

**STUDENT ENROLLMENT PACKET**

Please print clearly in blue or black pen.

**I. STUDENT INFORMATION**

\_\_\_\_\_  
 Student Name (Last, First, MI)

\_\_\_\_\_  
 OSIS Number (can be left blank)    \_\_\_\_\_  
 Shirt Size

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Date of Birth                      \_\_\_\_\_  
 Place of Birth

\_\_\_\_\_  
 City                      State                      Zip

\_\_\_\_\_  
 Gender                      \_\_\_\_\_  
 Grade Entering

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Name of Most Recent School Attended

Student lives with (check all that apply):

- Mother     Grandmother     Stepmother     Aunt     Foster Parents  
 Father     Grandfather     Stepfather     Uncle     Other \_\_\_\_\_

**II. FAMILY INFORMATION**

**Mother/Guardian 1**

\_\_\_\_\_  
 Name of Mother/Guardian

\_\_\_\_\_  
 Relationship to Student

\_\_\_\_\_  
 Mother/Guardian Address

\_\_\_\_\_  
 Mother/Guardian Cell Phone

\_\_\_\_\_  
 Mother/Guardian Home Phone

\_\_\_\_\_  
 Mother/Guardian Work Phone

\_\_\_\_\_  
 Mother/Guardian Employer

\_\_\_\_\_  
 Mother/Guardian Email Address

\_\_\_\_\_  
 Mother/Guardian Preferred Language

**Father/Guardian 2**

Name of Father/Guardian	Relationship to Student
Father/Guardian Address	
Father/Guardian Cell Phone	Father/Guardian Home Phone
Father/Guardian Work Phone	Father/Guardian Employer
Father/Guardian Email Address	Father/Guardian Preferred Language

Who is the main contact person for this student?  
 Mother/Guardian 1       Father/Guardian 2

**III. EMERGENCY CONTACTS/AUTHORIZED ESCORTS**

Please list the names of 5 people who can be called in the case of emergency. These people will also be authorized to pick your student up from school (must be at least 16 years of age).

Name	Relationship to Student	Cell Phone	Home Phone	Work Phone

I hereby permit the school to release my child to any of the above named persons.

<b>Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
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The following person may NOT pick my child up from school (**Order of protection must be on file**):

Name	Relationship to Student	<input type="checkbox"/> Check if paperwork is on file.
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**IV. TRANSPORTATION PREFERENCE**

Please indicate your preference for your child's daily transportation to school. Students are eligible for a Metrocard or yellow school bus service in accordance with Department of Education policies. Please note that Metrocard or school bus eligibility is determined by the Department of Education. According to [Chancellor's Regulation A-801](#), transportation eligibility for children who are not mandated for specialized transportation because of their IEP (Individualized Education Program), is determined on the basis of the student's grade level and the distance between the student's residence and school.

- Metrocard     School Bus\*     I decline transportation services at this time and understand that I can request these services at any time.

	Less Than 1/2 Mile	1/2 Mile to Less Than 1 Mile	1 Mile to Less Than 1 1/2 Mile	1 1/2 Miles or More
6 <sup>th</sup> Grade	Not Eligible	Half Fare	School Bus or Full Fare	School Bus or Full Fare
7 <sup>th</sup> Grade	Not Eligible	Half Fare	Half Fare	Full Fare

\*\*\*\*\*

The safety and well-being of our students is of utmost importance. We encourage families to pick up their children from school every day. However, families may choose to allow their child to walk home from school without an accompanying adult. Please indicate your preference below:

- I give permission for my child to leave the school building on his or her own at the conclusion of the regular school day and/or after school activities and/or half days.  
 I DO NOT give permission for my child to leave the school building on his or her own.

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**V. SPECIAL EDUCATION SERVICES**

Please check any of the following services that your child receives\*:

- |   |   |
|---|---|
| <input type="checkbox"/> Special Education – Integrated Classroom (ICT)       | <input type="checkbox"/> Counseling           |
| <input type="checkbox"/> Special Education – Small Classroom (12:1 or 12:1:1) | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Special Education – Resource Room (SETSS)            | <input type="checkbox"/> Physical Therapy     |
| <input type="checkbox"/> Speech Therapy                                       | <input type="checkbox"/> Other: _____         |

**\*If your child has an Individualized Education Plan (IEP) please submit it to the school ASAP.**

## VI. MEDICAL HISTORY

Please check all that apply:

