**Student Enrollment Check List /**

Matriculación de alumnos Lista de verificación

\_\_\_\_\_\_\_\_\_\_\_\_**Date Received** / Fecha de recepción

* \_\_\_\_\_\_ **Student Application Form/** Formulario de inscripción del alumno
* \_\_\_\_\_\_ **Acceptance Confirmation Form** / Formulario de aceptacion
* \_\_\_\_\_\_ **Copy of** **SC** **Immunization/Shot Records** / Copia de record de vacunas por SC departamento de salud
* \_\_\_\_\_\_ **Copy of Birth Certificate or Proof of Birth (Long Form) /** Certificado de

Nacimiento completo o prueba de nacimiento.

* \_\_\_\_\_\_ **Court Records of Child Custody /** Registros legales de custodia de los hijos
* \_\_\_\_\_\_ **Home Language Survey/** Encuesta de Idioma en casa
* \_\_\_\_\_\_ **Release of Records Form** / Formulario de peticion de records
* \_\_\_\_\_\_ **Medical Release Form** /Formulario de records medicos
* **\_\_\_\_\_ Proof of Residency /** Comprobante de domicilio
* \_\_\_\_\_\_**Student Pick-Up Authorization** Autorizacion para recoger a los alumnos.
* \_\_\_\_\_\_**Release of Student Information & Student Photographs Notice** / Consentimiento

Información del Estudiante y fotografías Estudiantes Aviso

* \_\_\_\_\_\_ **Nurse/Health Form/** Formulario de salud para la enfermeria
* **\_\_\_\_\_\_ School Lunch Form/** Formulario de alimentos de la escuela
* \_\_\_\_\_\_**I have received a Royal Live Oaks Charter School Student Handbook/** He recibido

un Royal Live Oaks Charter School Manual del Estudiante

**Parent Signature /** Firma del padre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** / Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT APPLICATION FOR ADMISSION/ESTUDIANTE DE SOLICITUD DE ADMISION**

*Please print clearly and complete all fields.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | | | **Middle Name** | | | **Child Goes By/Nickname** |
| **Birth Date (day, month, year)**  **\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_** | | | **Gender (male/female)** | | **Current Grade (Circle one) PreK**  **K 1 2 3 4 5 6 7 8 9 10 11 12** | | |
| **Physical Street Address**  **City State Zip** | | **P.O. Box (Mail Address)**  **City State Zip** | | | **Grade Registering for (Circle one)**  **K 1 2 3 4 5 6 7 8 9 10 11 12**  **Name of School student is zoned for:** | | |
| ***Child lives with: Both Parents Mother Father Step-Mother Step-Father Grandmother***  ***(circle) Grandfather Aunt Uncle Guardian (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **Medicaid # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not Applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **Ethnicity (You must answer both questions)**   1. **Are you Hispanic or Latino? (Circle One) Yes No** 2. **What is your race? (Check all that apply)**   **\_\_\_ Asian \_\_\_ White**  **\_\_\_ African-American \_\_\_ American-Indian/Alaska Native**  **\_\_\_ Native Hawaiian/Other Pacific Islander** | | | | | | | |
| **Name and Address of Last School Attended** | | | | | | **Date Last Attended** | |

***Birth and Early Childhood Information:***

|  |  |  |
| --- | --- | --- |
| **Birth Country** | **Birth State/City** | **U.S. School Entry Date** |
| **1st Language Spoken** | **Home Language Spoken** | **Date entered country (if non-native born)?** |
| **Birth Weight** | **Medical Care Source** | |
| **Head Start** | **Pre-K**  **K** | **Other Early Childhood Care** |

***Parent/Guardian Information:***

|  |  |  |
| --- | --- | --- |
| **Father’s Name** | **Home Phone #** | **Cell Phone #** |
| **Employer** | **Work Phone #** | **E-Mail** |
| **Highest Education Level of Father (circle one)**    **Middle School High School GED B.A. B.S. M.S. Ph.D Other** | | |

|  |  |  |
| --- | --- | --- |
| **Mother’s Name** | **Home Phone #** | **Cell Phone #** |
| **Employer** | **Work Phone #** | **E-Mail** |
| **Highest Education Level of Mother (circle one)**    **Middle School High School GED B.A. B.S. M.S. Ph.D Other** | | |

***Emergency Contacts***

|  |  |  |
| --- | --- | --- |
| ***Name (Contact 1)*** | ***Phone #*** | ***Relationship*** |
| ***Name (Contact 2)*** | ***Phone #*** | ***Relationship*** |
| ***Name (Contact 3)*** | ***Phone #*** | ***Relationship*** |
| ***Name (Contact 4)*** | ***Phone #*** | ***Relationship*** |

***Other:***

**Parent Military Status (Circle One) Yes No Parent-Federal Employee (Circle One) Yes No**

**Name of Sibling(s) in RLOA and their Grade(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME LANGUAGE SURVEY**

The Office of Civil Rights requires schools to determine the language spoken by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested.

Name of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_

Last Name First MI Grade Age

1. What is your child’s country of birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. If your child was born outside the United States, when was the first day your child attended a U.S. school anywhere in the U.S.?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Dates attended \_\_\_/\_\_\_/\_\_\_\_\_

3. What language did your child learn to speak when he or she first began to talk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What language does your child most frequently use at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Name the language most often spoken by adults at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Please describe the language understood by your child. **(Check only one)**

\_\_\_\_\_\_ Understands only the home language and no English.

\_\_\_\_\_\_ Understands mostly the home language and some English.

\_\_\_\_\_\_ Understands the home language and English equally.

\_\_\_\_\_\_ Understands mostly English and some of the home language.

\_\_\_\_\_\_ Understands only English.

7. Name the language you prefer for school correspondence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of parent or guardian Date

**Inicio Encuesta Idioma**

La Oficina de Derechos Civiles requiere que las escuelas para determinar el idioma hablado por cada

estudiante. Esta información es esencial para que las escuelas puedan proporcionar instrucción

significativa para todos los estudiantes. Su cooperación en ayudarnos a cumplir este requisito importante.

Nombre del estudiante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Apellido En primer Nombre MI Grado edad

1. Cuál es su país de nacimiento del niño? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Si su hijo nació fuera de los Estados Unidos, cuando fue el primer día que su hijo asistió a una escuela de

EE.UU. en cualquier lugar en los EE.UU?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Si la respuesta es si, por favor indique:

Nombre de la escuela: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estado \_\_\_\_\_\_\_ Fechas en que assis ho por primera vez \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

3. Qué idioma aprendió su hijo a hablar cuando él o ella empezó a hablar?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. El nombre del idioma hablan con más frecuencia los adultos en el hogar? \_\_\_\_\_\_\_\_\_\_\_\_\_

5. Por favor, describa la lengua que entienda a su hijo. (Marque sólo uno)

\_\_\_\_\_ Entiende solamente el idioma del hogar y nada de Inglés.

\_\_\_\_\_ Entiende mayormente el idioma del hogar y algo de Inglés.

\_\_\_\_\_ Entiende el idioma del hogar y también Inglés.

\_\_\_\_\_ principalmente Inglés y algunos de la lengua materna Entiende.

\_\_\_\_\_ Entiende solamente Inglés.

6. Nombre el idioma que prefieren para la correspondencia de la escuela? \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature /** Firma del padre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** / Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Authorization to Release Records**

**Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Records to be released From: | | | Records to be Received By: | |
| Name of School: | | |  | Royal Live Oaks Academy of Arts and Sciences |
| Phone: |  |  | P. O. Box 1330 | |
| Fax: |  |  | Ridgeland SC 29936 | |
| Data Clerk: |  |  | Fax to: 843-846-1880 | |
|  |  |  | Phone: 843-784-2630 | |

My Signature below authorizes Royal Live Oaks Academy Charter School to release / receive all personally identifiable data as indicated in reference to my child. If records are being received by the Royal Live Oaks Academy Charter School, my signature gives the district permission to consider and use, for appropriate placement of my child.

