

Enrollment checklist: 2019-20 School Year

Student Name: _____

Current Grade: _____

Notes	Checklist
<p>Enrollment completed by (Print):</p> <p>_____</p>	<p><i>Forms</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student Enrollment Form <input type="checkbox"/> Media Release Form <input type="checkbox"/> Student Residency Enrollment Form <input checked="" type="checkbox"/> Medical Information and Release Form <input type="checkbox"/> Local Field Trip Permission Form <input type="checkbox"/> Request for Student Records Health Examination Form (DOH) <input type="checkbox"/> Home Language Questionnaire (DOE) - Kindergarten <input type="checkbox"/> 504 Accommodations Form (DOH) - if applicable <input type="checkbox"/> Free and Reduced Meals Application (www.myschoolapps.com/Application) <p><i>Other documents to submit:</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Proof of Residence (2) (dated in the last 60 days) <ul style="list-style-type: none"> <input type="checkbox"/> Gas, electric, water bill (*no cable or phone bill) <input type="checkbox"/> Paystub <input type="checkbox"/> Lease agreement <input type="checkbox"/> Property tax bill <input type="checkbox"/> Any federal or state document with name/address (*no driver's license or passport) <input checked="" type="checkbox"/> Immunization Records <input type="checkbox"/> Withdrawal form & date of withdrawal from current school <input type="checkbox"/> Official transcript (only applicable to first and second graders) <input type="checkbox"/> Immunization record <input type="checkbox"/> Birth certificate <input type="checkbox"/> Legal guardianship or custody papers <input type="checkbox"/> Current IEP and psych evaluation (if applicable) <input checked="" type="checkbox"/> 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
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 2019	
Name of most recent school attended			Homeschooled? (circle) Yes No	
Student lives with (check all that apply):				
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Foster Parents				
Race/Ethnic Background:				
<input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic <input type="checkbox"/> White				
Other (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

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

Special Education Services

Does your child receive any services for their Individualized Education 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 receive 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 2019-20. I understand that I may request transportation services at any time.
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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: _____
 Month/Day/Year

Social Security Number: _____
(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#

<u>Main contact for telephone calls, emails and school correspondence</u>		
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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Convulsive Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Allergies (Food/Other) | <input type="checkbox"/> Scoliosis | |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tuberculosis (TB) | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Impairment | |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Hearing Impairment | |

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

2019-20 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
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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 only

First Request Sent on:_____

Second Request Sent on:_____

Third Request Sent on:_____