

WELCOME TO PRIORITY CHARTER SCHOOLS

Upon Enrollment, please provide the following:

- Birth Certificate
- Proof of Residency
- Drivers License of Enrolling Parent/ Guardian
- Immunization Record
- Social Security Card of Enrolling Student

Student Drivers must provide:

- Valid Driver's License
- Proof of Liability Insurance

All information must be received for your child/children to be enrolled.

Cedar Park Charter Academy
201 Buttercup Creek Blvd.
Cedar Park, TX 78613
512-331-2980

Cove Charter Academy
2205 FM 3046
Copperas Cove, TX 76522
254-238-8231

Georgetown Charter Academy
302 Serenada Drive
Georgetown, TX 78628
512-863-9236

Temple Charter Academy
7177 Airport Road
Temple, TX 76502
254-778-8682

Priority Charter Schools does not discriminate on the basis of race, color, national origins, sex, disability, or age in its programs, activities, enrollment, or employment practices. For inquiries regarding the non-discrimination policies, contact: Office of Human Resources, 254-206-2013, 275 FM 2483, Belton, TX 76513.

PRIORITY CHARTER SCHOOLS
ENROLLMENT FORM
SCHOOL YEAR 2017/2018

Grade Level in 2017/2018: _____

Date _____

Student's Last Name	Student's First Name	Student's Middle Name
Birth Date ____/____/____	SS# _____ - _____ - _____	Age on September 1, 2017 _____
Home/Mailing Address _____		
City _____	State _____	Zip _____
Home Phone _____	Primary Contact Phone _____	
Preferred Family Email Address _____		
Campus my child would attend in Local ISD: _____		

FAMILY INFORMATION

Guardian's Name _____ Living with Student? _____

Relationship to student _____

Please provide the following information:

Primary Phone (____) _____ Secondary Phone (____) _____

Email Address _____ Drivers Lic # _____ State _____

Guardian's Name _____ Living with Student? _____

Relationship to student _____

Please provide the following information:

Primary Phone (____) _____ Secondary Phone (____) _____

Email Address _____ Drivers Lic # _____ State _____

APPROVED STUDENT PICK-UP LIST

The following people may pick up my child: _____

HOME LANGUAGE SURVEY

****TO ONLY BE FILLED OUT THE FIRST TIME STUDENT IS ENROLLING IN
A TEXAS PUBLIC SCHOOL****

Name of Child _____

Campus _____ Grade _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

(1) What language is spoken in your home **most** of the time? _____

(2) What language does your child speak **most** of the time? _____

Signature of Parent

Date

CUESTINARIO DE IDIOMA HOGARENO

Nombre Del Nino (a) _____

Escuela _____ Grado _____

DEBE DE COMPLETARSE POR EL PADRE O POR EL GUARDIANO:

(1) Cual es el idioma que mas habla en su hogar? _____

(2) Cual es el idioma que mas habla su nino? _____

Firma del Padre o del Guardiano

Fecha

Copy to Special Programs Director

STUDENT HEALTH HISTORY & MEDICAL INFORMATION

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.
- Not Hispanic/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 Name(Please Print)	Parent/Guardian Signature
Student Identification Number	Date

This space reserved for Local school observer.	
Ethnicity-choose only one: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic Latino	Race-choose one or more: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African America <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Observer's Signature	Campus and Date

Name _____

Last

First

Middle

D.O.B _____ / _____ / _____ Phone # _____

Emergency Contact Name/Phone _____

Emergency Contact Name/Phone _____

(If the family does not have a valid phone, contact information for a friend or relative must be given for emergency purposes.)

Physician's Name _____ Phone _____

- **Please list allergies to medicine, food, environment, etc., of which you are aware or suspect student may have.**

- **Does student have any medical/ psychological condition about which we should be informed?** Yes _____ No _____

- **Is student Pregnant?** Yes _____ No _____ If yes, expected due date _____ / _____ / _____

- **Please identify if student had the following diseases by age:**

Chickenpox _____ Measles _____ Mumps _____

- **Please check any of the following illnesses, injuries, conditions which student has had or currently has now:**

___ Asthma/ lung problems

___ Heart Problems

___ Diabetes/ Hepatitis

___ Kidney Problems

___ Ear/ Nose / Throat Conditions

___ Ulcer/ digestive problems

___ Fracture/ dislocation / Strain

___ Skin Condition

___ Hearing Aid / Orthopedic Braces

___ Surgery

___ Head Injury

___ Other i.e. ADHD/AIDS etc.

- **Is student currently under care of a doctor for any problem no discussed above? If so, please provide details below.**

- **Is student taking any prescribed medications that must be administered during school hours?** Yes _____ No _____ If yes, please list medications and dosage information.