This indicates that I am telling RLOACS that (check one):

* I have a student with special needs.
* I do not have a student with special needs.

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

Signature of Parent / Guardian / Surrogate Relationship to child Date

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Send all of the following information to the requesting school above, if applicable.

* Vision/Hearing
* SPED (IEP, Speech)
* Placement Forms
* Psychological
* Gifted & Talented Academic
* ESOL (English for Speakers of Other Languages)
* Gifted & Talented Artistic
* Transcript
* Attendance
* Counseling
* Current grades/report card
* Medical Reports
* Discipline Records
* Test Scores
* 504

Date Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by Mail: \_\_\_\_\_\_ Fax \_\_\_\_\_\_

**PROOF OF RESIDENCY**

Royal Live Oaks Academy of Art and Sciences **will require proof of residency for student enrollment for the 2013-2014 school year. Each student will be required to complete the enrollment packet. Proof of residency must be provided for enrollment to be complete.**

Child’s Name: DOB: / \_/

I, , live at ,

*Parent/ Guardian Name Address*

**STEP 1: Residency Verification (Part A)**

Do you:

 Own your own home □ Rent □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must provide documentation showing that **you live at** the address listed above. Please check and attach a copy of the following documents. You should black out account and social security numbers on the documents. If you cannot produce the following documents, skip to Residency Verification (Part B). **All documents must be current and show the name and address of the parent(s)/ guardian(s).**

You must provide three (3) of the following documents.

\* Please contact the office staff at your school if you are having trouble collecting the documents.

**The district may require a home visit and/or additional documentation to verify residency.**

 Real Estate Tax Bill

 Signed Lease

 Mortgage Document

 Current Real Property Assessment

 Military Housing Letter

 Section 8 Letter

 Affidavit of Residence

 Gas Bill

 Electric Bill

 Water/ Sewer Bill

 Phone Bill

 Cable Bill

 Pay Check Stub

 Driver’s License/ State ID

**STEP 1: Residency Verification (Part B)**

I am unable to provide the above documents because: (check all that apply)

 Our family has not had a permanent residence since / / \_.

Address of last permanent residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Living in a shelter □ Sharing housing with □ Abandoned apt. bldg.

 Living in a hotel, motel, others due to loss of □ Student is temporarily

campground, or other similar situation. housing, economic housed, awaiting

 Unaccompanied Youth hardship, or similar foster care placement.

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ reason.

**STEP 2: Relationship to Student**

You must provide a certified, original birth certificate. A copy will be made and the original returned to you. If the birth certificate is not available at the time of registration, other proof of the child’s identity and date of birth is required along with a signed affidavit.

**The child is living with me and is qualified to attend school in this district/ zone because** (check one):

 I am the child’s biological parent and have custody of the child.

 I have legal custody of the child (copy of custody papers required).

 I am the child’s foster parent, licensed by the department of social services.

 The child lives a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is a facility licensed or operated under the department of social services or the department of youth services (circle one).

 The child’s mother/father (circle one or both) is dead or seriously ill, is in jail or prison, or is unable to care for the child (explanation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The child’s mother/father (circle one or both) left the child with me. I have complete control of the child as shown by mother’s/ father’s failure to provide substantial financial support and parental guidance.

 The child was being abused or neglected by a parent or legal guardian. (attach documentation) (Note: The school is required by law to report suspected child abuse or neglect.)

 The child’s mother/ father (circle one or both) has a physical or mental condition which prevents her/him from providing adequate care or supervision for the child.

 The child is emancipated from the control of his/her mother and father.

 The child’s family does not have a fixed, regular and adequate nighttime residence or a nighttime residence that is a shelter or institution that provides temporary living accommodations.

 A parent/legal guardian’s military deployment or call to duty is more than 70 miles from his/her

residence for a period of greater than 60 days.

