middle school transcript, if that was student's previous school or if student passed Algebra I in middle school.
 - Immunization records
 - IEP, if applicable
- Schedule Testing and Interviews**
 - Call Office Coordinator (206-723-0333) to schedule enrollment.
 - Admissions involves testing, and interviews with the Student Development Coordinator and with the Transition Coordinator.
- Complete Admissions Process**
 - Submit completed Application Packet.
 - Submit Records (Transcripts, Immunization, IEP).
 - Make non-refundable Application Fee payment of \$100.
 - Student takes MAP test and writes essay (takes approximately 2 hours)
 - Student interview and review of Policies and Procedures with the Student Development Coordinator.
 - Student and Parent/Guardian overview of Academic Standards and Academic Planning with the Transition Coordinator.
 - Following acceptance to SUA, pay non-refundable \$100 Registration Fee.

ADMISSIONS FEES

\$100 Application Fee.

A non-refundable application fee of \$100 is due with the submission of your completed application packet and transcript. This fee also covers the admissions testing, student interview, and parent/student interview.

\$100 Registration Fee.

Following acceptance to SUA, a non-refundable \$100 payment is required for registration. The fee covers review of student transcript, plan of courses needed to complete graduation requirements, student schedule, and enrollment in classes.

\$200 Quarterly Student Fee. The application fee and registration fee apply in full towards the student's first quarter fees.

Priority Waiting List. If during the admissions process we are unable to accept a student because we are at capacity, payment of the non-refundable \$100 registration fee will place student on our priority waiting list. The student will have priority to enroll upon the next available opening.

Student Information Form

Date: _____

Parent/Guardian Name(s): _____

Student Name (First, Middle, Last): _____

Preferred Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Telephone: Home _____ Student Cell _____

Student Email: _____

Gender: Male Female

Last Grade Completed: 8 9 10 11 12

Ethnicity*: (Circle All Applicable. Information is used for state, county, and city reporting; and for CRISTA Ministries grant and fundraising efforts.)

African American Asian Hispanic Native American Caucasian

Native Hawaiian/Pacific Islander Other _____

Who referred you to Seattle Urban Academy? _____

Emergency Contact: _____ Relation: _____

Address: _____

City, State, Zip: _____

Telephone: Home _____ Cell _____

E-mail: _____

Academic Information Form

Student Name: _____

Last school attended: _____ Grade level: _____

Other high schools attended:	Location:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

When did you begin your freshman year? _____ Expected graduation year? _____

Did you sign up for the College Bound Program in middle school? _____

Did you take and pass Washington State History in middle school? _____

At what school? _____ If yes, and student is entering 9th grade, **submit middle school transcript** as part of the application process.

Did you take and pass Algebra I in middle school? _____

At what school? _____ If yes, **submit middle school transcript** as part of the application process.

Have you been in Special Education (student has I.E.P.)? _____ When? _____

If yes, **submit I.E.P.** as part of the application process.

Goals after you graduate from high school (check all that apply):

- 2-year college
- 4-year college
- Technical college
- Military
- Full-time employment
- Other _____

Mark the following statements that are true for you (check all that apply):

- I will be the first in my immediate family to graduate from high school
- I will be the first in my family history to graduate from high school
- I will be the first in my immediate family to go to college
- I will be the first in my family history to go to college

Family/Guardian Information Form

Parent/Guardian

Preferred Title: Mr. Mrs. Ms. Dr. Rev.

Full Name: _____

Address: _____

City, State, Zip: _____

Home Phone:(_____)_____

Cell Phone:(_____)_____

Work Phone:(_____)_____

Email Address: _____

Relationship to Student: _____

Parent/Guardian

Preferred Title: Mr. Mrs. Ms. Dr. Rev.

Full Name: _____

Address: _____

City, State, Zip: _____

Home Phone:(_____)_____

Cell Phone:(_____)_____

Work Phone:(_____)_____

Email Address: _____

Relationship to Student: _____

Additional Information: List any probation officer, counselor or community service organization you are currently working with.

Contact person: _____ Phone: (_____)_____

Name of Agency: _____

Comments: _____

Contact person: _____ Phone: (_____)_____

Name of Agency: _____

Comments: _____

Emergency Notification

In the case of an emergency where all cell phone service is disabled, we need an Out of Area contact (preferably out of state) that we can call to relay the status of your student and information regarding the re-unification process.

Contact person: _____ Phone: (_____)_____

Household Income Information

Income information is used to help SUA qualify for free/reduced benefits, such as museum admission fees, bus tokens, and charitable contributions; for state, county, and city reporting; and for CRISTA Ministries grant and fundraising efforts.

Household Income*: _____ Per Week Month Year (Circle One)

Using the chart below, please indicate if your family is:

- _____ Above the reduced lunch income level
- _____ Eligible to receive reduced lunch
- _____ Eligible to receive free lunch.

INCOME ELIGIBILITY GUIDELINES
[Effective from July 1, 2018 to June 30, 2019]

Household size	Federal poverty guidelines	Reduced Price Meals—185%					Free Meals—130%				
		Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
48 Contiguous States, District of Columbia, Guam, and Territories											
1	12,140	22,459	1,872	936	864	432	15,782	1,316	658	607	304
2	16,460	30,451	2,538	1,269	1,172	586	21,398	1,784	892	823	412
3	20,780	38,443	3,204	1,602	1,479	740	27,014	2,252	1,126	1,039	520
4	25,100	46,435	3,870	1,935	1,786	893	32,630	2,720	1,360	1,255	628
5	29,420	54,427	4,536	2,268	2,094	1,047	38,246	3,188	1,594	1,471	736
6	33,740	62,419	5,202	2,601	2,401	1,201	43,862	3,656	1,828	1,687	844
7	38,060	70,411	5,868	2,934	2,709	1,355	49,478	4,124	2,062	1,903	952
8	42,380	78,403	6,534	3,267	3,016	1,508	55,094	4,592	2,296	2,119	1,060
For each add'l family member, add	4,320	7,992	666	333	308	154	5,616	468	234	216	108

Transcript Request

This is to inform you that the following student has enrolled at Seattle Urban Academy. Please send us a copy of his/her records including the following items:

1. Transcripts of all work completed including credits to date
2. Withdrawal grades
3. Standard and psychological test results
4. Health and immunization records

Student Name (first, middle, last): _____

Date of Birth: _____

Parent/Guardian signature: _____

Student signature: _____

Date: _____

The above information is requested in accordance with Public Law 93-380, the Federal law protecting the privacy of students.

Please FAX all records to 206-723-0222
or scan to enroll@sua.org
or send all records to:

Seattle Urban Academy
3800 S Othello St
Seattle, WA 98118
(206)723-0333

Medical/Emergency Information

TO: Parent(s) or Guardian(s):

The following information is requested for your student's file in case of an emergency while at school. Please complete carefully and thoroughly to aid us in the event of an emergency.

Name of Student:		
Name of Medication	Dosage	Frequency of Use
1		
2		
3		
4		
5		
6		
List any allergies:		

Please sign this form verifying the accuracy of the above information.

_____ (name)

_____ (date)

_____ (relationship to student)

In Case of Emergency

Hospital of Choice _____

Health Care Provider _____

Health Insurance _____

Provider One # (if applicable) _____

Physician Name _____

Administer Ibuprofen (check one)

- Call me before administering ibuprofen to my student.
- I give Seattle Urban Academy permission to administer up to 400mg of ibuprofen to my student when requested.
- I give Seattle Urban Academy permission to administer 200mg only of ibuprofen to my student when requested.

