| Document ID  **102** | Title  **ADMISSION POLICIES & PROCEDURES** | Effective Date  **2005** |
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| Last Date of Review  **09/20/2021** | Date of Re-Review:  **2023-2024** | Date Approved by Board of Directors:  **2005** |

1. **PURPOSE**
   1. NEW MILLENNIUM ACADEMY (NMA) is open to all students, without regard to ability, race, religion, or any other factors, other than the capacity of the program, class, grade level, or building.
2. **GENERAL STATEMENT OF POLICY**
   1. Open enrollment
      1. NMA’s Open Enrollment period will begin on the first business day of November and end on the last business day of January. If required, the lottery process will begin on the first business day of February.
   2. Admission
      1. New students who wish to attend NMA for the current school year will be accepted based on available space in the applicable grade. If space is not available, students will be added to the waiting list for the applicable grade.
      2. All applications received during open enrollment will be accepted for enrollment unless more applications are received than the available enrollment, as established by the NMA Board, for the applicable grade. In this situation, all applications will be placed in the lottery. Please note that siblings and foster siblings of currently admitted students have first preference; children of NMA staff have second preference for enrollment.
   3. Transportation
      1. NMA provides transportation for students who reside within our service area boundaries, defined in general as Minneapolis, Brooklyn Center and Brooklyn Park, and St. Paul. NMA will provide transportation to other nearby cities where it can be easy to access, using an existing route.
3. **NOTICE OF OPEN ENROLLMENT/INTENT TO RETURN**
   1. Prior to the beginning of the open enrollment period, NMA will inform currently admitted students and school staff of the open enrollment period. NMA will ask families to complete the Intent to Return form for the following school year. The NMA website will be updated with open enrollment dates at least 30 days prior to the open enrollment period.
4. **GENERAL LOTTERY PROCESS**
   1. If the number of siblings of already enrolled students and/or the number of children of staff exceed the capacity for any grade, NMA will conduct a Sibling Lottery and/or Children of Staff Lottery, as applicable.
   2. If the number of applications received during the open enrollment period exceeds capacity for any grade, NMA will conduct a General Lottery. The General Lottery will be conducted after the Sibling Lottery and Children of Staff Lottery process is complete.
   3. All other applications (i.e. applications other than siblings of already-enrolled students and applications of children of staff) received during the open enrollment period are included in the lottery process. Students are admitted to the school in the order in which they are drawn in the lottery.
   4. If a grade is filled, the lottery continues to establish the waiting list.
   5. The lottery will proceed from highest grade to lowest grade.
   6. If a student is admitted through the general lottery, any siblings in the general lottery will be automatically admitted based on available openings in those grades.
   7. Applications received after the open enrollment period expire s are automatically admitted as long as there is available space based on enrollment capacity. If there is no available space, the applications are added to the waiting list for the applicable grade in the order received.
   8. Families will be notified of their acceptance in writing and by telephone.
   9. Within 7 business days of the postmarked notification, families must respond by completing the enrollment form and returning it to NMA. Failure to return the enrollment form may cause the student to lose their seat
5. **SIBLING AND FOSTER CHILDREN OF PARENTS OF ALREADY ENROLLED STUDENTS**
   1. Siblings of currently admitted students are automatically admitted, if applications were received during the open enrollment period, and if space is available.
   2. If the number of sibling applications for a grade exceeds the capacity for that grade, a sibling lottery will be held for the applicable grade.
   3. Siblings are admitted in the order in which they were drawn in the lottery.
   4. If siblings fill all available openings in a grade, a sibling wanting list will be established by the lottery.
6. **CHILDREN OF STAFF**
   1. Children of staff employed at the School are automatically admitted, if applications were received during the open enrollment period, and if space is available in the applicable grade.
   2. If the number of applications from children of staff for a grade exceeds the capacity of that grade, the children of staff lottery will be held for the applicable grade.
