

## **OVERVIEW OF ENROLLMENT PROCESS**

Admission and enrollment of students shall be open to persons who reside within the geographic boundaries stated in the Legacy Preparatory Charter Academy (“Legacy”) charter and who are eligible for admission based on lawful criteria identified in the charter and in law. The total number of students enrolled in Legacy shall not exceed the number of students approved in the charter or subsequent amendments, and will also be based on staff/classroom capacity.

It is the policy of Legacy Preparatory Charter Academy to comply with all state and federal regulations regarding admission and not to discriminate during the admission and enrollment process on the basis of sex; national origin; ethnicity; religion; disability; academic, artistic, or athletic ability; or the district the child would otherwise attend under state law.

### **Exception to Admission**

As authorized by its open-enrollment charter and Texas Education Code § 12.111(a)(5)(A), Legacy reserves the right to deny admission to students with a documented history of a criminal offense, a juvenile court adjudication, or other discipline problems listed under Subchapter A, Chapter 37 of the Texas Education Code.

### **Submission of Applications and Admissions Lottery**

Legacy requires all applicants for admission to submit a completed Initial Application form in order to be considered for admission. The Board of Directors or designee sets the campus date(s) for Open Registration. Open Registration applications are accepted in accordance with the schedule approved and published by Legacy and according to the following procedures:

1. Initially, Legacy will re-enroll current students, intercampus transfers, and siblings of current students, so long as the sibling has timely submitted a completed Initial Application form.
2. Legacy will next enroll children of founders, teachers, and staff (so long as the total number of students allowed under this exemption constitutes only a small percentage of the school’s total enrollment).
3. Legacy then determines open positions by first placing current students, siblings of current students and others who have priority (described above) into appropriate spots for the next school year.
4. Open Registration will be conducted for at least twenty-one (21) days.
5. If, at the close of Open Registration, the number of applicants is not greater than the number of available positions, applicants will be registered on a first-come, first-served basis. Registration thereafter shall remain open and ongoing, and students shall be placed in available spots for each class having openings.
6. If, at the close of Open Registration, the number of applicants exceeds available positions, a lottery (described below) will be conducted for the campus.

Legacy will conduct an admissions lottery for each class in which there are more eligible applicants than available spaces at the conclusion of the Open Registration period. The lottery will be conducted according to the following procedures:

1. The names and grade levels of all applicants completing the Initial Application will be written on individual slips of paper and placed in a container.

2. The campus principal or designee will draw the slips from the container. As each name is drawn, the name will be placed on a list until all available spaces are filled. Thereafter, additional student names will be drawn and placed onto a waiting list based on the order of their draw for each class.
3. Parents of each applicant will be notified of their position on the list and/or waiting list within seven (7) days of the drawing. Once contacted, parents of students selected for an available position will have twenty-four (24) days to notify the campus principal or designee in writing of the acceptance of the available position. Failure to notify the campus will be considered a declination of the offer of admission. A voluntary or involuntary declination is an irrevocable decision and the position will be immediately offered to students on the waiting list in the order they appear.
4. Once the lottery has placed all eligible applicants in order on the list or waiting list, and all available spaces have been filled, all subsequent applicants will be placed on the waiting list on a first-come, first-served basis.

**Exceptions:** Federal guidelines permit Legacy to exempt from the lottery students who are already attending Legacy, siblings of students already attending Legacy, and children of Legacy founders, teachers, and staff, so long as the applicant has timely submitted a completed Initial Application and subject to limitations described above based on percentage of total enrollment.

### **Student Information**

Any student admitted to Legacy must have records such as report card and/or transcript from the previous school attended to verify his or her academic standing. Verification of residency and current immunization records are also required. Every student enrolling in Legacy for the first time must present documentation of immunizations as required by the Texas Department of State Health Services, or as otherwise permitted by law.

No later than 30 days after enrolling in Legacy, the parent and school district in which the student was previously enrolled shall furnish records that verify the identity of the student. These records may include the student's birth certificate or a copy of the student's school records from the most recently attended school.

Legacy will forward a student's records on request to a school in which a student seeks or intends to enroll without the necessity of the parents' consent.

### **Food Allergy Information**

The parent of each student enrolled in Legacy must complete a form provided by Legacy that discloses (1) whether the child has a food allergy or a severe food allergy that should be disclosed to Legacy to enable Legacy to take any necessary precautions regarding the child's safety and (2) specifies the food(s) to which the child is allergic and the nature of the allergic reaction.

For purposes of this requirement, the term "severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Legacy may also require information from a child's physician if the child has food allergies.

Food allergy information forms will be maintained in the child's student records, and shall remain confidential. Information provided on food allergy information forms may be disclosed to teachers, school

counselors, school nurses, and other appropriate school personnel only to the extent consistent with Board policy and as permissible under the Family Educational Rights and Privacy Act of 1974 (“FERPA”).

### **Residency Verification**

The Texas Education Code authorizes schools to obtain evidence that a person is eligible to attend public schools. To be eligible for continued enrollment with Legacy, each student’s parent must show proof of residency at the time of enrollment. Residency may be verified through observation, documentation, and other means, including, but not limited to:

1. A recently paid rent receipt,
2. A current lease agreement,
3. The most recent tax receipt indicating home ownership,
4. A current utility bill indication the address and name of the residence occupiers,
5. Mailing addresses of the residence occupiers,
6. Visual inspection of the residence,
7. Interviews with persons with relevant information, or
8. Building permits issued to a parent on or before September 1st of the school year in which admission is sought (permits will serve as evidence of residency for the school year in which admission is sought only).

Falsification of residence on an enrollment form is a criminal offense. **Parents must provide Legacy with accurate, updated information regarding name changes, parent/guardian addresses, telephone numbers, emergency contacts, and a doctor’s telephone number.**

**If any of this information changes during the school year, parents must notify the school office immediately.**

# LEGACY PREPARATORY CHARTER ACADEMY

## ENROLLMENT PACKET

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

### Enrollment Information

Congratulations! Your child has been conditionally admitted to attend Legacy Preparatory Charter Academy ("Legacy") for the 2017–2018 school year. However, Legacy cannot guarantee that your child's admission and enrollment will be finalized until the admissions period ends. If there are more conditionally admitted students than open seats available, final admissions and enrollment will be determined by a lottery.

In order to assist Legacy in preparing for your child's potential enrollment, we require the following information to be provided. The following checklist is provided to help you organize these materials. Your child's enrollment cannot be completed until **all** materials have been received.

### **It is the applicant's responsibility to obtain the following items (Legacy is not responsible for making copies).**

- \_\_\_\_\_ Copy of State Certified Birth Certificate. K5 students must be 5 years of age on or before Sept. 1st of the school year of enrollment.
- \_\_\_\_\_ Copy of Social Security Card.
- \_\_\_\_\_ Copy of updated Immunization Record or Certified Exemption of Immunization form.
- \_\_\_\_\_ Copy of Testing – