



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

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 |

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: _____