Enrollment checklist: 2018-2019 School Year

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Notes | Checklist |
| Enrollment completed by (Print): | *In this packet:** Student Enrollment Form
* Media Release Form
* Student Residency Enrollment Form
* Medical Information and Release Form
* Local Field Trip Permission Form
* Request for Student Records

*Other forms:** Health Examination Form (DOH)
* Home Language Questionnaire (DOE)
* 504 Accommodations Form (DOH)
* Free and Reduced Meals Application ([www.myschoolapps.com/Application](https://www.myschoolapps.com/Application))

*Other documents to submit:** Proof of Residence (2) (dated in the last 60 days)
	+ Gas, electric, water bill (\***no** cable or phone bill)
	+ Paystub
	+ Lease agreement
	+ Property tax bill
	+ Any federal or state document with name/address (\***no driver’s license or passport)**
* Immunization Records
* Withdrawal form & date of withdrawal from current school
* Official transcript (only applicable to first graders)
* Immunization record
* Birth certificate
* Testing data and results
* Legal guardianship or custody papers
* Current IEP and psych evaluation
* ELL testing and results
 |

# Student Enrollment Form: 2018-19 School Year

By signing below, you agree: 1) to have your child attend Elm Community Charter School for the 2018-19 school year; 2) to the content of the Medical, Media, and Parent Contact Releases, provided separately; 3) to read and comply with the rules and policies outlines in the Student and Family Handbook, provided separately.

|  |  |  |
| --- | --- | --- |
| Parent/guardian name | Parent/guardian signature | Date |
| I. Student Information  |
| Student Name (Last, First, Middle) | Student Registration (OSIS) Number |
| Street Address | Date of Birth (MM/DD/YYYY) | Place of Birth (City, State, Country) |
| City | State | Zip Code | Home Phone |
| Gender (circle) Male Female Other | Grade entering in 2018 |
| Name of most recent school attended | Homeschooled? (circle) Yes No |
| Student lives with (check all that apply):Father Mother Stepfather Stepmother Grandmother Grandfather Foster Parents |
| Race/Ethnic Background:American Indian African American Asian American Hispanic WhiteOther (Please Specify): |

|  |
| --- |
| II. Family Information |
| Name of Guardian 1 | Name of Guardian 2 |
| Street Address | Street Address |
| City | State | Zip code | City | State | Zip code |
| Home Phone Number | Cell Phone Number | Home Phone Number | Cell Phone Number |
| Email Address | Email Address |
| Relationship to Child | Work Phone Number | Relationship to Child | Work Phone Number |
| **Other children living in the child’s home** |
| Name | Age | Present School | Grade |
| Name | Age | Present School | Grade |

*Continue on next page*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Present School | Grade |
| Name | Age | Present School | Grade |
| Name | Age | Present School | Grade |

|  |
| --- |
| III. Emergency Contact Information  |
| Name | Relationship to Child | Home Phone | Cell phone |
| Name | Relationship to Child | Home Phone | Cell phone |
| Name | Relationship to Child | Home Phone | Cell phone |
| Name | Relationship to Child | Home Phone | Cell phone |

I hereby permit the school to release my child to any of the above-named persons.

**The following person may NOT remove my child from the school. (Custody papers required.)**

|  |  |  |
| --- | --- | --- |
| Name of person | Relationship/connection to child | Custody papers on file?Yes No |

## Parental Involvement

Elm Community believes in the value of parental involvement in the education of children, and would like to ask parents to commit to several hours of volunteer work over the course of the school year.

Are you available to volunteer at the school? Yes No

If yes, how would you like to contribute? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Special Education Services

Please check any of the following services that your child receives.

* Special Education – Integrated Classroom
* Special Education – Small Classroom
* Speech Therapy
* Physical Therapy
* Occupational Therapy

\*If your child has an Individualized Education Plan, please submit a copy to the school as soon as possible.

## Transportation Preference

Please indicate your preference for your child’s daily transportation to school. Students at Elm Community are eligible for Metrocard and Yellow Bus service in accordance with Office of Pupil Transportation policies.

|  |  |  |  |
| --- | --- | --- | --- |
|  Subway/City Bus (Metrocard) |  Walk to school |  Yellow bus service |  I decline transportation services for 2018-19. I understand that I may request transportation services at any time. |

If you have any problems or concerns about your bus route or Metrocard, please call the Office of Pupil Transportation at 718-392-8855 immediately.

##

## How Did You Hear About Elm Community Charter School? (check all that apply)

* Direct Mail/Postcard
* Word of Mouth
* Internet
* A Flyer
* Website
* Charter School Common Application
* Other (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Media Release Form

Elm Community Charter School will make an effort to promote the activities, honors, and work of our staff and students as well as the philosophy and vision of the school. This includes our school newsletter, website, Facebook page, and promotional materials such as brochures and flyers. There will be opportunities for various students to be interviewed and/or photographed and identified by name in the media and publications described above. However, we understand that some parents may request that we do not identify their child(ren). Please fill out the form below to inform us of your wishes regarding publicity.

