

ENROLLMENT APPLICATION

EOAC Waco Charter School

2020-2021

Name of Student _____ Sex _____

2020-2021 Grade Level _____ SS#(Optional) _____ - _____ - _____ Birth Date _____
First Middle Last

Age as of 9-1-20 _____ Circle one: White , Black, Hispanic, Other _____

Address _____

Street City State Zip
Home Phone (_____) _____ Cell Phone (_____) _____

What district is your child transferring from? _____

What school is your child transferring from? _____

I understand that WCS may deny enrollment to students who have a documented history of criminal offense, or juvenile court adjudication, or discipline problems under Subchapter A, 37.

Initial: _____

Name of First Parent/Guardian _____

Relationship to student _____ Home / Cell Phone # (_____) _____

Employer _____ Work Phone # _____

Name of Second Parent/Guardian _____

Relationship to student _____ Home / Cell Phone # _____

Employer _____ Work Phone # _____

MEDICATION FORM

My child takes the following prescription medication:

My child has the following food Allergies:

Doctor/Hospital Preference: _____ Doctor/Hospital
Phone _____

You MUST notify the school of a change in address or phone number(s). The information asked above is needed as a permanent school record for your child and will be used by school personnel. This is to certify the above information is correct. I, the undersigned, so hereby authorize officials of the school to contact directly the persons named on this form, and do authorize the above named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

In accordance with TEC25.002(f), the following information must be provided by the person enrolling any student in EOAC Waco Charter School.

Parent/Guardian Name (Print)

Parent/ Guardian (Sign)

_____ Date _____

Previous School History

Please list all schools your child has attended before enrolling in EOAC Waco Charter School.

1) Name of School: _____

District: _____

Teacher: _____

Year(s) Attended: _____ Grade levels: _____

Did student receive any of the following:

Special Ed _____ ESL _____ Speech _____ G/T _____ Discipline Referrals _____

Reason for leaving: _____

2) Name of School: _____

District: _____

Teacher: _____

Year(s) Attended: _____ Grade Levels: _____

Did student receive any of the following:

Special Ed _____ ESL _____ Speech _____ G/T _____ Discipline Referrals _____

Reason for Leaving: _____

3) Name of School: _____

District: _____

Teacher: _____

Year(s) Attended: _____ Grade Levels: _____

Did student receive any of the following:

Special Ed _____ ESL _____ Speech _____ G/T _____ Discipline Referrals _____

Reason for Leaving: _____

Emergency Contact Information

Student Name: _____

Name of Emergency Contact: _____

Relationship to Student: _____

Phone # of Emergency Contact: _____

Name of Emergency Contact: _____

Relationship to Student: _____

Phone # of Emergency Contact: _____

I give permission to the following individuals to pick up my child from school:

1. Name (as it is on ID) _____
First Middle Last

Relationship to student _____ Phone # _____

2. Name (as it is on ID) _____
First Middle Last

Relationship _____ Phone # _____

3. Name (as it is on ID) _____
First Middle Last

Relationship _____ Phone # _____

Children MUST be picked up from school by 3:30pm. In a situation when you must send someone not identified on this list, you must send a letter of permission with your child or turn it in the front office. Children will not be released to anyone without written permission from a parent or guardian, and everyone must show ID before they are given access to any student.

Parent/Guardian Signature _____ Date _____

PERMISSION FOR ACADEMIC AND BEHAVIOR CONFERENCES

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To protect your rights and privacy of your family, we request that you tell us who, besides yourself, can conference with school personnel about your child's academic performance and overall conduct while enrolled at Waco Charter School.

I give permission to the following family members to discuss my child's academic performance and his/her behavior while enrolled at Waco Charter School:

NAME	RELATIONSHIP
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

I understand that it is my responsibility to inform the school of any changes to this list.

Signature

Date

Enrollment Procedures

In accordance with TEC25.002 (f), the following information must be provided by the person enrolling any student in EOAC Waco Charter School.

Parent/Guardian Enrolling student _____

Address _____

Date of Birth _____

Regardless of whether a child's parent, guardian, or other person with legal control of the child under a court order is enrolling a child, under section 25.002(f) as amended last year, a district is required to record the name, address, and date of birth of the person enrolling a child.

Please bring a copy of your driver's license for proof of identity.

Los Procedimientos De Alistamiento

De acuerdo de TEC25.002 (f), la siguiente información debe ser suministrada por la persona de que registra el estudiante en la escuela Waco Charter.

Padre/Guardián registrando al estudiante: _____

Dirección _____

Fecha de Nacimiento _____

A pesar de ser el padre del niño, guardián o persona con control legal del niño bajo una orden de la corte, si esta registrando un niño, bajo sección 25.002(f) se les requiere registrar su nombre, dirección, y fecha de nacimiento de la persona que esta registrando el niño.

Por favor de traer su licencia de manejar para prueba de identificación.

Home Language Survey

Students Name: _____

SS # _____ Grade _____

To Be Filled Out By Parent/Guardian

What language is spoken in your home most of the time: _____

What language does your child speak most of the time: _____

Do Not Remove From Cumulative Folder.

This Is A Permanent Record.

Grades Pre K – 12

Signature of Parent/Guardian

Date

Cuestionario De Idioma En Casa

Nombre de Estudiante:

Numero de Seguro: _____ Grado _____

Debe Completarse Por Los Padres/Guardian

Cual es el idioma que mas se habla en casa: _____

Cual es el idioma que mas habla si hijo/a: _____

No Remover Del Folder Cumulativo.

Este Es Un Record Permanente.

Grados Pre K – 12

Firma del Padre/Guardián

Fecha



2019-2020

In order to better serve your child/children, the school district would like to identify students who may qualify to receive additional educational services. The information provided will be kept confidential.

