

# Nevada State High School

New Student Information Disclaimer

Student Name \_\_\_\_\_

Date: \_\_\_\_\_

NSHS is a public school of choice and bound to the intent of the school's charter (NRS 386.500 to 386.610 inclusive). It is crucial that all new students and parents agree to follow the charter and understands the following about the school prior to completing the registration process. The NSHS Student Handbook will be available in August and will detail information on school procedures.

## Parent Student

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Student and parent/guardian understand and agree to follow the purpose and the mission of the school to support students in a college environment with personal, academic, and social skills and follow the academic plan   |
| _____ | _____ | 2. NSHS students are real college students and are treated as such by their college professors in regards to expectations, behavior, parent contact, and adult content. NSHS students must advocate for themselves when interacting with college professors. Parents are not to contact college professors for their children  |
| _____ | _____ | 3. If taking placement tests at CSN, students <b>MUST</b> indicate they are a CSN student testing for CSN classes or the student will incur any fees from the college that arise from stating they are a high school student   |
| _____ | _____ | 4. Students will receive information on purchasing textbooks during NSHS courses. Reimbursement processes are available for those who complete the forms by the deadlines to offset the extra costs  |
| _____ | _____ | 5. Students who complete online enrollment with CSN or GBC and do not enroll with NSHS are subject to all college fees   |
| _____ | _____ | 6. The Income Verification form needs to be completed to receive reimbursement. Federal qualification is not required  |
|       |       | a) NSHS is required by state and federal law to audit submissions. Those randomly selected will have one week to submit letter from an employer and/or a copy of their most recent tax documentation to support the form   |
|       |       | b) Students may contact NSHS for any additional financial information  |
| _____ | _____ | 7. Student will attend an advising appointment to set up college classes. Parent/Guardians may attend, and it is the Parent's responsibility to verify the classes   |
| _____ | _____ | 8. Students may <b>NOT</b> drop classes without written permission from NSHS, and they are responsible for all course fees   |
| _____ | _____ | 9. Students must follow the academic plan schedule and attend <b>ALL</b> of the following courses to maintain enrollment:  |
|       |       | a) College math every semester (level dependent on placement and completion through a Bachelor's degree)   |
|       |       | b) College English every semester (level dependent on placement and completion)  |
|       |       | c) Social Studies (history HIST 101 & 102 or government PSC 101)   |
|       |       | d) Intro to College Course (2-weeks long, in mid-August or in spring for mid-year students) and elective 2 <sup>nd</sup> semester  |
|       |       | e) Study Skills every semester (twice a week for two hours)  |
|       |       | f) Transition Course every semester for 1 <sup>st</sup> year (occurs once a month for first year students); COMPASS 2 <sup>nd</sup> years  |
| _____ | _____ | 10. Students are required to complete volunteer service and social activities each semester  |
| _____ | _____ | 11. Parent/Guardian agrees to attend a Parent Meeting and check MOODLE regularly   |
| _____ | _____ | 12. Activity on MOODLE is monitored by NSHS and students are expected to check it daily  |
| _____ | _____ | 13. NSHS holds one carwash fundraiser a year in August. Students have a variety of options for required participation  |
| _____ | _____ | 14. Enrollment at NSHS is not guaranteed. Do not withdraw from your previous school until NSHS enrollment is verified  |
| _____ | _____ | 15. Students must submit college transcripts to NSHS within 3 days after the end of the semester or receive F's for classes and be billed for the college courses.   |
| _____ | _____ | 16. Students/parents who withhold or falsify information may be removed from the school or may not be enrolled   |
| _____ | _____ | 17. IEP/504 documentation is necessary for college placement tests. Students are responsible for providing their IEP/504 documentation to the colleges <b>prior</b> to testing to ensure any applicable accommodations can be provided by the college during placement testing and in college courses.   |
| _____ | _____ | 18. Parents will be responsible for picking up student's grades after each semester during posted times  |
| _____ | _____ | 19. Students must maintain enrollment at NSHS through the semester to be eligible for any reimbursement  |
| _____ | _____ | 20. Nevada Law regarding expulsion and truancy are enforced at NSHS.   |
| _____ | _____ | 21. NSHS does <b>not</b> have the ability to withdraw a student from <b>any</b> college courses. If the student discontinues registration or withdraws from NSHS, the student is ultimately responsible for withdrawing from any and all college courses or they are responsible for college tuition and fees. NSHS can guide the students through withdrawing from courses, but cannot conduct the withdrawal directly. |

*When a student attends a post-secondary institution, the Family Educational Rights and Privacy Act (FERPA) allow transfer of privacy rights from the parent to the student regardless of their age. At NSHS, the parent and student must agree to share information with the parent, student, NSHS, and the student's colleges. By enrolling at NSHS, parent and student understand that they are no longer enrolled at a home school, private school, District School, or other charter school. NSHS has permission to obtain educational records from your previous school upon final enrollment.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

# Nevada State High School

## Graduation Requirement Agreements

Nevada State High School has graduation requirements above and beyond the state requirements, and this agreement serves as a written notification to parents and students of these extra graduation requirements. The school will attempt and document interventions with students who are not meeting these requirements, but it is ultimately up to the student to meet these requirements and the parents to monitor their graduation progress. NSHS will have student transcripts for parent to pick up in person from the school each semester.