   3. Children of staff are admitted in the order in which they were drawn in the lottery.
   4. If children of staff fill all available openings in a grade, a children of staff waiting list will be established by the lottery.
7. **PROCEDURES** 
   1. Open Enrollment
      1. NMA’s Open Enrollment begins March 1st. Enrollment will close when the student capacity has been met. Prospective families who are interested in enrolling their scholar to NMA may walk-in to receive an Enrollment Form or fill out online. Once the form has been received, the family will receive a follow-up phone call from the Operations Support Coordinator.
      2. The Enrollment Form (located on NMA’s website) includes the follow:

| **[FORM MUST BE PLACED IN NMA’S LETTER HEAD]**  **Student Information**  Legal First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Legal Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Legal Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What Grade will your Scholar Be Entering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gender: (Female, Male, or Non-Binary)  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Language Spoken by Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Languages Spoken at Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  At your scholar’s previous school, did your scholar receive any of these services? (IEP, SpEd, ELL, 504 plan, other)  **Previous School Information**  If your scholar is transferring from another school, what is the name of your scholar’s previous school’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was your scholar's previous school a public or private school? (public or private)  What is the contact information (front office’s phone number) for the scholar’s previous school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is the address of your scholar's previous school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What was the last date of attendance at your scholar’s previous school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address**  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip/Postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Parent 1 Information**  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Parent 2 Information**  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Emergency Contact**  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Confirmation Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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* + 1. The Operations Support Coordinator will schedule a pre-enrollment orientation and a tour with the family. The pre-enrollment orientation will discuss NMA’s mission and vision, application process, and answer any questions in regards to the admission process. The family will then be provided the Enrollment Application and a Transfer Request form (if applicable) will be sent out to the school that they currently attend.
    2. Once the Enrollment Application is received, Operations Support Coordinator will review the application. The Enrollment Application is attached to this document.
  1. **Required Documentation:**
     1. Copy of Birth Certificate
     2. Copy of Immunization Records
     3. Copy of Early Childhood Screening (as applicable)
     4. Completed Enrollment Application
        1. Enrollment Application must include the following:

| [FORM MUST BE PLACED IN NMA’S LETTERHEAD]  SCHOLAR ENROLLMENT APPLICATION  OPEN ENROLLMENT, SCHOOL YEAR-ROUND!  PEB LUB TSEV KAWM NTAWV ZOO SIAB TOS TXAIS TXHUA LUB SIJHAWM!  Please fill in all fields and return to New Millennium Academy.  New Millennium Academy  Address: 5105 Brooklyn Blvd Brooklyn Center, MN 55429  Fax: (763) 235-7979  If you need assistance, please contact our Main Office at (763) 235-7900.  SECTION 1: SCHOLAR & PARENT/GUARDIAN INFORMATION  Scholar Information:  Scholar’s First Name:  Scholar’s Middle Name:  Scholar’s Last Name:  Scholar’s Gender:  Scholar’s Birthdate (MM/DD/YYY):  Scholar’s Place of Birth:  *Note: Providing this information is optional. If given, the information will be used to determine whether if the scholar is eligible for programs offered in the district that provides enhanced instructional opportunities for immigrant children and youth.*  Address: (Home #, Street Address, APT/STE/Unit #, City, State, and Zip/Postal Code)  Household Phone Number: (Area code – XXX – XXXX)  Type of Phone: (Home, Cell, or Work)  What grade are you applying the scholar for? (Kg, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, or 8th)  Did the scholar attend school in the previous year? (Yes or No – if yes, please provide the requested information in the boxes below.)  