

**Taylor's Crossing Public Charter School  
Enrollment Information  
2019-2020**

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

**ALTERNATE CONTACTS**

**Contact #1**

**Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Best Day Phone:** \_\_\_\_\_

**Contact #2**

**Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Best Day Phone:** \_\_\_\_\_

**PARENT INFORMATION**

**Mother/Legal Guardian:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Employer (Place/#):** \_\_\_\_\_  
**Father/Legal Guardian:** \_\_\_\_\_  
**Cell:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Employer (Place/#):** \_\_\_\_\_

**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 announcements. You can change your email settings in the PowerSchool Parent Portal.**

**Please list all allergies:** \_\_\_\_\_  
*(If a food allergy, an additional form is required for the cafeteria to make accommodations.)*

**Please list any medical conditions or history the school should be informed of:** \_\_\_\_\_

**Is either parent in active military service? YES or NO In active national guard? YES or NO**

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

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



## Student/Parent Handbook Agreement

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.

Student Name (print): \_\_\_\_\_

Parent/Guardians Names (print): \_\_\_\_\_

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

- I have read and understand the Student/Parent Handbook for TCPCS.
- I have read and understand the Student Attendance Policy, Student Conduct Policy, Internet Access Policy and Agreement found in the back of the Student Handbook.
- I have read and understand the Student Dress Code Policy
- I have read and understand the Electronic Device Policy
- I have read and understand the Student Records Policy
- For the safety of students and children in the surrounding neighborhood, I agree that I or those transporting my child(ren) to and from TCPCS will use the Lincoln Road entrance.
- I understand that students WILL NOT BE SUPERVISED at TCPCS until 7:45 a.m. or after 2:55 p.m.
- I understand that it is my responsibility to stay up-to-date and check the website regularly.

Yes  No My child's photo, name, initials and/or schoolwork can be published on the school website/Facebook.

Yes  No My child's photo, name, initials and/or schoolwork can be published on local broadcast media.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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.

Name of Student(s) \_\_\_\_\_

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

Section A	Section B
<input type="checkbox"/> In a shelter or transitional housing <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  <b>CONTINUE: If you checked a box in Section A, complete #2 and the remainder of this form.</b>	<input type="checkbox"/> Choices in Section A do not apply    <b>STOP: If you checked this section, you do <u>not</u> need to complete the remainder of this form. Submit to school personnel. Thank you.</b>

2. The student lives with:

- |   |  |
|---|--|
| <input type="checkbox"/> 1 parent                 | <input type="checkbox"/> a relative, friend(s) or other adult(s)               |
| <input type="checkbox"/> 2 parents                | <input type="checkbox"/> alone with no adults                                  |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

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: \_\_\_\_\_

Has your child ever received special education services?  Yes  No

When? \_\_\_\_\_

Where? \_\_\_\_\_

1. Was your child receiving Special Education services at their last school at the time of withdrawal?  Yes  No
2. Does your child have a 504 plan?  Yes  No
3. Was your child receiving Title I services at their last school at the time of withdrawal?  Yes  No
4. 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: \_\_\_\_\_

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

If yes, card # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Home Language & Ethnicity Questionnaire

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?		
<b>Part A</b>	<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, <b>please continue to answer the following</b> to indicate what you consider the student's race to be.</i>		
WHAT IS THE STUDENT'S RACE?		
<b>Part B</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	<input type="checkbox"/>

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Translator Signature (if translator used) \_\_\_\_\_