**STEP 3: Affirmation and Warning**

Please read the following statements and  **initial each.**

I affirm that the information presented in this verification form, in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.

I understand that knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district, the adult can be prosecuted for providing false information, **a misdemeanor with a penalty of up to $200 or imprisonment for not more than 30 days and required to pay an amount equal to the cost of educating the child.**

\_\_\_\_\_\_ I understand that I will be liable for payment of tuition, fees, and all other applicable fines if I knowingly enroll or attempt to enroll a child in the school of a school district on a tuition-free basis when I know the child to be a nonresident of the school district, unless the nonresident has a lawful right to attend.

Parent/Guardian (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Enrollment Personnel Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** Form Complete  Form Incomplete**

**STUDENT PICK-UP AUTHORIZATION**

In order to ensure the safety of your child(ren) we need to know to whom you give permission when releasing them at the end of the school day or in the event of an emergency such as inclement weather, natural disaster, or your inability to reach the school to pick up your child(ren).

I , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to the following persons to pick up my child from Royal Live Oaks Academy Charter School.

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person Phone # Relationship to child

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person Phone # Relationship to child

3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person Phone # Relationship to child

4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person Phone # Relationship to child

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

**STUDENT INFORMATION AND MEDIA RELEASE FORM**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Directory Information Release (See additional information below)** | |
|  YES | **Permits** Royal Live Oaks to provide student's name, honors, awards, directory information (see below), and other information to appropriate agencies in accordance with state and federal laws. |
|  NO | **Prohibits** Royal Live Oaks from giving student's name, honors, awards, directory information (see below), and other information to appropriate agencies in accordance with state and federal laws. |
| **Media Release (See additional information below)** | |
|  YES | **Permits** Royal Live Oaks use of the student's name and/or picture in district publications, web sites or promotional videos. |
|  NO | **Prohibits** Royal Live Oaks use of the student's name and/or picture in district publications, web sites or promotional videos. |

Signed By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent or Guardian Signature*

**ROYAL LIVE OAKS ACADEMY CHARTER SCHOOL (RLOACS) DIRECTORY INFORMATION RELEASE**: RLOACS makes student directory information available in accordance with state and federal laws. A student's name, birthday, birthplace, address, telephone number, major course of study, participation in school activities, dates of attendance, awards, previous school attendance, and the height and weight of athletes may be released to specific agencies without parent consent. Directory information may be provided to school personnel with legitimate education interests, schools of intended enrollment, federal and state educational administrators, those who provide financial or student aide, employers, and prospective employers. Names and addresses of students enrolled in grade 12 may be given to public or private schools and colleges. Appropriate directory information may be provided to any agency except private profit-making organizations or news media. No Child Left Behind legislation enacted by Congress requires schools to provide directory information, including name, address and phone number, to military recruiters. If you do not wish to have directory information released about your child, you must indicate this below and return to the school office within the next 30 days. When a written request from the parent of a student age 17 or younger is received by the school office denying access to directory information, RLOACS will withhold directory information about the student. If the student is 18 years or older or enrolled in an institution of post-secondary instruction, the pupil's written request to deny access to directory information will be honored.

**OUTSIDE NEWS MEDIA:** At times schools may be visited by newspaper reporters and/or television crews to cover breaking news, human interest stories, or to follow up on previous stories. When visiting district campuses, news media are required to check in at the school office and be accompanied by a RLOACS staff member to avoid any interruption of students' education. Parents are encouraged to discuss the issue of outside news media interactions with their children. Outside media interviews may be held and photographs may be taken with only student consent however, RLOACS can not restrict students' right to speak freely with media representatives or consent to be photographed or interviewed. Parents and/or guardians may instruct their children not to communicate with media representatives. If a student refuses to be interviewed or photographed, RLOACS will support the student's decision.

**RLOACS MEDIA RELEASE**: RLOACS produces school newsletters and school and district web sites for the purpose of providing the community with information about SCHOOL activities, school awards, student assemblies, academic and co-curricular programs.

If you do not wish to allow your child to be photographed or interviewed by school staff for school and newsletters or the web site, you must indicate this and return the form to the school office within the next 30 days.

**HEALTH INFORMATION**

In order to provide the best program of services to students, we need to maintain a current record of relevant health information. Please help update your child’s health record and emergency locator file by completing this form and return it to the school immediately.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female (Last) (First)

Parent Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicaid Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeroom Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Lives With: Parent/Guardian (Relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother or Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father or Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brother’s or Sister’s Name 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOES YOUR CHILD:**

Have any Medical conditions: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Take any Medications for any reason: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have Asthma with medication: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have Diabetes: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have Ear Problems: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have Epilepsy: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have Eye Problems: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have Severe Allergies: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have Heart Problems: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have P.E. Restrictions *(Must have Physicians Note)*Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I agree to notify the school of changes in health status or medication.
* I authorize the school nurse to share information about my child’s health with certain members of the school staff, such as classroom teachers, health care providers, and others who may need this information in order to protect my child’s safety and well-being.
* I, the undersigned, do hereby authorize officials of the Royal Live Oaks Academy to contact directly the persons named on this card, and do authorize the named physicians to render such treatments as may be deemed necessary in an emergency, for the health of said child.
* In the event physicians, parent or other persons named on this card, cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.
* **I will not hold the Royal Live Oaks Academy financially responsible for the emergency care and / transportation of said Child.**

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Querido padres de familia:

Para ofrecer el mejor programa de servicios al estudiante, necesitamos manterner un informe actualizado con referencia a la salud de su hijo(a). Por favor ayúdenos a actualizar el registro de la escuela, sobre la salud de su hiho(a) y los teléfonos en casos de emergencia, completando este formulario y devuélvalvo a la escuela immediatamente.

Email­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grado\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Numero de Medicaid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nombre del maestro/a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del Estudiante\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Masculino/Femenino

(Apellido) (Primer Nombre)

Dirección\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Nacimiento\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O. Box\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Número de Teléfono\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ciudad/Estado\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zona Postal\_\_\_\_\_\_\_\_Número de Celular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

El estudiante vive con: Padres/Guardián (Relación)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre de la Madre/Guardián\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lugar de trabajo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Número de Teléfono\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del Padre/Guardián\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lugar de Trabajo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Número de Teléfono\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre de Hermanos(as) 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grado/Maestro(a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grado/Maestro(a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indique a dos veinos ó parientes cercancos que asuman el cuidado temporal de su hijo(a) si usted no puede ser localizado.

Nombre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. Casa/Celular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. Trabajo\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. Casa/Celular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. Trabajo\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sufre su hijo(a) de:**

Alguna condición médica: Si\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Tipo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toma medicina diaria: Si\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Tipo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enfermedades cardiacas Si\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Tipo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asma: Si\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Tratemiento o tipo de medicin\_\_\_\_

Diabetes: Si\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Tipo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problemas Auditivos: Si\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Tipo\_\_\_\_\_\_\_\_Utiliza Audifono\_\_\_

Epilepsia: Si\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Tipo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problemas de ojos: Si\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Usa Lentes/de Contacto\_\_\_\_\_\_\_\_\_

Alergias Serveras: Si\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Tipo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Restricciones de Educación Fisica: Si\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ Tipo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Debe suministrar una nota del doctor)*

Medico del Estudiante\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Número de Teléfono\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Yo notificare a la escuela sobre cualquier cambio en el estado de salud ó de medicina de mi hijo(a).**
* Yo autorizo a la enferma de la escuela compartir información acerca de la salud de mi hijo(a) con algunos membros de la escuela, tales como profesores, proveedores del cuidado medico y otros que necesiten esta información para proteger la seguridad y el bienestar de mi hijo(a).
* Yo el que firmo, autorizo a los funcionarios del Royal Live Oaks Academy para que contacten directamente a las personas mencionades en esta tarjeta, y autorizo al medico nombrado, para dar el tratamiento necesario en caso de una emergencia con la salud de dicho niño(a). En caso de que el medico, los padres u otra persona nombrada en esta tarjeta, no puedan ser localizado, los funcionarios de la escuela estan autorizados de tomar la acción que sea necesaria de acuerdo a su criterio, para cuidar de la salud del niño(a) mencionada anteriormente.
* **No voy a hacer reponsable al Distrito Escolar de los gastos que ocasione la emergencia y el trasporte de dicho niño(a).**

