

801-576-0070 **②** 801-618-4115 昌 contact@beehiveacademy.org
www.beehiveacademy.org

APPLICATION FOR RE-ENROLLMENT FOR THE ACADEMIC YEAR 2017/2018 Deadline: NOVEMBER 30, 2016

FOR OFFICE USE ONLY
Date Received:
School Fee \$175.00 /\$195.00

DEAR PARENTS;

Thank you for your support of Beehive Science & Technology Academy. Due to limited space for the upcoming year, we ask each parent/guardian to fill out this re-enrollment form completely and return it before open enrollment deadline, which is Monday December 5, 2016. Applications received unsigned, incomplete or after the deadline may not be considered for next year. Note: This application form is designed for current students but includes some information that needs to be updated since the initial application. There have been some changes in the enrollment process. Please review all documents!!

Please return the re-enrollment packet in person along with:

	An <u>up-to-date</u> Record of Immunization (7 th graders due by the first day of school)
	PROOF OF RESIDENCE (Utility Bill)
	\$195 Non-refundable Registration fee in check or money order for consumable fees*. \$175.00 if
paid	by February 03, 2017, \$195 if received after February 03, 2017 or a completed fee waiver form.

Do not e-mail your application for security purposes. BSTA is not responsible for lost e-mail.

BEEHIVE SCIENCE & TECHNOLOGY ACADEMY

830 E 9400 S Sandy, UT 84094 www.beehiveacademy.org $\ \square$ contact@beehiveacademy.org

Phone: (801) 576-0070 Fax: (801) 618-4115

BSTA admits students without regard to race, color, religion, gender, national and ethnic origin, or the presence of a medical condition or disability.*exceptions and restrictions apply (needs admin approval)



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RE-ENROLLMENT FORM FOR 2017-2018 ACADEMIC YEAR

Applicant's Name:	(Last)	/(First)	// (Middle)	
Student's Current Gr	ade Level:	Grade appl	ied for: 🗆 8 🗆 9 🗆 10 🗆 11 🗈	12
Father's Name:(La:	st)	/(First)	/ (Middle)	
Phone:(Cell/Home)	Ema	il:		
Mother's Name:	st)		/(Middle)	
Phone:(Cell/Home)	Email	l:		
Residential address:		(Street & House,	/Apt. No.)	
(City)		(State)	(Zip Code)	
MAILING address:		(Street & House,	/Apt. No.)	
(City)		(State)	(Zip Code)	
Does the applicant have	a sister or brothe	er who's an applicant a	also? □ No □ Yes	
If yes, please write her/his	name and grade ap	plied for		
questions and statements r	made by me in this a	pplication are complete a	d belief, the answers to the forego and accurate. I understand that a ction of this application or future o	ny fal
Signature of Parent or Gua	rdian		Date	



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MEDIA PERMISSION

From time to time, BSTA likes to showcase student work and classroom activities in our school newsletter, on our website, and other school-related publications as well as share our school's work with print and broadcast media as well as other parents. Please check the boxes next to the stetements you give your permission for and sign below.

Name of Student Parent Signature Date
DO NOT GIVE permission to BSTA to supervise the news media in the photography, filming, or interviewing of my child for the purpose of a news article, television news, or radio program.
GIVE permission to BSTA to supervise the news media in the photography, filming, or interviewing of my child for the purpose of news article, television news, or radio program.
DO NOT GIVE permission to BSTA to use samples of my child's work credited with his or her name in school publications and on their website.
GIVE permission to BSTA to use samples of my child's work credited with his or her name in school publications and on their website.
DO NOT GIVE permission to BSTA to use my child's name, photography, and/or video image in school publications, video presentations, and on their website.
GIVE permission to BSTA to use my child's name, photography, and/or video image in school publications, video presentations, and on their website.



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STUDENT RELEASE FORM

If you plan to have someone other than yourself pick up your child or in case of emergency, please fill out this form. ONLY PEOPLE NAMED ON THIS FORM WILL BE ALLOWED TO PICK UP YOUR CHILD. PLEASE MAKE SURE THAT THEY ARE AWARE THAT THEY MIGHT NEED TO SHOW PROPER IDENTIFICATION TO THE PERSON ON DUTY AND/OR TO THE RECEPTIONIST.

e of Student:		
(Last)	(First)	(Middle)
NAME OF PICKUP PERSON		PHONE #
Special Pickup Days or Instructions:		
NAME OF PICKUP PERSON		PHONE #
Special Pickup Days or Instructions:		
NAME OF PICKUP PERSON		PHONE #
Special Pickup Days or Instructions:	<u> </u>	
NAME OF PICKUP PERSON		PHONE #
Special Pickup Days or Instructions:	l	
NAME OF PICKUP PERSON		PHONE #
Special Pickup Days or Instructions:		
NAME OF PICKUP PERSON		PHONE #
Special Pickup Days or Instructions:	<u> </u>	
g out this form, you authorize Beehive Scienamed persons. If you have any questions,		
Name of Parent/Guardian	Signature	 Date

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GOOGLE APPS FOR EDUCATION PERMISSION SLIP BEEHIVE SCIENCE & TECHNOLOGY ACADEMY

BSTA has created Google Apps for Education accounts for all students in grades 6---12. Students will have access to following Google services:

- Gmail (Email accounts will be restricted. Students will be allowed to exchange emails with teachers only. Email accounts will be closed to outside traffic.)
- Calendar (Students will be able to use Google Calendar. They can add/remove events on their calendar)
- Drive (Google Drive will be used by students to create, upload, download, and save their school work. All stored work will be accessible from home, school, and anywhere there is an Internet connection.)
- Classroom (This is a communication tool that will be used by teachers and students to exchange files and provide feedback on assignments.)
- Sites (Students will create a Google Site for their STEM projects.)

Google Apps is a place for students to safely keep online communication and collaboration documents as they relate to school – school web sites, school documents, school videos, school calendars, and school email. It is not to be used it for personal things. The email naming convention is firstname.lastname@student.beehiveacademy.org. Students will have training on how to use Google Apps for Education.

Responsible Use Guidelines

Teachers will make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning environment. All participants will respect the teacher's time and professionalism by supporting the same positive approach.

Students will adhere to the BSTA Acceptable Use Policy. All participants will be respectful in their postings and comments. No cyber bullying, inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, or threatening comments will be tolerated.

All participants must protect their login and password information. If participants suspect that a password has been compromised, they must notify the teacher immediately. No participant may share his/her login information or information about the site with anyone who is not a participant. This includes adding monitoring software or other means by which outsiders can access the site without permission.

Any participant who is aware of violations of this agreement by others must report these violations to the teacher immediately, either verbally or in writing.

Copyrighted material that is not cited in any student work will be deemed as plagiarism and disciplined accordingly. Student users are strictly prohibited from accessing documents other than their own unless documents have been shared with them.

Students are also prohibited from using the Goggle Chat feature. BSTA reserves the right to access the Google system of user accounts when there is suspicion that unacceptable use has occurred.



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Access to and use of the student's Google account is considered a privilege. BSTA maintains the right to terminate the access and use of their Google account when there is reason to believe that violations of law or district policies have occurred. The alleged violation will be directed to the building principal and addressed according to the procedures outlined in the student handbook.

I agree to the terms and conditions in this document, and permit my child to use Google Apps for Education.

Parent/Guardian Name:	
Parent/Guardian Signature:	Date:
Parent/Guardian e-mail:	
Student name:	
Student Signature:	Date: