

**Rosa Parks Charter High School
Prospective Student Information**

Student Preferred Name: _____
Preferred Pronouns: _____
Current School: _____
Current Grade Level: _____

Legal Parent/Guardian #1: _____
Legal Parent/Guardian #2: _____

Methods of Contact: (circle preferred)

Phone: _____
Email: _____
Postal Mail: _____

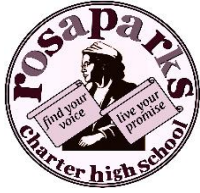
Other: _____

Dates and times you are available for a visit:

Please list any information you feel we may need to know prior to your visit:

How did you hear about ROSA? (please circle)

- a. ROSA Alumni (Name: _____)
- b. Friend or Family member
- c. Healthcare Professional
- d. Social Media (Platform: _____)
- e. Advertisement/Flier
- f. Other (Please Specify: _____)



Rosa Parks Charter High School
2450 Marion Road SE
Rochester, MN 55904
Phone: 507.282.3325
www.rosaparkscharterhighschool.org

Release of Information and Student Records

Student's Full Legal Name: _____

Date of Birth: _____ Grade: _____

To release school records:

I hereby authorize: _____

Last School Attended

Street Address

City

State

Zip

Phone

Fax

Parent/Guardian Signature: _____

Date: _____

Please send the following Anna Partridge (apartridge@rocchs.org):

- * Transcript of grades & credit
- * Grades to date leaving
- * Testing information to include Minnesota BST and MCA scores
- * MARSS number (if applicable)
- * Health records (including immunization records)
- * Attendance record
- * Psychological assessment
- * Disciplinary report
- * Date of withdrawal

If applicable, please send the following records to Special Education Director Kori Ryan either in SpEd Forms (via direct case manager transfer) or through email (kryan@indigoed.org).

- * Individualized Education Program (IEP) and accompanying Prior Written Notice
- * Most current Progress Report
- * Most current Evaluation/Re-evaluation Prior Written Notice
- * Most current Evaluation Report



Rosa Parks Charter High School - ISD 4056 - 07
 2450 Marion Rd SE
 Rochester, MN 55904
Phone: 507.282.3325
Email: info@rocchs.org

For Office Use Only:	
<input type="checkbox"/>	New
<input type="checkbox"/>	Returning

Student Enrollment Form

Student Information: (Please use **Preferred Name** unless indicated otherwise)

Last Name	First Name	Middle Name	
Legal Name: (if different than above)		Preferred Pronouns:	
Street Address	City	State	Zip
Birthdate (MM/DD/YYYY)	Grade	Gender at birth	
Student Email:		Student Cellphone:	

Preferred Language:	Student Circumstances:		
At School: _____	_____ Homelessness	_____ Felony Conviction	_____ Parenting/Pregnant
At Home: _____	_____ Runaway	_____ Dropout	_____ Other:
	_____ Foster		
	_____ Probation		

Does student currently receive any *support services: _____ Yes _____ No

If Yes, please advise of needs: _____

* Support Services can include, but are not limited to: IEP, 504 Plan, E/BD, LD, EMH, TMH, Chapter 1, Gifted/Talented, PSEO, etc.

Parent/Guardian Information

Legal Guardian #1:

Last Name	First Name	Preferred method of contact:	
Email Address:		Main Phone: Texting OK? _____	
Street Address (if different than student)	City	State	Zip
Employer:		Work Phone:	

Legally approved to receive correspondence from Rosa? _____ Yes _____ No

Legal Guardian #2:

Last Name	First Name	Preferred method of contact:	
Email Address:		Main Phone: Texting OK? _____	
Street Address (if different than student)	City	State	Zip
Employer:		Work Phone:	

Legally approved to receive correspondence from Rosa? _____ Yes _____ No

Student Primary Residence:			
_____ Both Parents	_____ Mother	_____ Father	_____ *Guardian
_____ *Step Parent	_____ *Foster Parent	_____ *Other	

* If student living with someone other than guardian(s) listed above, please provide:

Name:	Relationship:
Name:	Relationship:

Additional/Emergency Contact Information

Name	Relationship	Main Phone: Texting OK? _____
Name	Relationship	Main Phone: Texting OK? _____
Name	Relationship	Main Phone: Texting OK? _____
Name	Relationship	Main Phone: Texting OK? _____