School Name:  City:  State:  Internal Use – Main Office:  Application Received: (Date and Initial)  Birth Certificate: (Date and Initial)  Immunization Record: (Date and Initial)  Enrollment: (Date and Initial)  Scholar Demographics:  What is the scholar’s Race Ethnicity? Check one, both or “Neither” as applicable.   Asian   African American   Hispanic or Latinx   American Indian or Alaska Native   White   Mixed Race  Is the scholar Hispanic/Latino?   Yes   No  If yes, please check one of the following:   Columbian   Ecuadorian   Guatemalan   Mexican   Puerto Rican   Salvadoran   Spaniard/Spanish/Spanish-American   Other Hispanic/Latinx   Unknown   Decline to Indicate  If American Indian or Alaska Native, please also select from the following:   Anishinaabe/Ojibwe   Cherokee   Dakota/Lakota   Other North American Indian Tribal Affiliation   North American Indian or Alaska Native   American Indian from South or Central America   Unknown   Decline to Indicate  If Asian, please also select from the following:   Burmese   Chinese   Filipino   Hmong   Vietnamese   Indian   Karen   Korean   Other   Unknown   Native Hawaiian or Other Pacific Islander   Decline to Indicate  If Black of African American, please also select from the following:   African-American   Ethiopian-Oromo   Ethiopian-Other   Liberian  Nigerian   Somali   Other   Unknown   Decline to Indicate  What is the preferred language?   English   Spanish   Hmong   Other  Does the scholar currently receive Special Education (SpEd) services or participate in an Individualized Education Program (IEP)?   Yes   No  Does your scholar receive English Language Learners (ELL) services, currently or previously?   Yes   No  Who does the scholar currently live with? *Note: Custody paperwork copies must be provided to New Millennium Academy, if applicable.*   Both Parents   Mother   Father   Other (Specify):  Does the scholar have any siblings or other family members currently attending New Millennium Academy?   Yes   No  If yes, please provide the requested information in the boxes below.  *(First Name, Last Name Relationship Grade)*  Scholar Health Information  Does the scholar have any health concerns?   Yes   No  If yes, please specify:  Does the scholar have vision, hearing or speech impairment?   Yes   No  If yes, please specify:  Does the scholar have any allergies to food or medication(s)?   Yes   No  If yes, please specify:  Does the scholar have asthma or receive medication(s) for asthma?   Yes   No  If yes, please specify:  Does the scholar take any medication(s)?   Yes   No  If yes, please specify:  Is the scholar up to date with his/her immunization records?   Yes   No  If yes, please provide a copy with this application.  *The scholar’s application will not be processed until immunization records are filed with New Millennium Academy.*  Scholar Emergency Information  Please provide the following information in an event of an emergency.  Family Doctor Name:  Phone Number:  Dentist Name:  Phone Number:  Preferred Hospital:  Please provide two emergency contacts:  First Emergency Contact: First Name, Last Name / Relationship  Phone Number:  Second Emergency Contact: First Name, Last Name / Relationship  Phone Number:  Parent/Guardian Information:  Primary Parent/Guardian: First Name/Middle Name/Last Name  Relationship to Scholar:  Email Address:  Phone Number:  Type of Phone: (Home, Cell, Work)  Secondary Parent/Guardian: First Name/Middle Name/Last Name  Relationship to Scholar:  Email Address:  Phone Number:  Type of Phone: (Home, Cell, Work)  *New Millennium Academy offers open enrollment, school year-round. All applications received are fulfilled based on a first come, first serve basis until enrollment capacities are met. Incomplete applications or applications missing documentation will not be processed until the application is either completed or missing documents have been provided.*  *By signing on the next page, you are indicating you have filled in all required fields of this application and have provided all required documentations.*  Parent/Guardian Print Name:  Parent/Guardian Signature:  Date:  SECTION 2: MEDIA RELEASE CONSENT FORM  DAIM NTAWV TSO CAI SIV MENYUAM DUAB RAU TSEV KAWM NTAWV  Scholar Name: (first, middle, last)  Grade:  Please check a box below. Thov khij ib qho:   I give FULL permission for my child’s photographs video images to be used by New Millennium Academy. I authorize the image to appear on T.V, newsletter, calendars, website, annual report, school videos, local news media and any publicity purpose associated with the school. Kuv TSO CAI rau tsev kawm ntawv New Millennium Academy siv kuv tus menyuam cov duab los txhawb lub tsev kawm ntawv li cas los tau tsis muaj kev txwv.   I DO NOT give permission for my child’s photographs and video images to be used by New Millennium Academy for any reason. Kuv TSIS TSO CAI rau tsev kawm ntawv New Millennium Academy siv kuv tus menyuam cov duab.  