### Standard Diploma State Graduation Requirements:

The total number of credits required to graduate is 22.5.

- 4 credits of English
- 3 credits of mathematics, including Algebra I or above
- 2 credits of science
- 3 credits of social studies, including American government, American history, and world history
- 2 credits in PE (physical education)
- ½ credit in health education
- ½ credit in computers
- 7.5 elective credits
- *State Exams:* All students must pass the required Nevada High School Proficiency Exams (HSPE) in reading and/or writing (ELA), math, and science. This includes the End-of Course exams.

### NSHS's Extra Graduation Requirements:

Nevada State High School is a very mission specific charter school. The school's extra graduation requirements are not set up to be punitive, but to reinforce students' commitment to achieving the school's charter.

- a. Fulfilling **college remedial** requirements by earning a C (not C-) in MATH 096, 097 ENG 098, or placing directly into MATH 126 with ACT/SAT or college placement tests
  1. Math 120 and Math 124 do not fulfill this requirement
  - ii. Students have until spring of their 12<sup>th</sup> grade year to meet these requirements
- b. Passing **Study Skills** or the Study Skills exemption requirement all semesters
- c. Passing **Transitions** (1<sup>st</sup> year student) all semesters
- d. Passing **COMPASS** (2<sup>nd</sup> year student, not for credit, required for exemptions/graduation all semesters)

### Remediation:

NSHS will provide students with the opportunity to remediate deficiencies in these extra requirements.

- College Remedial Placement – take college summer and/or winter courses, take and retake the SAT/ACT for improved placement, retake the colleges' placement tests, pass your classes with a C or better.
- Study Skills/ Transitions/ COMPASS –retrieval courses will be held to allow students to make up failing these courses which may be offered over winter and summer. Customized plans may be developed for students who fail more than one course a semester. Fall failed courses may repeat in the winter, and spring failures may repeat in the summer.
  - College remedial courses can be taken in the summer at the expense of the student
  - 12<sup>th</sup> graders who do not meet requirements for graduation may not participate in the graduation ceremony, but may still attend the summer session to earn their diploma from NSHS

***By signing below, you are acknowledging that you understand the NSHS extra graduation requirements and that if these are not met, NSHS will not issue a high school diploma and the student will not participate in graduation.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



2017 - 2018 Registration Process: Home Language Survey

233 North Stephanie Street // Henderson, NV 89074
850 S. Durango Drive; Suite 100 // Las Vegas, NV 89145
300 N 13th St// Las Vegas, NV 89101
2201 W College Pkwy//Carson City, NV 89703

Home Language Survey

LAST NAME FIRST NAME M.I. DATE

The law requires the school to ask questions about students' language backgrounds to make sure that all students receive education services they need.

Directions: Please indicate the correct response for each of the following questions and specify where appropriate.

Student Language Information:

- 1. What is the primary language used in the home, regardless of the language spoken by the student?
English Spanish Other (please specify)
2. What is the language most often spoken by the student?
English Spanish Other (please specify)
3. What is the language that the student first acquired?
English Spanish Other (please specify)

Parent/Guardian Information:

To better assist parents in communicating effectively with the school, NSHS has staff available who speak Spanish. For registration information or questions, contact 702-953-2600 or contact www.help.earlycollegenv.com.

English Spanish Other (specify)

Student Signature

Parent/Guardian Signature

DATE

OFFICIAL USE ONLY
Home Language Survey Phase 1 Status
Complete: Yes No
Entered into Data System: Yes No
By: Date:

## Encuesta sobre el idioma hablado en el hogar

Al inscribirse, cada estudiante necesita contestar una encuesta sobre el idioma que se habla en el hogar. Esta encuesta será usada para determinar si el estudiante debe ser evaluado sobre su aptitud en el idioma de inglés. El conocimiento de o la exposición a otro idioma no es necesario de reportar. Si un idioma distinto del inglés se indica en cualquiera de las 3 preguntas siguientes, el estudiante será evaluado para determinar si es elegible para servicios adicionales. Si los resultados de la evaluación determinan que el estudiante no es hábil en cualquier do los dominios del idioma (en escuchar, leer, o hablar inglés), el estudiante calificará para servicios adicionales.

**Instrucciones:** Por favor indique la respuesta correcta para cada una de las siguientes preguntas e indique otros idiomas si son aplicable.

1. Primer idioma que aprendió el estudiante:

Inglés \_\_\_\_\_ Español \_\_\_\_\_ Otro (por favor especifique) \_\_\_\_\_

2. Idioma hablado más frecuente con los amigos:

Inglés \_\_\_\_\_ Español \_\_\_\_\_ Otro (por favor especifique) \_\_\_\_\_

3. Idioma(s) que se habla en el hogar:

Inglés \_\_\_\_\_ Español \_\_\_\_\_ Otro (por favor especifique) \_\_\_\_\_

### **Información para el Padre/Tutor:**

Para asistir a nuestros padres en comunicar efectivamente con la escuela sobre información importante, NSHS tiene empleados que ofrecen ayuda en español durante el proceso de matriculación y durante el año escolar, asegurando que los padres entienden cómo funciona nuestro programa y las expectativas de la escuela. Para información sobre el proceso de matriculación, llame al 702-953-2600. Si tiene preguntas o si necesita asistencia de nuestro enlace entre los padres y la escuela, envíe un correo electrónico a [PiP@earlycollegenv.com](mailto:PiP@earlycollegenv.com).

Idioma más frecuente usado por el padre/tutor:

Inglés \_\_\_\_\_ Español \_\_\_\_\_ Otro (por favor especifique) \_\_\_\_\_

\_\_\_\_\_  
Firma del Estudiante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Padre/Tutor

\_\_\_\_\_  
Fecha

**STUDENT RESIDENCY QUESTIONNAIRE/AFFIDAVIT**

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly.

Student: \_\_\_\_\_ (Male \_\_\_ Female \_\_\_)

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Do you and your student live in a fixed, regular, adequate nighttime residence? **Yes** \_\_\_ **No** \_\_\_  
***(If you circled "NO", please continue with this form. If you circled "YES", then skip to the signature portion of this page)***

2. Do you and the student live in:

- shelter
- motel/hotel
- temporarily with another family in a house, mobile home, or apartment
- in a car or RV
- at a campsite
- transitional housing
- other location \_\_\_\_\_

3. The student lives with:

- one parent
- two parents
- a qualified relative
- friend(s)
- an adult that is not the legal guardian
- alone with no adult(s)

4. I am:

- the parent/legal guardian of the above-named student
- a qualified adult relative of the above-named student  
(Relationship: \_\_\_\_\_)

***I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street City Zip

Mailing Address: \_\_\_\_\_  
Street City Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

## CUESTIONARIO DE RESIDENCIA ESTUDIANTIL/DECLARACIÓN JURADA

Este documento tiene por objeto abordar la Ley de Asistencia McKinney-Vento. Sus respuestas le ayudarán a determinar los documentos necesarios para inscribir a su hijo rápidamente.

Estudiante: \_\_\_\_\_ (Femenino \_\_\_ Femenina\_\_\_)

Fecha de nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_

1. ¿Usted y su estudiante viven en una residencia nocturna fija, regular, adecuada? **Si** \_\_\_ **No** \_\_\_  
(***Si selecciono "NO", porfavor continúe con esta forma.*** Si selecciono "SI", proceda a la parte de la firma de esta página)

2. Usted y el estudiante viven en:

- refugio
- motel/hotel
- temporalmente con otra familia en una casa, casa móvil o apartamento
- en un coche o RV
- en un campamento
- vivienda de transición
- otra locación \_\_\_\_\_

3. El estudiante vive con:

- un padre
- ambos padres
- un relative cualificado
- amigo(s)
- un adulto que no es tutor legal
- solo sin adultos

4. Yo soy:

- El padre / tutor legal del estudiante mencionado anteriormente
- Un pariente adulto cualificado del estudiante mencionado anteriormente  
(Relación: \_\_\_\_\_)

***Declaro bajo pena de perjurio bajo las leyes de este estado que la información proporcionada aquí es verdadera y correcta y de mi propio conocimiento personal.***

Firma del padre: \_\_\_\_\_ Fecha: \_\_\_\_\_

Imprima su nombre: \_\_\_\_\_

Dirección \_\_\_\_\_  
Calle Ciudad Código postal

Dirección de envío de correo

Street City Zip

Teléfono: (\_\_\_\_) \_\_\_\_\_ Teléfono móvil: (\_\_\_\_) \_\_\_\_\_



## SPECIAL ADMISSIONS FORM FOR HIGH SCHOOL STUDENTS

Admissions & Records Office ♦ 1500 College Parkway ♦ Elko, Nevada 89801  
Phone: 775.753.2102 ♦ Fax: 775.753.2311 ♦ Email: mygbc@gbcnv.edu