Parent/Guardian Signature _____

SUA FIELD TRIPS, ACADEMIC YEAR 2019-2020

PERMISSION, RELEASE AND WAIVER FORM FOR OFF-SITE EXCURSIONS

Seattle Urban Academy is committed to advancing student academic, career and leadership development, community service, and transitions to higher education through off-site field trips and events.

- **Off-site activities and events that take place during and after school hours will be listed in Progress Report and Report Card newsletters.**
- Additional off-site activities (not posted or listed) may include some classroom activities during school hours as part of course curricula, or after-school student development and academic transitions appointments.

I, the undersigned, represent that I am the parent/legal guardian (“Parent”) of: _____, a student enrolled in Seattle Urban Academy (“School”).

Parent understands that all off-site excursions and service projects at Seattle Urban Academy are related to academic curriculum and are vital components of student development and graduation requirements. Students are graded on and receive credit for off-site activities.

Parent hereby grants permission for the Student named above to utilize authorized School transportation and participate in off-site trips conducted under the supervision of a Seattle Urban Academy representative. Students engaging in disruptive behavior may be sent home (at Parent’s expense) or disciplined by the School.

A quarterly permission form shall be issued by SUA requiring parent/legal guardian signature granting permission for EACH off-site activity. If a student fails to provide the completed permission form for any off-site excursion, Parent understands that this completed form shall serve as a blanket permission, release and waiver for your Student to participate.

Medical Treatment Consent and Release

Parent hereby grants permission to the School, its employees and agents, to provide reasonable medical care to Student, which may include taking the Student to a healthcare provider for emergency medical treatment or hospitalization if the Student becomes ill or sustains an injury or otherwise requires medical treatment or attention and the School cannot contact the Parent. Parent hereby gives consent to any healthcare provider to perform medical procedures that the healthcare provider deems necessary for the relief of pain or to preserve the Student’s life or health. Parent agrees to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Student.

Parent releases and agrees to hold harmless, defend and indemnify the School and its employees and agents from and against any and all claims, suits or actions for personal injury, including any and all claims brought by the Student, and all other losses or damages that the Student or the Parent may suffer as a result of the Student’s participation in off-site activities. Parent has read and agrees to all of the sections of the permission, release and waiver form, and voluntarily and knowingly accepts all its terms and provisions.

Parent Name (Please Print) _____ Date

Parent or Guardian Signature (on behalf of the marital community) _____ Phone

*****Students who do not have this form completed will not be allowed to travel to off-site activities.*****

Please initial one of the following:

___ My Student can be released from Seattle metro off-site locations (unaccompanied by SUA staff) to return home.

___ My Student MUST return to SUA before being released from school for the day.

Student Waiver

I, _____, have voluntarily chosen to enroll at Seattle Urban Academy. In the event of injury, I agree not to hold Seattle Urban Academy, the principal, staff or CRISTA MINISTRIES responsible. I will exercise common sense and abide by the Policies and Procedures I signed upon enrollment.

If under 18, parent/guardian signature is required.

Signature

Date

Print Name

Witness

Media Release

Please **check only one** of the following:

- I give my permission to be photographed and/or filmed by those communicating and promoting the work of Seattle Urban Academy. This may include video recording, audio taping and photography.
- I agree to be photographed and/or filmed but would prefer that my name not be used.
- I would rather not be involved in any way in media releases.

Student signature

Date

Student Fee Policy

- The standard student fee is \$250 per quarter. However, if paid in full before the quarter begins the fee is discounted to \$200. See academic calendar.
- Students will not be allowed to begin classes unless a student fee payment is made for the Quarter.
- Progress Reports, Report Cards and Transcripts will not be released while there is a student fee balance due.
- Student fees may be paid by check (payable to Seattle Urban Academy), cash, money order or credit card. Credit card payments are accepted by phone.

I understand and accept the Student Fee Policy:

Parent/Guardian signature

Date

Phone Usage Policy

In order to attend classes at SUA, students and parents/guardians are required to agree to the following phone/electronic technology usage policy.