Copy to Child Nutrition Director

INFORMATION FOR TEACHERS

Student's Name: _____ Grade Level 2017/2018 _____

Date of Birth: _____ Home/Cell Phone: _____

Street Address: _____
_____, Texas _____

CONTACT INFORMATION (PLEASE LIST ALL POSSIBLE POINTS OF CONTACT)

Contact's Name _____ Relationship to Student _____

Primary Phone _____ Secondary Phone _____

E-Mail _____ Preferred Method of Contact: _____

Contact's Name _____ Relationship to Student _____

Primary Phone _____ Secondary Phone _____

E-Mail _____ Preferred Method of Contact: _____

Contact's Name _____ Relationship to Student _____

Primary Phone _____ Secondary Phone _____

E-Mail _____ Preferred Method of Contact: _____

- The following people may pick up my child: _____

- My child is allergic to _____

- I have the following concerns about my child that I would like for the teacher to be aware of:

PRIORITY CHARTER SCHOOLS

COMPULSORY SCHOOL ATTENDANCE

The state of Texas requires that all children from the age of six to eighteen shall attend school. *Texas Education Code Section 25.085*

The compulsory school attendance law has been violated if a student is required to attend school under Texas Education Code Section 25.085 and fails to attend school on three or more days or parts of days within a four-week period of time. *Texas Education Code Section 25.094*

It is the PARENT'S duty to monitor the student's school attendance and require the student to attend school. At Priority Charter School, a parent may call the school at anytime to inquire about his/her student's attendance record.

If a student is not in compliance with the Texas Education Code, the student and/or parent are subject to prosecution for Failure to Attend School (student) and Parent Contributing to Nonattendance (parent).

A school district may revoke enrollment of a student enrolled in our Pre-K program or who is over the age of 18 who has more than 5 absences in a semester.

Your student must be in attendance at Priority Charter School all day, every day. If your student must miss school for any reason, a parent note, doctor's excuse, or court document **MUST** be turned in to the school stating the reason for the absence. Please note that a parent note **DOES NOT EXCUSE A STUDENT'S ABSENCE**. **The documentation MUST be turned in within 3 days of the student's RETURN to school. If the school does not receive the documentation timely, the absence will be UNEXCUSED** (and it will count towards violation of compulsory school attendance).

If your student accumulates 3 days/parts of days of unexcused absences, a Warning Notice will be mailed to the mailing address listed in the Priority Charter Schools records. Upon receipt of the notice, please contact the school to discuss the absences/attendance record of your student.

If your student accumulates 4 days/parts of days of unexcused absences, an affidavit will be filed with the court alleging a violation of Texas Education Code Section 25.094, Failure to Attend School and/or Parent Contributing to Nonattendance. The court will issue a summons and the parent and/or student will be required to appear in court and face prosecution of a Class C misdemeanor.

By signing this form, I acknowledge receipt of notice of Texas Education Code Compulsory School Attendance Laws, as well as Priority Charter Schools procedure for truancy.

Student's Name (Please Print)

Guardian's Signature

Student's Signature (if applicable)

Date

Student's Grade

MILITARY CONNECTED STUDENT FORM

2017-2018

In 2009 The Texas Legislature adopted the Interstate Compact on Educational Opportunity for Military Students – Texas Education Code Chapter 162. This legislation requires schools to recognize and extend certain privileges to students who are military dependents and to assist military dependent students in the transition process of changing schools when their military parents are reassigned and forced to relocate.

Parent Name: _____

Student Name: _____ Date of Birth: _____

If Known: Student ID: _____ Grade: _____ Campus: _____

Please check one box below to indicate if your child is a dependent of a member of:

For all students:

Active Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard

[This includes Missing in Action (MIA)]

Texas National Guard

Reserve Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard

For Pre-Kindergarten students ONLY:

Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who has been injured or killed while on active duty.

Copy to District PEIMS Coordinator

PRIORITY CHARTER SCHOOLS

ELECTRONIC DEVICE POLICY

STUDENT: _____

Date: _____

PARENT/GUARDIAN: _____

Dear Parent/Guardian:

Priority Charter Schools (PCS) believes it is in the best interest for students to restrict the use of electronic devices whose primary function is for communication, the listening of music, or the activities of playing games. These restricted devices include, but are not limited to, cell phones, music players, tablets, laptops, gaming systems, cameras, and camcorders. PCS maintains a district-wide policy of **NO ELECTRONIC DEVICES WHILE ON CAMPUS** (this includes on the school bus and before and after school hours) for the overall benefit of the student body.

If a student brings a device to school, they must turn it into the amnesty box provided by their homeroom teacher. If a student is caught with restricted devices, it will be subject to confiscation.

Please initial the following statements to indicate your understanding of this policy:

_____ I understand that my child will not be allowed to use, display, or be in possession of electronic devices while **ON CAMPUS** regardless of the time of day. This policy is while on campus, **NOT** just during school hours.

_____ I recognize that if my child breaks the district policy for electronic devices, the following will happen:

_____ The device will be confiscated for 3 SCHOOL DAYS.

_____ A payment of \$15 will be required before the phone is returned.

_____ A parent **MUST** be present when the phone is returned.

_____ I understand that if my child refuses to surrender a confiscated device, the campus director shall deem this as grounds for expulsion.

_____ I recognize that the school bus is considered an extension of the school, and will expect my child to maintain the same policy while on the bus, as if on campus.

Witnessed by: _____

Date: _____

OPEN RECORDS ACT

Under the Open Records Act an outside entity may request directory information about our student body (i.e., student's name, address, phone numbers, e-mail addresses, dates of attendance, and enrollment status). Please check the appropriate box and sign and date below.

- I do not want my child's directory information to be shared with outside entities. Information may only be shared with my written consent.
- Priority Charter Schools may share my child's directory information with outside entities.

Parent's Signature

Date

PARENTAL/GUARDIAN CONSENT FORM

All students are involved in activities that are videotaped or photographed. Sometimes the videotape or photograph is used by the media, posted on the school Facebook page, or shown to parent organizations.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian.

Check one of the following choices:

- I GRANT permission for a photo/image that includes my child to be published on the school and/or district's public Internet site.
- I DO NOT GRANT permission for photo/image that includes my child to be published on the school and or district's public Internet site.

Parent's Signature

Date

PROOF OF RESIDENCY

As required by law, each student who enrolls in a public school must show proof of residency.

Proof of Residency Form Given

Director's Initials

SAFE AND DRUG-FREE SCHOOL POLICY

Priority Charter Schools are committed to being a **DRUG-FREE, WEAPON-FREE, VIOLENCE-FREE SCHOOLS.**

I understand that my child will receive a handbook and the student code of conduct and consequences to students who violate school policy. I understand that my child will be subject to school discipline and possibly prosecution if he /she is found to have violated Priority Charter Schools' Student Code of Conduct, which prohibits the use, possession, sale, or distribution of dangerous or controlled substances and alcohol; possession of weapons; and involvement in any violent or obscene act on school premises or at a school activity.

Failure to sign this form does not exempt your child from compliance with the laws, policies, rules, and regulations of the state and school.

Parent's Signature

Date

VISITOR AND VOLUNTEER POLICY

All visitors or volunteers are required to check in through the Campus Secretary's office. Secretaries will request a valid ID and keep the ID card for the duration of the visit. The secretary will issue the visitor/volunteer an identification badge that must be worn. All visitors and volunteers must check out with the secretary in order to receive their ID cards.

If an unauthorized individual is observed on Priority Charter Schools' premises, employees will immediately notify the Campus Director or, if necessary, escort them to the office.

Priority Charter Schools requires all visitors and volunteers to be fully clothed with no tank tops, short shorts, or other revealing clothing.

In order to provide quality education to our student body, Priority Charter Schools requests parents to schedule any appointments, outside of lunch with their child, after school with the requested staff in advance. Appointments may be scheduled with the Campus Director through the Campus Secretary.

All student checkouts must go through the Campus Secretary's office. Valid picture ID may be requested to ensure that the person is on the student's approved pick-up list. **To ensure that students are sent safely home, during the hours of 2:45 PM and 3:30 PM, students cannot be checked out. Students must be checked out prior to 2:45 PM.**

Parent's Signature

Date

SPECIAL SERVICES

PAST SPECIAL EDUCATION/504 SERVICES

Has your child ever received **Special Education Services** at another school **and** been dismissed from these services?

Circle: Yes or No (If you circle yes, fill out bottom portion)

School's Name: _____ **Year of Dismissal:** _____

Has your child ever received **504 services** at another school **and** been dismissed from these services?

Circle: Yes or No (If you circle yes, fill out bottom portion)

School's Name: _____ **Year of Dismissal:** _____

CURRENT SPECIAL EDUCATION/504 SERVICES

Does your child **currently** receive special education or 504 services?

Circle: Yes or No (If you circle no, please put a line through the next page titled, "Special Education/504 Records" and initial and date it.)

MIGRANT WORK

Have you performed migrant work, on a temporary or seasonal basis, in a job related to agriculture, forestry, or fishing?

Circle: Yes or No

Copy to Special Programs Director



PRIORITY CHARTER SCHOOLS

SPECIAL EDUCATION/504 RECORDS

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

Student: _____ Date Sent: _____

PARENTS: Please authorize the person or agency named below to release specified records containing confidential information regarding the above named student.

RELEASING AGENCY (Previous School): _____

Release to (staff member): _____

RECORDS REQUESTED:

- Current ARD and IEP
- Vocational Assessment
- Individual Transition Plan
- Other information pertaining to special services
- Psychological/ Psychiatric Evaluation
- Full & Individual Evaluation

PURPOSE OF DISCLOSURE:

- Special Education Placement
- Transfer student
- ARD information
- Other _____

Authorization (Completed by Parent)

- Y / N I have been fully informed and understand the school's request for my consent as described above. This information will be released upon receipt of my written consent.
- Y / N I understand my consent is voluntary and may be revoked at any time.
- Y / N I understand the revocation of my consent is not retroactive; therefore action begun after the consent and before the revocation will not be affected.
- Y / N I will be notified in writing of each release of educationally related information.
- Y / N I have been informed of this notice in my native language, either in writing or through interpretation.

Signature: Parent, Guardian, Surrogate Parent, Adult Student

Date

Signature: Interpreter (if used)

Date

Copy to Special Programs Director

STUDENT *RECORD* RELEASE

DATE: _____

To Releasing School Counselor or Registrar:

School Name: _____

School Address: _____

City, State, Zip: _____

School Phone # _____

Fax Number _____

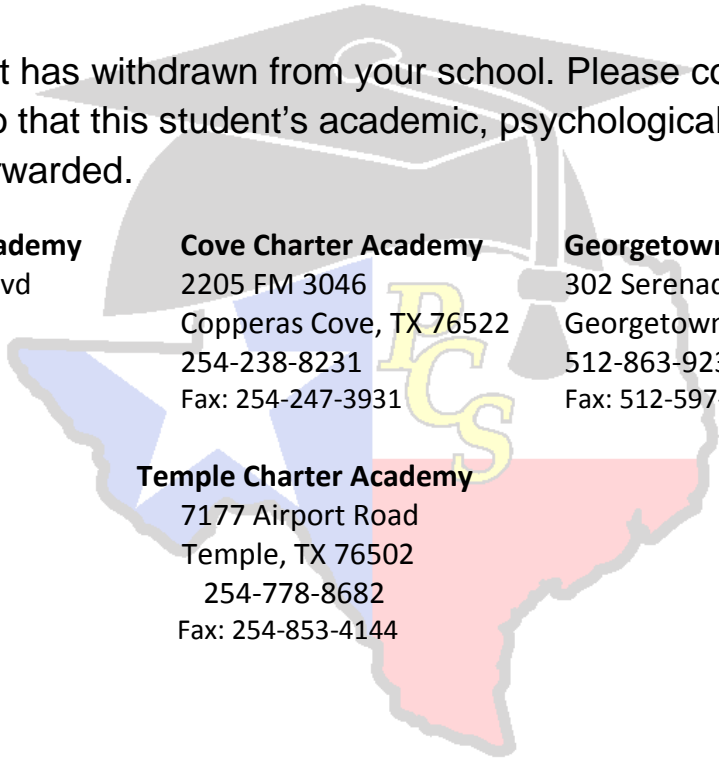
The above student has withdrawn from your school. Please contact the school indicated below so that this student's academic, psychological, 504, and health records can be forwarded.

Cedar Park Charter Academy
201 Buttercup Creek Blvd
Cedar Park, TX 78613
512-331-2980
Fax: 512-628-6700

Cove Charter Academy
2205 FM 3046
Copperas Cove, TX 76522
254-238-8231
Fax: 254-247-3931

Georgetown Charter Academy
302 Serenada Drive
Georgetown, TX 78628
512-863-9236
Fax: 512-597-3359

Temple Charter Academy
7177 Airport Road
Temple, TX 76502
254-778-8682
Fax: 254-853-4144



STUDENT

DATE OF BIRTH

GRADE LEVEL

Signature of Requesting Guardian

Signature of Receiving Registrar