

**Taylor's Crossing Public Charter School
Enrollment Information
2011-2012**

Student Name: _____
Grade Level: _____

Please fill in student's information.

Birthday: _____ **Gender:** F or M **Home District #:** _____ **Previous School:** _____

CONTACT INFORMATION

Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address: _____

Home Phone: _____

Student's Cell: _____

PARENT INFORMATION

Mother/Legal Guardian: _____

Cell: _____

E-mail: _____

Employer (Place/#): _____

Father/Legal Guardian: _____

Cell: _____

E-mail: _____

Employer (Place/#): _____

EMERGENCY CONTACT

Contact #1

Name: _____

Relationship: _____

Best Day Phone: _____

Contact #2

Name: _____

Relationship: _____

Best Day Phone: _____

Doctor: _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Will student ride the bus? Yes or No

If yes, Route # _____ **Stop** _____

If no, provide other transportation information

Please contact me to be a parent volunteer for the current school year: YES or NO

Please sign this student up for the Student Directory: YES or NO

All e-mails will be registered for the electronic newsletter. Once you receive the newsletter you can opt-out.

Please list all allergies: _____
(If a food allergy, please submit a doctor's note so the cafeteria can make accommodations.)

Please list any medical conditions or history the school should be informed of: _____

The preceding information is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____



Dear Parents, Guardians and Students,

Welcome to Taylor's Crossing Public Charter School (TCPCS). To promote a positive school experience, we are providing the following Student Handbook. Please read and discuss the information with your family so the child(ren) attending TCPCS will understand what the expectations are. By signing below you are indicating that you have read and explained the policies in the Student Handbook to your child(ren). Keep the Student Handbook for your reference and return the signed Policy Form to the school with your enrollment information.

This form will remain in effect as long as your child attends TCPCS. Please contact the school, if you would like to make any changes. Thank you for your assistance and please call if you have questions regarding enrollment.

Student Name (print): _____

Parent/Guardians Names (print): _____

Please check the box to indicate that you have been informed of the following:

- I have received, read and understand the Student Handbook for TCPCS.
 - Students WILL NOT BE SUPERVISED at TCPCS until 8:10 a.m. or after 3:20 p.m.
 - I have read and understand the Student Attendance Policy.
 - For the safety of students and children in surrounding neighborhood, I agree that I or those transporting my child(ren) to school will use the Lincoln Road entrance when transporting students to and from TCPCS.
 - I have read the Behavior Policy and agree to work with TCPCS to make it a safe, kind and respectful environment.
 - I have read and understand the Discipline Policy, including the Progressive Discipline Policy.
 - I have read and understand the Dress Code at TCPCS.
 - I have read and understand the Medical Insurance Policy.
 - I have read and understand the Drug Free School Policy.
 - I have read and understand the Zero Tolerance for Weapons Policy.
 - I have read and understand the Internet Safety Policy.
 - I have received a copy of the Notification of Rights under FERPA.
- Yes No I give permission for my child(ren) to use the Internet for educational purposes at TCPCS.
- Yes No My child's has permission to participate in school-sponsored Field Trips.
- Yes No My child's photo, name, initials and/or schoolwork can be published on the Internet.
- Yes No My child's photo, name, initials and/or schoolwork can be published on any commercial broadcast media.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____



Standard Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

1. Presently, where is the student living? Check one box

Section A	Section B
<input type="checkbox"/> In a shelter, transitional housing or awaiting foster care <input type="checkbox"/> With more than one family in a house or an apartment due to loss of housing or economic hardship <input type="checkbox"/> In a temporary trailer, campground, car or park <input type="checkbox"/> In a hotel or motel <p>CONTINUE: If you checked a box in Section A, complete #2 and the remainder of this form.</p>	<input type="checkbox"/> Choices in Section A do not apply <p>STOP: If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel. Thank you.</p>

2. The student lives with:

- 1 parent
- 2 parents
- 1 parent & another adult
- a relative, friend(s) or other adult(s)
- alone with no adults
- an adult that is not the parent or the legal guardian

School _____

Name of Student _____ Male Female

Birth Date _____ Age _____ Social Security # _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ City _____ State _____ Zip _____ Phone _____

Signature of Parent(s)/Legal Guardian(s) _____ Date _____

School Use Only – Administrator’s determination of Section A circumstance:

If the parent/guardian has checked Section B above, completion of form is not required. For any choices in Section A, this form must be immediately routed to appropriate personnel. The original form must be kept separately from the student permanent record for audit purposes during the year.

The name and phone number of a school contact person who may know of the family’s situation.

_____ Date Distributed: _____



Student Name: _____

Date of Birth: _____

1. Has your child ever received special education services? Yes No
When? _____
Where? _____
2. Was your child receiving Special Education services at their last school at the time of withdrawal? Yes No
3. Does your child have a 504 plan? Yes No
4. Was your child receiving Title I services at their last school at the time of withdrawal? Yes No
5. Was your child receiving Gifted/Talented services at their last school at the time of withdrawal? Yes No

If you answered "yes" to any of the above questions, please check all special services that your child has received.

- Special Education/Resource Room Services
- Gifted/Talented Services
- Speech/Articulation Therapy
- Language Therapy
- Occupational Therapy
- Physical Therapy
- Educational of the Hearing Impaired
- Title I Reading/Math
- ELL (English Language Learner)/ ESL (English Second Language)
- Counseling Services
- Other: _____

6. Does your child have a Medicaid card? Yes No

If yes, card # _____

Parent/Guardian Signature _____ Date _____



HOME LANGUAGE - School districts are required by both Federal and State laws to determine the first language learned by each student. This information is essential in order to provide the best instruction for each student. Your cooperation in helping us meet this requirement is requested. Please answer the following questions and sign the form. Your responses will become part of the district's official documentation of language assessments.

Student Name: _____

Date of Birth: _____ Grade: _____

Birth Country: _____ United States Entry Date: _____

Moved From: (City/State) _____

Check the box if your family has moved at some time in the past three years to look for work in agriculture (farming, potato industry, dairy, meat processing).

1. What language did your child learn when he/she first began speaking? _____

2. What language does your child use at home? _____

3. What language do you use when speaking to your child? _____

4. What language does your child speak with his/her friends outside the home? _____

5. In what language would you prefer to receive correspondence from the school? _____

6. Has your child ever participated in a bilingual program through his/her school? _____

ETHNICITY – Each year, school districts are required to report student race and ethnicity data to the Idaho State Department of Education by categories that are set by the Federal government. This data is used to ensure all students receive the educational programs and service to which they are entitled. This information will not be reported to any federal agency in a way that identifies the student.

Please answer both part A and part B.

Please note – If you choose not to provide this information, a designated school staff person(s) will observe and select racial and ethnic categories on the student's behalf as required by the Federal government for reporting.

IS THE STUDENT HISPANIC/LATINO?		
Part A	<input type="checkbox"/> NO, not Hispanic/Latino	
	<input type="checkbox"/> YES, Hispanic/Latino	
<i>Part A above is a question about cultural or ethnic identity, not race. No matter what was selected above, please continue to answer the following to indicate what you consider the student's race to be.</i>		
WHAT IS THE STUDENT'S RACE?		
Part B	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	

Parent/Guardian Signature _____ Date _____

Translator Signature (if translator used) _____