Firma del Padre/Madre ó Guardián \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL RELEASE FORM**

RLOACS and the State Department of Education have my permission to provide health-related services to my child and to release and exchange medical and other confidential information, as necessary, to the Department of Health and Human Services and any third party insurance carrier regarding health-related services provided to my child prior to the date of this consent or thereafter for services that the school district/agency will provide in the future.

By signing this form, I give RLOACS and the State Department of Education my permission to bill Medicaid and any third party insurance and receive payment from Medicaid or any third party insurer for health-related services as set forth in my child’s Individualized Education Program (IEP), and for psychological evaluation services, nursing services, and other health-related treatment services billable to Medicaid without the requirement of an IEP.

I understand that Medicaid reimbursement for health-related services provided by RLOACS and the State Department of Education will not affect any other Medicaid services for which my child is eligible. I understand that my child will receive the services listed in the IEP regardless of whether I enroll my child in public or private benefits or insurance programs. I also understand that my refusal to allow access to the Department of Health and Human Services or any third party insurance carrier does not relieve RLOACS of its responsibility to ensure that all required services are provided at no cost to me.

I understand that the granting of consent is voluntary on my part and may be revoked at anytime. If I later revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

I also understand that RLOACS and the State Department of Education will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding my child’s treatment and provision of health-related services.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Date of Birth: \_\_\_ \_\_\_ \_\_\_\_\_\_

Medicaid #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  my child does NOT have Medicaid

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION (continued)**

**LIST ANY PERTITENT MEDICAL INFORMATION (braces, contacts, hearing aid, chronic illness):**

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

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**LIST ANY KNOWN ALLERGIES:**

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

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**LIST ANY PRESCRIPTION MEDICINE TAKEN:**

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

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**ACCEPTANCE CONFIRMATION FORM**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_

I certify that I am legally authorized to complete this record on behalf of the student named above, and that the information provided herein is true and correct.

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

Signature Relationship to Student Date

**Current Enrollment**:

My child currently attends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (current school) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (current district).

**Acceptance** (Please check one.)**:**

**\_\_\_\_\_** My child ***will*** enroll at Royal Live Oaks Academy for the 2013-2014 school year.

**Meals** (Please check one.):

\_\_\_\_\_ My child is eligible to receive ***free*** lunch.

\_\_\_\_\_ My child is eligible to receive ***reduced*** lunch.

**After-School Care:**

\_\_\_\_\_ My child will need after school care ***Mondays-Thursdays (after 4:30).***

\_\_\_\_\_ My child will need after school care on ***Fridays only (after 12:30)(fee applies).***

**My child is eligible to receive Special Education for** (Please check all that apply.):

\_\_\_\_\_ Specific Learning Disabilities (SLD) \_\_\_\_\_ Development Delay (DD)

\_\_\_\_\_ Other Health Impairment (OHI) \_\_\_\_\_ Autism Spectrum Disorder (Autism)

\_\_\_\_\_ Emotional/Behavioral Handicap (EH) \_\_\_\_\_ Traumatic Brain Injury (TBI)

\_\_\_\_\_ Mental Handicap (MH) \_\_\_\_\_ Other:

\_\_\_\_\_ Speech-Language Impairment (SLI)

**My child has a 504 plan.** (Please check one.):

**\_\_\_\_\_** Yes

\_\_\_\_\_ No

**Special Needs**. (Please check one.):

This indicates that I am telling RLOACS that (check one):

* I have a student with special needs.
* I do not have a student with special needs.

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

Signature of Parent / Guardian / Surrogate Relationship to child Date