I understand this photo release consent form shall remain in effect as long as the student is enrolled at New Millennium Academy, unless explicitly noted otherwise by the parent/guardian. Kuv nkag siab tias daim ntawv tso cai siv menyuam duab rau tsev kawm ntawv no yuav nyob nrog rau tsev kawm ntawv txog hnub kuv tus menyuam tsis kawm ntawv hauv New Millennium Academy. Yog kuv txiav txim siab hloov kev tso cai, kuv mam li sau tuaj qhia tsev kawm ntawv paub.  Parent/Guardian Print Name:  Parent/Guardian Signature:  Date:  SECTION 3: 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 scholar is multilingual. In Minnesota, scholars who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your scholar should take a English proficiency test. Based upon the results of the test, your scholar may be entitled to English language development instructions. Access to instructions is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instructions at any time. Every enrolling scholar 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 scholar. Your assistance in completing the Minnesota Language Survey is greatly appreciated.  Scholar Name: (First, Middle, Last)  Birthdate:  1. My scholar first learned:   Language(s) other than English   English and language(s) other than English   Only English  *Indicate the language(s) other than English in the space provided:*  2. My scholar speaks:   Language(s) other than English   English and language(s) other than English   Only English  *Indicate the language(s) other than English in the space provided:*  3. My scholar understands:   Language(s) other than English   English and language(s) other than English   Only English  *Indicate the language(s) other than English in the space provided:*  4. My scholar has consistent interactions in:   Language(s) other than English   English and language(s) other than English   Only English  *Indicate the language(s) other than English in the space provided:*  Language use alone does not identify your scholar as an English learner. If a language other than English is indicated, your scholar will be screened for English language proficiency.  Parent/Guardian Print Name:  Parent/Guardian Signature:  Date:  *\*\*\*All data contained on this form is considered confidential. It will only be shared with district staff who need the information to best serve your scholar 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 be shared with other individuals or entities, except if they are authorized by the state or federal law to access the information. Compliance with this request for the information is voluntary. \*\*\** |
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* 1. **Transfer student documentation:**
     1. *Transfer students must provide all required documentation including the following:*
        1. Record request form
        2. IEP Request (as applicable)
        3. SpEd Request (as applicable)
        4. ELL Request (as applicable)
     2. Transfer Request Form must include the following:

| **[FORM MUST BE PLACED IN NMA’S LETTERHEAD]**  **REQUEST FOR SCHOOL RECORDS**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *We are requesting records for:*  Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of enrollment at New Millennium Academy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Minnesota Marss # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please include the following:   * Grade for current school year (InProgress of completed) * Standardized test result (eg: MCA, CALT, or NWEA & ACCESS Score) * Health Record and Immunization * Discipline record including suspension/expulsions or violent behavior * Attendance records * Special Education * Any additional information   *We appreciate your compliance with this request.*  *Please mail or fax records to New Millennium Academy.* |
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* 1. Transfer Student
     1. Families who are transferring their child to NMA from a different school are required to fill out a Record Request form along with the required documentation. Once the Record Request Form is received, the Operations Support Coordinator will forward the request form to the student’s previous school. The Record Request form is attached to this document.
     2. Students who are identified as IEP, SpEd, or ELL will work directly with the SpEd Coordinator upon arrival.
  2. Acceptance
     1. An acceptance letter will be mailed home upon receiving all necessary documentations. A welcome packet will be mailed out two weeks prior to the start of the school day. The welcome packet includes the following:
        1. Welcome letter
        2. School calendar
        3. Lunch information and pin number
        4. Transportation information
        5. Class Schedule
        6. Classroom supply list