I am committed to placing a priority on academics and graduating. I understand that student cell phones and all other electronic devices are not permitted on campus during school hours 8:09am-2:30pm. I may use the front counter phone during lunch, before, and after school. Calls are limited to two minutes.

Parents/guardians, please call the school office at 206-723-0333 to relay emergency messages to your student.

Exception to this policy is granted on a week by week basis to students who maintain a 90%-100% cumulative quarter credit earning.

Each Friday after school students may obtain the signature of EACH TEACHER on the 90-100% **QUARTER CREDIT EARNED TO DATE** form.

If my cell phone is found in my possession or out during class hours, I understand that the following actions will be taken:

- First warning: The phone will be immediately turned in to the Student Development Coordinator for the duration of the school day.
- Second warning: The phone will be immediately turned in to the Student Development Coordinator and the student's guardian will be called for a meeting before the student can return for classes the following day.
- Third warning **or** refusal to turn in cell phone: Student will be directed to leave school for remainder of day. A student and guardian meeting with the Student Development Coordinator is required to re-enter classes.

Requests for an exception to this policy must be made in writing by the parent(s) or guardian(s) to the school office. Letters must explain why the student needs to keep his/her phone on during class period. Parent(s)/guardian(s) will be notified if an exception will be granted.

Student Signature

Date

Parent/Guardian Signature

Date

Consent to Release Information

Consent to release information remains in effect while enrolled at Seattle Urban Academy. Information is shared between agencies for the purpose of furthering my development and reaching my goals.

3800 South Othello Street
Seattle, Washington 98118
PH: 206-723-0333 FX: 206-723-0222

I, _____ Birthdate: _____
(name)

Request and authorize:

_____ () _____ ()
(name of agency and/or individual) (phone) (fax)

_____ (address) _____ (city, state, zip)

to release to Seattle Urban Academy information, specifically written and verbal diagnosis, testing and treatment, in the following areas indicated by my initials:

_____ Educational/Special Ed	_____ Immunization/Medical
_____ Mental Health	_____ Counseling
_____ Alcohol/Drug	_____ Other _____

I understand that the records are protected under confidentiality requirements imposed by federal and state law and cannot be disclosed without my written consent, except to the extent that a person or entity has relied upon it to make a disclosure. I further understand that I may revoke this authorization at any time by providing written notice to the person or entity disclosing information.

Signature of student

Signature of parent/guardian (where required)

Print name

Print Name

Date

Date

Notice to Disclosee regarding information obtained from alcohol and drug treatment: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

HopeCentral Authorization

HopeCentral is a pediatric and behavioral health clinic located just across the parking lot from Seattle Urban Academy. HopeCentral has agreed to see any SUA student on an urgent care basis.

If you would like your student to be able to take advantage of this free service, please complete the *Consent to Treatment of Minor* form on the following page.



Authorization to Consent to Treatment of Minor

We hereby authorize **Seattle Urban Academy** as our agent to give consent to medical, psychological, or surgical treatment by any licensed physician, behavioral health provider, or hospital in the State of Washington for our child

_____ when such treatment is deemed necessary by a physician or hospital

Minor patient's name

personnel, and we cannot be contacted within a reasonable period of time.

Such consent may include, but is not limited to: clinic visits; medical treatment; psychological assessment; tests; imaging studies, including x-rays; transfusions; injections; medications; injections; and the performing of whatever operations may be deemed necessary or advisable.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the agent identified in this authorization the authority to provide consent to such medical care s/he may deem advisable in the exercise of his/her best judgment.

This authorization shall remain effective until revocation in writing by the undersigned. PLEASE COMPLETE:

Date of last tetanus immunizations: _____

Does your child have any chronic diseases or drug allergies that might interfere with medical or surgical treatment?

Yes No

If Yes, please describe: _____

Signature of legal guardian

Date

Print name

Relationship to minor patient