Please print and return form to school office:

Campus: _____ Date: _____
 Student Name: _____ Grade: _____
 Father/Guardian: _____ Mother/Guardian: _____
 Father's Place of Employment: _____ Mother's Place of Employment: _____
 Home Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please answer the following questions:

1. Within the past 3 years, have you moved from one city, state, or school district to another?
 Yes No
2. If yes, did you or your child move/leave in order to work in **agriculture or fishing** (temporary or seasonal)?
 (By checking yes, you are stating that you have worked in agricultural or fishing work within the last 36 months). Yes No

If you answered **YES** to question 2, please check all that apply.



Working with fruits, vegetables, cotton, wheat, grain, agricultural farms, fields or vineyards



Working in a cannery



Working on a dairy farm. Working on a ranch-feeding livestock, clearing fields or building fences for livestock



Working in a slaughter House-packaging and Cutting meat



Working in a plant nursery, orchard, growing or harvesting trees or picking pecans



Working in a fishery



Working on a poultry farm

Other similar work, please explain:

Student Residency Questionnaire

The information on this form is required to meet The Education for Homeless Children and Youth (EHCY) program, authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.), also known as the McKinney-Vento Act.

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. Texas Education Code Sec. 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

Today's Date (MM/DD/YYYY):			
School:			
Last Name:			
First Name:			
Middle Name:			
Student Identification (ID) Number (NOT the Social Security #):			
Birth Date (MM/DD/YYYY):			
Grade:			
Last School Attended:			
Last District Attended:			
Address where the student sleeps at night (Street Address, Apartment #, City, Zip):			
How long has the student been at this address?			
Main Phone Number:			
Other Phone Number:			
Other Phone Number for Emergencies:			

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“X” all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	<p>In a home that the student’s parent or legal guardian owns or rents (C189=0)</p>
	<p>In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)</p>
	<p>Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i></p>
	<p>In a shelter (C189=5) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i></p>
	<p>In an unsheltered location, such as:</p> <ul style="list-style-type: none"> • a tent • a car or truck • a van • an abandoned building • on the streets • at a campground • in the park • in a bus or train station • other similar place <p>(C189=3)</p>
	<p>In a hotel or motel because of loss of housing or economic hardship (C189=4) <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i></p>
	<p>In a transitional housing program (C189=5) <i>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)</i></p>
	<p>The student lives here because of a natural disaster. “X” the type of disaster below and provide the requested information:</p> <p>___ Hurricane--Name of hurricane: _____</p> <p>___ Flood</p> <p>___ Tornado</p> <p>___ Wildfire</p> <p>___ Other—Please describe: _____</p> <p>Date the natural disaster took place: _____</p> <p>Where the natural disaster took place, including county: _____</p>
	<p>The student does not sleep in any of the places described above. Tell below where the student does sleep:</p>

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Provide the following information for school-age siblings (brothers and/or sisters) of the student:

Last Name	First Name	Brother or Sister	Stay at the same place (X)	Grade	School	District

List all other school-aged children that stay in the same place

Last Name	First Name	Grade	School	District

Signature of Person Providing Information

Date

Parent / Legal Guardian / Caregiver / Unaccompanied Student

For School Use Only

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

McKinney-Vento Liaison Signature

SOCIOECONOMIC INFORMATION FORM

CONFIDENTIAL

Student Name _____ Student Grade _____ Student Date of Birth _____

School Name _____ Student ID _____ (To be added by school)

Waco Charter School is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for you family are not reported to the Texas Education Agency.

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? YES ___ NO ___

Do you receive Temporary Assistance to Needy Families (TANF) Yes ___ NO ___

SECTION B (Complete only if all answer in SECTION A are NO.)

How many members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DECUTIONS OF ALL HOUSEHOLD MEMBERS (check one box below):

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker’s compensation, unemployment and all other sources of income. (BEFORE any type of deductions)

___ \$0 – 21,590 ___ \$44,124 – 51,634 ___ \$74,168 – 81,768 ___ \$104,212 – 111,722

___ \$21,591 – 29,101 ___ \$51,635 – 59,145 ___ \$81,679 – 89,189 ___ \$111,723 – 119,233

___ \$29,102 – 36,612 ___ \$59,146 – 66,656 ___ \$89,180 – 96,700 ___ \$119,234 – 126-744

___ \$36,613 – 44,123 ___ \$66,657 – 74,167 ___ \$96,701 – 104,211 ___ \$126,745 – and above

SIGNATURE Please check one of the following two boxes as appropriate:

In accordance with the provision of the Protection of Pupil Rights Amendment (PPRA), no student shall be required, as part of any program funded in whole or in party by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

___ I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

___ I choose not to provide the information. I understand that the school’s disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Pick up Authorization

Child _____ Grade Level _____
(Nino) (Nivel de Grado)

Parent Name (Nombre del Padre)

Home Address (Direccion de Casa)

Home Number (_____) _____ Cell Number (_____) _____
Work Number (_____) _____

My children may be picked up by the following people: I understand that these individuals may be required to show identification.

Las siguientes personas pueden recoger a mis ninos: Comprendo que estas personas se les puede pedir identificacion.

NAME	RELATIONSHIP	PHONE NUMBER
(NOMBRE)	(RELACION)	(TELEFONO)

Parent Signature (Firma del Padre)	Date (Fecha)
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Texas Education Agency

Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC). School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student’s or staff member’s ethnicity and race.

United States Federal Register (71 FR 44866)

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- NotHispanic/Latino**

Part 2. Race: What is the person’s race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student’s permanent folder.

Ethnicity – choose only one:

_____ Hispanic / Latino

_____ NotHispanic/Latino

Race – choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Observer signature:

Campus and Date: