



# Student Enrollment Packet

(Please **PRINT** all information. Incomplete packets **may not** be eligible for admission. Pages 1 and 2 will be sent your district of residence.)

**For School Year: 2019-2020**

Vida Charter School, 120 East Broadway, Gettysburg, PA 17325

Contact: Melissa Turner, Phone: (717) 334-3643, melissaturner@vidacharterschool.com; Fax: 717-334-9806

## STUDENT ENROLLMENT INFORMATION

Name Called: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
Last First Middle

Male  Female Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

Student Resides with:  Both Parents  One Parent  Parent & Step Parent  Guardian  Foster Parent  Other\*\*

## ENROLLING ADULT PRIMARY FAMILY INFORMATION (Family #1)

(The enrolling adult **must sign page 2** of this form. **NOTE: The child must reside primarily with the enrolling adult.**)

Enrolling Adult: \_\_\_\_\_ \*\*Relationship to Student: \_\_\_\_\_  
Last First Middle

Dwelling Address	
Street	Apt/Lot#
City	Zip

Mailing Address	
Street	Apt/Lot#
City	Zip

Family Status:  Married  Separated  Divorced  Single

Family Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ ext. \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

What is the preferred language of the enrolling adult? \_\_\_\_\_

Name of other adult living at the same address: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Family Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ ext. \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

## SECONDARY FAMILY INFORMATION (Family #2)

(Parent/guardian **not** residing with the Family #1 household above)

Name of Parent/Guardian #2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Family Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ ext. \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

What is the preferred language of the secondary family? \_\_\_\_\_

Is there a custody agreement?:  No  Yes (**If yes**, submit it with the enrollment packet)



# Student Enrollment Packet

School District of Residence: \_\_\_\_\_

Grade applying for:     Kindergarten     1st     2nd     3rd     4th     5th     6th

**McKinney-Vento Act** (This may automatically qualify the student for free or reduced lunch)

Where is the student currently living (please check **one** box)

- In permanent housing
- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship
- In a hotel/motel
- In a car, park, bus, train, or campsite

**Safe Schools**

My student was **never** suspended **or** expelled from a school

My student was **suspended** from a school

**Name** of school from which student was suspended \_\_\_\_\_

**Dates** of suspension \_\_\_\_\_

**Reason** for suspension \_\_\_\_\_

My student was **expelled** from a school

**Name** of school from which student was expelled \_\_\_\_\_

**Date** of expulsion \_\_\_\_\_

**Reason** for expulsion \_\_\_\_\_

My student is **currently** suspended or expelled from a school

**Statement of Educational Equality**

Vida Charter School is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regarding to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, and any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the American Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact the School Leadership at the school address.

**Required Documents (Check off as you add them to the enrollment packet)**

- Proof of Residence (For example: mortgage statement, lease, utility bill)
- Student's Birth Certificate
- Student's Immunization Record
- Student's Physical Form Completed by Physician
- Student's Dental Form Completed by Dentist
- Student's Transportation Form from School District of Residence

**Intent to Enroll**

My signature on this form indicates the accuracy of the information included in this enrollment packet, and my intent to enroll the student indicated on page 1 at Vida Charter School for the 2019-2020 school year. I understand that the completion of this enrollment form does not guarantee admission at the school.

**Signature of Parent / Guardian:** \_\_\_\_\_

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

**To be completed by Vida Charter School**

**Signature of Vida Office Staff:** \_\_\_\_\_

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

### ADDITIONAL STUDENT INFORMATION

Does the student have any siblings **currently enrolled** at Vida? **If yes**, list their information below:

	Siblings enrolled at Vida Charter School	Birth Date	Relationship to student
1			
2			
3			

Has the student **EVER** attended school or pre-school before?  Yes  No

**If yes**, list the grades and years enrolled: Grade(s) \_\_\_\_\_ Year(s): \_\_\_\_\_

Name of pre-school and/or previous school(s): \_\_\_\_\_

Does the student currently receive any of these services? **If yes**, please provide records.

- Gifted & Talented/GIEP                       Speech                       English as a Second Language (ESL)  
 Special Education/IEP                       504 Plan                       Academic Intervention

Ethnicity: Is the student Hispanic/Latino?  Yes  No

Race: Is the student (check ALL that apply – at least one must be checked)?

- American Indian or Alaska Native     Asian     Black/African American     Hawaiian/Pacific Islander     White

/ /

Entry Date in US Public School: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Birth State: \_\_\_\_\_

### HOME LANGUAGE SURVEY (This information is used for screening and determination of eligibility for English as a New Language support).

Is a language other than English spoken in the child's home?  No  Yes (language): \_\_\_\_\_

Does your child communicate in a language other than English?  No  Yes (language): \_\_\_\_\_

What is the language that your child first learned to speak? \_\_\_\_\_

### ACTIVE MILITARY SURVEY

Does either parent/guardian/step-parent with who the student resides meet any of the following:

Is an active member of the uniformed services:  Yes  No

Is currently a member of the military reserves in the U.S. Armed Forces, National Guard or Reserve:  Yes  No

### MIGRANT OCCUPATIONAL SURVEY

Has your family moved in order to work in another city, state, or country in the past 3 years?  Yes  No

Has anyone in your immediate family been involved in the industry of agriculture, fishing, planting, processing/packing, or livestock, either full or part-time or temporarily, during the last 3 years?  No  Yes

If **yes**, can we refer you to additional migrant support?  No  Yes

### PHOTO RELEASE

**I give my consent** for Vida Charter School to use pictures/video of my child for school publications, the local newspaper, the school website, advertising, or other school website. The child's name will not be included in publications.

**I do not give my consent** for Vida Charter School to use pictures/video of my child.

**Student's Name:** \_\_\_\_\_

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

**Signature of Parent / Guardian:** \_\_\_\_\_



# Student Enrollment Packet

## Authorization to Release Records *Autorización para divulgar información*

(Please **PRINT** all information. This form must be **fully** completed.)  
*(Por favor escriba con **LETRA DE MOLDE**. Complete la forma **en completo**)*

### I hereby authorize:

*Por medio de este, autorizo:*

Name of last school or preschool attended: \_\_\_\_\_  
*Nombre de la escuela o preescolar previo*

Address: \_\_\_\_\_  
*Dirección*

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
*Número de teléfono* *Número de fax*

### to release all records, including academic, disciplinary, and Special Education/504 records (if applicable) of:

*para divulgar todos los registros, incluidos los registros académicos, disciplinarios y de educación especial / 504 (si corresponde) de:*

Student's Legal Name: \_\_\_\_\_  
*Nombre legal* Last (Apellido) First Name (Primer nombre) Middle (Segundo)

Birth Date (Fecha de nacimiento): \_\_\_/\_\_\_/\_\_\_

Student's **current** grade level:  Kindergarten  1st  2nd  3rd  4th  5th  6th  
*Grado actual del estudiante*

The records are to be released for purposes of enrollment at Vida Charter School, in compliance with FERPA.

*La información solicitada será usada para el propósito de inscripción, de conformidad con FERPA.*

Signature of Parent or Guardian: \_\_\_\_\_  
*Firma de padre o tutor*

Date: \_\_\_\_\_  
*Fecha*

#### **PLEASE SEND THE FOLLOWING RECORDS TO:**

**favor de mandar los siguientes registros a:**

**Vida Charter School  
120 East Broadway, Gettysburg, PA 17325**

Phone/Teléfono: 717-334-3643

Fax: 717-334-9806

- |  |   |
|--|---|
| <input type="checkbox"/> Cumulative Records/registros acumulativos | <input type="checkbox"/> Disciplinary Record/registros de disciplina                |
| <input type="checkbox"/> Academic Records/registros académicos     | <input type="checkbox"/> Special Education/504 Records/Educación especial 504       |
| <input type="checkbox"/> Attendance Record/registros de asistencia | <input type="checkbox"/> ESL Records/registros de inglés como segundo idioma        |
| <input type="checkbox"/> Immunization Records/registros de vacunas | <input type="checkbox"/> Assessment Data (District and State)/Datos de evaluaciones |

Name of School Official Requesting Record: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of School Official Requesting Record: \_\_\_\_\_