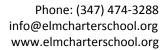




Enrollment checklist: 2019-20 School Year

Student Name:	Current Grade:
Notes	Checklist
Enrollment completed by (Print):	Student Enrollment Form Media Release Form Student Residency Enrollment Form Medical Information and Release Form Local Field Trip Permission Form Request for Student Records Health Examination Form (DOH) Home Language Questionnaire (DOE) - Kindergarten 504 Accommodations Form (DOH) - if applicable Free and Reduced Meals Application (www.myschoolapps.com/Application) Other documents to submit: Proof of Residence (2) (dated in the last 60 days) O Gas, electric, water bill (*no cable or phone bill) O Paystub O Lease agreement O Property tax bill O 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 and second graders) Immunization record Birth certificate Legal guardianship or custody papers Current IEP and psych evaluation (if applicable) ELL testing and results (if applicable)
	-

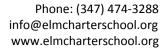




Student Enrollment Form: 2019-20 School Year

By signing below, you agree: 1) to have your child attend Elm Community Charter School for the 2019-20 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 Family Handbook, provided separately.

Parent/guardian	name	Parent/guardian signature		Date		
	C					
I. Student II						
Student Name (I	.ast, 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 202	19		
Name of most recent school attended			Homeschooled? (circle) Yes No			
Student lives wit	h (check all that a	pply):				
•Father •Mother •Stepfather •Stepmother •Grandmother •Grandfather •Foster Parents						
Race/Ethnic Bac	Race/Ethnic Background:					
•American India	n •African An	nerican •A	sian American	•Hispanic •White		
Other (Please Sp	ecify):					





II. Family Information							
Name of Guardian 1			Name of Guardian 2				
Street Address			Street Address				
City	State		Zip code	City	State Zip code		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			none Number	

III. Emergency Conta	ct 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.

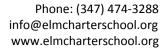
The following person may NOT remove my child from the school. (Custody papers required.)

Name of person	Relationship/connection to child	Custody papers on file?	
		•Yes	∙No



Special Education Services

Does your child receive		Individualized Educatio	n Plan (IEP)?		
 Yes, my child receives services based on his/her Individualized Education Plan (IEP) No, my child does not receive services based on his/her Individualized Education Plan (IEP) I am unsure if my child receives any services. 					
If your child does receiv	e services, please che	ck any of the following	services that your child receives.		
•	У	oom			
*If your child has an Ind possible.	lividualized Education	Plan, please submit a c	opy to the school as soon as		
	eference for your child for Metrocard and Ye		to school. Students at Elm ordance with Office of Pupil		
• Subway/City Bus (Metrocard)	Walk to school	Yellow bus service	• I decline transportation services for 2019-20. I understand that I may request transportation services at any time.		
If you have any problem Transportation at 718-3	•		ocard, please call the Office of Pup		
that apply) Direct Mail/Pos Word of Mouth Internet A Flyer Website Charter School	tcard		ter School? (check all		





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.

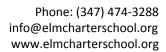
Student Name
Parent/Guardian Name
Parent/Guardian Signature
Date



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: (or student identification number)
 Is your current address a temporary living arrangement?
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):
AddressZip 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.



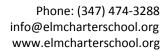


McKinney-Vento Act Liaison Signature

Date

Medical Information and	Ke	lease	Form
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Student's Last Name	First Name	Date	e of Birth (mm/dd/yyyy)
Grade/Class		OSIS	S#
	ct for telephone calls, ema	ils and schoo	<u> </u>
Parent/Guardian Name			Relation To Student
Home Phone	Cell Phone		Work Phone
Home Address			Apt #
City	State		Zip
Email			
Measles Asthma Allergies (Food/Other) Mumps Diabetes Chickenpox	□ Ear Infection □ Physical Handi □ Scoliosis □ Tuberculosis (□ Vision Impairn □ Hearing Impair	ΓΒ) nent	☐ Convulsive Disorder☐ Heart Condition
Doctor's Name		Doctor's	Phone Number
Doctor's Name Hospital Preference			Phone Number Phone Number
Hospital Preference	ication? •Yes •No If yes,	Hospital	
Hospital Preference Is your child taking any med		Hospital	Phone Number ch medication the condition for





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.
Tollow 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?

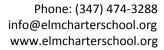
FIRST AID AND EMERGENCY RELEASE

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



Date



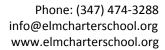
Local Field Trip Permission Form

2019-20 School Year

Parent/guardian name

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 signature





Request for Student Records

Student Name		Social Security Number					
Street Address		Date of Birth					
City	State	ZIP	Home Phone				
Gender: •Male	•Female •Oth	ner					
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 149-34 35th Avenue Flushing, NY 11354							
For office use on	ly						
First Request	Sent on:_						
Second Request	Sent on:_						
Third Request	Third Request Sent on:						