Date: \_\_\_\_\_ Semester:  Fall  Spring  Summer

\_\_\_\_\_  
Name of High School

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_  
                    Mail Address                                    City                                    State                                    Zip

Phone: \_\_\_\_\_ SS# (optional): \_\_\_\_\_

HS Grade Level: \_\_\_\_\_ GBC Student ID: \_\_\_\_\_

Expected High School Graduation Date: \_\_\_\_\_

I understand that when a student attends a post-secondary institution, the Family Educational Rights Privacy Act states that parents do **not** have access to their student's educational records. I understand that I am enrolled in a dual credit course at Great Basin College that may be paid for by my high school.

I further understand that I may be responsible for all fees associated with this class if any of the following situations occur:

- a) I am no longer enrolled with the high school and I do not drop the class before the 100% refund period ends
- b) I no longer want to be enrolled in the class and I do not drop the class before the 100% refund period ends
- c) I receive a 'W' (withdrawn) grade in the class

Parents must have written permission from the student before information will be released, and information will not be given over the phone. (Contact Admissions and Records for further information).

I realize that academic freedom is zealously guarded in college classrooms and as such, topics and ideas of a controversial or sensitive nature may be discussed. If taking academic courses, it is important to meet with a GBC advisor to clarify enrollment and academic progress. Continued enrollment is contingent upon review of academic progress each semester.

Student Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



## RELEASE OF STUDENT INFORMATION TO HIGH SCHOOL

Admissions & Records Office  
1500 College Parkway  
Elko, Nevada 89801

Phone: 775.753.2102 ♦ Fax: 775.753.2311 ♦ Email: mygbc@gbcnv.edu

Student's Name (please print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date of Birth or GBC Student ID: \_\_\_\_\_

My signature indicates my permission for Great Basin College to release my academic records to the high school listed below until further notice, and allows them direct contact with my instructor(s) and the Admissions & Records Office.

Name of High School: \_\_\_\_\_

**Notice to Party Receiving Records:** This information is intended only for the institution listed above. It may contain information that is privileged, confidential, or otherwise protected from use and third party disclosure. You are hereby notified that any review, disclosure, copying, or dissemination of this information, or the taking of any action reliant on the contents, or other use, is strictly prohibited.



## Health Card

### NEVADA STATE HIGH SCHOOL

Last Name	First Name	MI	Student Number	Grade	Birthdate	Sex
Guardian Last Name	Guardian First Name	MI	Home Phone	Work Phone	Other Phone	School Year

**CURRENT HEALTH PROBLEMS (Please Check Any That Apply) (\*Must have a medical diagnosis)**

<input type="checkbox"/> Asthma/Airway Disorder*	<input type="checkbox"/> Visual Impairment*	Explain any health problems checked:
<input type="checkbox"/> Blood Disorder*	<input type="checkbox"/> Hearing Aid (R) or (L)	
<input type="checkbox"/> Food Allergy To:	<input type="checkbox"/> Hearing Loss	
<input type="checkbox"/> Medication Allergy To:	<input type="checkbox"/> ADD/ADHD*	
<input type="checkbox"/> Potentially Severe Reaction To:	<input type="checkbox"/> Cancer	
<input type="checkbox"/> Environmentally Hypersensitive To:	<input type="checkbox"/> Neurological Disease*	
<input type="checkbox"/> Diabetes*:	<input type="checkbox"/> Muscular Disease*	
<input type="checkbox"/> Seizures/Type*:	<input type="checkbox"/> Orthopedic Problem	
<input type="checkbox"/> Genetic Syndrome*:	<input type="checkbox"/> Heart Problem*	
<input type="checkbox"/> Glasses/Contacts*:	<input type="checkbox"/> Other or exempt from screening:	

Able to take P.E.? <i>(Circle One) Yes or No</i> (Must provide medical documentation regarding limitations) Is your child under a doctor's care for any circled problem? <i>(Circle One) Yes or No</i> If yes, Doctor's Name _____ Is your child receiving Medications? <i>(Circle One) Yes or No</i> If yes, list medications: _____ _____	Last School Attended: _____ <hr/> <div style="display: flex; justify-content: space-between;"> <span><i>Parent Signature</i></span> <span><i>Date</i></span> </div>
Is medication needed at school? <i>Circle One) Yes or No</i>	