IN NO CASE will Elm allow an outside organization, individual, or media group to contact students or use student photos, names, interviews, or any student work without prior, written consent from the parent/guardian of the child.

* I give permission for my child to be interviewed, identified, and/or photographed/filmed for use in various **school publications and media only**, including, but not limited to, the school website and Facebook page and school brochures, newsletters, and videos.
* I request that you do not interview or photograph my child.
* Please contact me before using my child’s photo, name, interview, or student work in any school publication.

## Signature of Parent/Guardian

**I hereby verify that the above information is accurate to the best of my knowledge. I understand that if I deliberately misrepresent myself or my child, my child’s seat may be revoked.**

|  |
| --- |
| Student Name |
| Parent/Guardian Name |
| Parent/Guardian Signature |
| Date |

# Student Residency Enrollment Form

This questionnaire is intended to address the McKinney-­‐Vento Act 42 U.S.C. 11435. The answers you give below will help the school determine what services you or your child may be able to receive.

Name of student (Last, First, Middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: □ Male □ Female

Birth Date: / / Age: \_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year (or student identification number)

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

**If you answered YES to the above questions, please complete the remainder of this form. If you answered NO to the above questions, you may stop here.**

Where is the student currently living? (Check one box.)

□ In a shelter

□ With another family

□ In a hotel/motel

□ In a place not designed for ordinary sleeping arrangements such as a car, bus, train, or campsite

□ Moving from place to place

Name of parent(s)/legal guardian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002 (3)(d).*

Signature of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**McKinney‐Vento Act Liaison Signature Date**

# Medical Information and Release Form

|  |  |  |
| --- | --- | --- |
| Student’s Last Name | First Name | Date of Birth (mm/dd/yyyy) |
| Grade/Class | OSIS# |

|  |
| --- |
| **Main contact for telephone calls, emails and school correspondence** |
| Parent/Guardian Name | Relation To Student |
| Home Phone | Cell Phone | Work Phone |
| Home Address | Apt # |
| City | State | Zip |
| Email |

Medical History (check all that apply)

* Measles
* Asthma
* Allergies (Food/Other)
* Mumps
* Diabetes
* Chickenpox
* Ear Infection
* Physical Handicap
* Scoliosis
* Tuberculosis (TB)
* Vision Impairment
* Hearing Impairment
* Convulsive Disorder
* Heart Condition

|  |  |
| --- | --- |
| Doctor’s Name | Doctor’s Phone Number |
| Hospital Preference | Hospital Phone Number |

Is your child taking any medication? Yes No If yes, please list each medication the condition for which each is taken.

|  |  |
| --- | --- |
| Medication & Condition | Medication & Condition |
| Medication & Condition | Medication & Condition |

Is your child presently under treatment for any physical problem? If yes, please explain.

Is your child allergic to any foods or other substances? Which ones? Please explain the procedure to follow if a reaction occurs.

If none of the named contacts that appear can be reached, what do you wish the school to do in case the child is sick or injured?

Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

## FIRST AID AND EMERGENCY RELEASE

I authorize Elm Community Charter School staff members who are trained in the basics of first aid and CPR to administer first aid and/or CPR to my child when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. In the event of an emergency requiring medical attention for my child, if I cannot be reached or if the school determines that delay would be dangerous to my child’s health, I hereby authorize the school’s staff members to secure the necessary medical treatment for my child.

The above emergency and medical information and release is provided by:

|  |  |  |
| --- | --- | --- |
| **Parent/guardian name** | **Parent/guardian signature** | **Date** |

# Local Field Trip Permission Form

2018-19 School Year

Our academic program will include field trips within the neighborhood and around the city. Elm Community Charter School will ensure that all local trips are taken with appropriate adult supervision. Teachers and staff who lead field trips will carry cell phones to keep in touch with the school.

Please sign this off-site release form so our child can take part. For more extensive field trips we will send out specific permission forms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name

I hereby authorize Elm Community Charter School to take my child on local field trips during the school day. I acknowledge that school employees will take every effort to ensure the well-being and safety of my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian name Parent/guardian signature Date

# Request for Student Records

|  |  |
| --- | --- |
| Student Name | Social Security Number |
| Street Address | Date of Birth |
| City | State | ZIP | Home Phone |
| Gender: Male Female Other |  |

|  |  |
| --- | --- |
| Parent/Guardian Name | Parent/Guardian Signature |

|  |  |
| --- | --- |
| Name of Most Recent School Attended | Current Grade of Student |
| Street Address of School | City | State | ZIP |

Please provide the following information for the student listed above:

* Withdrawal form and date of withdrawal
* Official transcript
* Immunization record
* Birth certificate
* Testing data and results
* Legal guardianship or custody papers
* Current IEP and psych evaluation
* ELL testing and results

Please send records to:

Elm Community Charter School

82-10 Queens Blvd

Elmhurst, NY 11373

*For office use only*

First Request Sent on:\_\_\_\_\_\_\_\_

Second Request Sent on:\_\_\_\_\_\_\_\_

Third Request Sent on:\_\_\_\_\_\_\_\_