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|  | **STUDENT ENROLLMENT FORM****2019 – 2020 School Year** |
| **I. STUDENT INFORMATION** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name (First, Last, Middle) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Entering |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address Apt No.  | Gender: 🞏Male 🞏Female |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City | \_\_\_\_\_\_\_\_\_\_\_\_State | \_\_\_\_\_\_\_\_\_\_Zip | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Siblings attending Launch? Enter Name and Grade, or N/A. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth (State or Country) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of most recent school attendedStudent lives with (check all that apply):**🞏** Father **🞏** Mother **🞏** Stepfather **🞏** Stepmother **🞏** Foster Parents**🞏** Grandmother **🞏** Grandfather **🞏** Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Race/Ethnic Background:**🞏** Black – Not of Hispanic origin**🞏** Hispanic**🞏** White – Not of Hispanic origin**🞏** Asian**🞏** American Indian or Alaskan Native**🞏** Pacific Islander**🞏** Multi-Racial**🞏** Decline to answer |
| **II. STUDENT RESIDENCY FORM**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided. Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive. |
| Please identify the student’s current living arrangements. Please check ONE box.**🞏** PEMANANT HOUSING - Student lives in a fixed, regular, and adequate housing situation**🞏** SHELTER - Emergency or transitional shelter**🞏** DOUBLED UP - With another family/person due to loss of housing or economic hardship**🞏** HOTEL/MOTEL - Not an emergency or transitional shelter and involves payment**🞏**  OTHER TEMPORARY LIVING SITUATION - Car, park, abandoned building, street, campground, any other inadequate living spaceIf the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The school’s homeless liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.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).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Print Parent/Guardian Name Parent/Guardian Signature Date |
| **III. FAMILY INFORMATION****Mother/Guardian 1** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian Name (First & Last) **🞏** *Check here if primary contact* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian Relationship to Student |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian Street Address Apt No. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian Home Phone#  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City | \_\_\_\_\_\_\_\_\_\_State | \_\_\_\_\_\_\_\_\_Zip | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian Mobile Phone #  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian Work Phone # |
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| **Father/Guardian 2** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian 2 Name (First & Last) **🞏** *Check here if primary contact* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian 2 Relationship to Student |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian 2 Street Address Apt No. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian 2 Home Phone # |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City | \_\_\_\_\_\_\_\_\_\_State | \_\_\_\_\_\_\_\_\_Zip | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian 2 Mobile Phone #  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian 2 Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian 2 Work Phone # |
| **PARENT INVOLVEMENT**Launch believes in the value of parental involvement. There are many ways to participate in your child’s education and contribute to the Launch community. Whether you have lots of time to offer or just a few hours, there are possibilities that accommodate a wide range of schedules and interests.  🞏 Yes, I am interested in being a part of the Parent Association. I will make every effort to participate or send a representative.🞏 I am unable to participate at this time. I will inform you if my situation changes.  |
| **IV. EMERGENCY CONTACT INFORMATION**These are other family members or friends who can pick up the student in the event of an emergency after we attempt to contact Guardians 1 and 2. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone |
| *The following person may NOT remove my child from the school. (Custody Papers must be on file.)* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Person | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship/Connection to Child | Custody papers on file? **🞏** Yes **🞏** No |
| **V. HOME LANGUAGE SURVEY**Dear Parent/Guardian:ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. We are requesting this information in accordance with the Commissioner's Regulation Part 154 (CR Part 154) which establishes the legal requirements for the education of English Language Learners (ELLs) in New York State (NYS). |
| Is a language other than English spoken in the child’s home? **🞏** Yes **🞏** No*If YES, answer the remaining questions in this section. If NO, proceed to Section VII.*Please tell us what language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Would you prefer to receive correspondence in this language? **🞏** Yes **🞏** NoWould you benefit from translation services in this language? **🞏** Yes **🞏** NoDoes your child communicate in this language? **🞏** Yes **🞏** No |
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| **VI. ENGLISH LANGUAGE LEARNERS**Information provided will NOT take away your child's spot at Launch. It will allow Launch to serve your child more effectively. |
| Does your child receive any ELL services.?  | **🞏** Yes **🞏** No |
| If YES, please provide your child's most recent language evaluation. |
| **VII. SPECIAL EDUCATION SERVICES**Information provided will NOT take away your child's spot at Launch. It will allow Launch to serve your child more effectively. |
| Does your child have an Individualized Education Plan? | **🞏** Yes **🞏** No |
| *If YES, please answer the remaining question(s) in this section. If NO, please proceed to next section.* |
| Which setting is required by your child’s IEP? *(Please submit a copy of your child’s IEP)***🞏** Integrated Co-taught class (ICT)**🞏** Self-Contained (12:1:1)**🞏** SETTS**🞏** Other |
| **VIII. MEDIA & NEIGHBORHOOD WALK RELEASE** |
| **MEDIA RELEASE**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.**🞏** Yes, I give my permission.**🞏** I request that you DO NOT use photographs of my child.**NEIGHORHOOD WALK RELEASE**I give permission for my child to participate in all trips with Launch Expeditionary Learning Charter School that are within walking distance of the school without any additional notification or written permission.**🞏** Yes, I give my permission.**🞏** No**,** I DO NOT give my permission.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Print Parent/Guardian Name Parent/Guardian Signature Date |
| **IX. MEDICAL INFORMATION & RELEASE FORM**\*\*If your child has asthma, allergies, diabetes, or takes medication on a regular basis, you must have a complete Medical Administration Form filled out by your doctor. We have copies available in our Main Office\*\* |
| MEDICAL HISTORY *(Check all that apply):* |
| 🞏 Allergies (food/other)🞏 Asthma🞏 Chickenpox | 🞏 Convulsive Disorder🞏 Diabetes🞏 Ear Infection | 🞏 Hearing Impairment🞏 Heart Condition🞏 Measles | 🞏 Mumps🞏 Physical Handicap🞏 Scoliosis | 🞏 Tuberculosis (TB)🞏 Vision Impairment🞏 None of the above |
| Is your child taking any medications? | **🞏** Yes **🞏** NoIf YES, please list each medication and the condition for which each is taken. |
| 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? |
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| Is there any physical condition that we should be aware of, and what precautions or procedures should be taken? |
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| **FIRST AID AND EMERGENCY RELEASE**I authorize Launch Expeditionary Learning Charter School staff members who are training 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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Print Parent/Guardian Name Parent/Guardian Signature Date |

**SIGNATURE OF PARENT/GUARDIAN**

I hereby verify that the foregoing 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.

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Parent/Guardian Name Date

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

Parent Guardian Signature