



VANGUARD ACADEMY CHARTER SCHOOL
 Student **Enrollment** Application
 2018-2019

Pre-K3 Half Day
 Use Black ink only.

Student's Legal Name:
 Last: _____ First: _____ Middle: _____
 Date of Birth: ____/____/____ Sex: _____ (M or F) Social Security Number: ____/____/____
 Student's Address: _____ City: _____ State: _____ Zip Code: _____
 Grade Enrolling for 2018-2019: _____ Siblings Currently Enrolled: _____

Ethnicity:	<input type="checkbox"/> Hispanic/Latino	History:	Please circle "Y" for yes and "N" for no.
	<input type="checkbox"/> Not Hispanic/Latino		Y/N Has the student been placed in a Gifted & Talented Program? Y/N Has the student ever repeated a grade? If so, which one(s)? _____
Race:	<input type="checkbox"/> American Indian/Alaskan	Y/N Has the student ever been suspended from school, or been assigned to an alternative school? _____	Y/N Has the student ever been placed in a special education/Resource/504 class? If so, where? _____ When? (Be Specific) _____ Please provide the documentation.
	<input type="checkbox"/> Asian	Y/N Has the student ever received Speech Therapy and/or Occupational Therapy? _____	<input type="checkbox"/> Private <input type="checkbox"/> School/Child Find
	<input type="checkbox"/> Black or African American	Y/N Is the student currently taking any medication? If so, which one(s)? _____	Please list any illnesses or health problems that your child may have: _____ _____
	<input type="checkbox"/> Native Hawaiian/Pacific	Is this student the subject of a court or custody order? _____ (Y/N)	If YES, please provide a copy of the order to the school.
	<input type="checkbox"/> White		
Place of Birth:	City: _____ State: _____		

Have you applied at another Vanguard Academy campus? _____ (Y/N) If yes, for what school year? _____
 Has the student ever attended Vanguard Academy? _____ (Y/N) If yes, during what school year? _____
 Has the student ever attended school in Texas? _____
Last school attended:
 School Name: _____ District _____
 City: _____ State: _____ Zip: _____
 Campus of Residence: _____

Qualifications: Pre-K3 - 3 years old by September 1, 2018.
 *Must meet State and Federal guidelines. (Exceptions apply for contracted employees)

Parent/Guardian Information:
Primary Contact
 Last Name: _____ First Name: _____ Relation: _____
 Address: _____ Apt. _____ City: _____ State: _____ Zip Code: _____
 Cell Ph. #: _____ Other Ph. #: _____ Email: _____

Secondary Contact
 Last Name: _____ First Name: _____ Relation: _____
 Address: _____ Apt. _____ City: _____ State: _____ Zip Code: _____
 Cell Ph. #: _____ Other Ph. #: _____ Email: _____

Emergency Contacts:

Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____

Student's Doctor/Clinic: _____ Phone: _____
Hospital of Choice: _____

Migrant Information: Employment Survey

Has your family left the school district to search for work in the last three years? _____ Yes _____ No

Date: _____

If yes, from _____ to _____.
City, State or Country City, State or Country

Directory Information:

Schools regularly receive requests for directory information on students enrolled. This information includes, but is not limited to, information such as student name, address, telephone number, date and place of birth, photographs, participation in sports, grade level, dates of attendance, enrollment status and e-mail address.

_____ I Give _____ I DO NOT GIVE permission to release student directory information.

STUDENT'S NAME: _____

I attest that all of the above information is true and correct to be the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

****Upon acceptance, a Student Withdrawal form from the previous school must be presented before a student may be registered.**

Select Campus of Choice:

- Rembrandt Elementary (Pharr)
- Picasso Elementary (Pharr)
- Mozart Elementary (Alamo)
- Beethoven Elementary (Edinburg)

For Office Use Only:

- Application/Enrollment Form
- Proof of Residence (Utility bill/tax records)
- Birth Certificate & Social Security (Pre-Kinder & Kinder)
- Copy of Student's most recent report card/transcript. (Grades 1st-12th)

For Office Use Only:

Date Received Enrollment Application: _____
Time: _____
Int's: _____
Int's: _____
Int's: _____

For Nurse Use Only:

I have personally reviewed the student's Immunization and Health Record.
Date: _____
School Nurse's Signature: _____

Vanguard Academy prohibits discrimination in admission policy on the basis of sex, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend. It does not discriminate on the basis of gender, race, color, and national and ethnic origin in administration of its education policies, scholarships, and/or administrated programs.