- Asthma     Allergies (Food/Other)     Diabetes     Heart Condition     Seizure Disorder  
 Other (please explain) \_\_\_\_\_

Is your child taking any medications?  Yes  No

If yes, please list below:

\_\_\_\_\_  
Medication and Condition

\_\_\_\_\_  
Medication and Condition

\_\_\_\_\_  
Medication and Condition

\_\_\_\_\_  
Medication and Condition

Is your child under treatment for any medical conditions?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to any foods?  Yes  No

If yes, please LIST the foods and explain the PROCEDURES TO FOLLOW if a reaction occurs:

\_\_\_\_\_  
\_\_\_\_\_

Name of Preferred Hospital: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Does your child wear glasses?  Yes  No

**Consent for Medical Treatment**

*I give my permission for the school nurse to administer first aid as needed. Additionally, I give my permission for the school nurse to release medical information, as appropriate, to involved school staff/faculty and to medical personnel on school-related activities. I understand that in an urgent situation, every effort will be made to contact the parent and family physician immediately. In the event that neither can be reached promptly, I hereby give authority to the school to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I acknowledge that I must notify the school in writing of any changes to the information given on this form.*

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Medication Administration**

*I understand that medication (prescription or over the counter) can only be administered once a 504 plan has been completed by my child's doctor and accepted by the school nurse.*

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## VII. STUDENT RESIDENCY INFORMATION

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers you give below will help the school determine what services you or your child may be able to receive.

Gender:  Male  Female      Date of Birth: \_\_\_\_\_

1. Is your current address a temporary living arrangement?  Yes  No

2. Is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No

**If you answered YES to the above questions, please complete the remainder of this form. If you answered NO to the above questions, you may stop here.**

Where is the student currently living? (Check one box)

- In a shelter
- With another family
- In a hotel/motel
- In a place not designed for ordinary sleeping arrangements (e.g. car, bus, train)
- Moving from place to place

Is your child physically in the custody of a parent or legal guardian?  Yes  No

Name of parent(s)/legal guardians(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002 (3)(3).*

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

### **VIII. MEDIA RELEASE**

School in the Square Public Charter School likes to promote the activities, honors, and work of our staff and students. We do this through featuring these individuals in our school's newsletter, website, social media accounts (e.g. Facebook, Twitter, and Instagram), and promotional materials (e.g. brochures, banners, and recruitment documents). Throughout each school year, students will be interviewed and/or photographed to use in the media and publications as described above. We understand that some parents do not want us to use their child's image and/or excerpts from their work. Please check the box below to inform us of your wishes for your child.

I give permission for my child to be interviewed, identified, photographed, and/or filmed for use in various school publications and media, including, but not limited to the school's newsletter, website, social media, and promotional materials.

I request that you do not publish interviews nor photographs/videos of my child.

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**IX. NEIGHBORHOOD TRIP FORM**

I give my permission to let my son/daughter take part in all School in the Square neighborhood trips. Neighborhood trips may include walks to the fire department, police department, library, parks, or other locations within a five-block radius from the school.

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**X. FERPA PARENT SIGNATURE PAGE**

The Family Educational Rights & Privacy Act (FERPA) is a Federal law designed to protect the privacy of a student's education records. FERPA gives parents certain rights with respect to their children's education records.

I have read the FERPA law that was issued to me by School in the Square.\*

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\*Please note that this document is located behind the enrollment packet in your folder

**XI. HOW DID YOU HEAR ABOUT US?**

Please check all that apply:

- Direct mail/postcard
- Word of mouth
- Internet
- I passed by the school
- Recommended by my child's school (Name of the school: \_\_\_\_\_)
- MTA bus ad
- New York City Common Application
- Other (Please explain: \_\_\_\_\_)



**XII. STUDENT RECORD RELEASE**

To be completed by the **FAMILY**

RELEASING/CURRENT SCHOOL

RECEIVING SCHOOL

\_\_\_\_\_  
 School

**School in the Square  
 120 Wadsworth Ave.  
 New York, NY 10033**

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

Dear Sir or Madam:

My child is currently enrolling in School in the Square Public Charter School. Please release the academic and health records to the above named receiving school. Please also provide health and special education records, if applicable.

Student's Name	Date of Birth	Grade level for the 2018-19 school year

To be completed by the **FAMILY**

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

To be completed by the **RELEASING SCHOOL**

To be completed by **releasing school personnel**:

Was this child recommended for retention at the conclusion of the last school year?

- Yes
- No
- Pending summer school

Signature of School official: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_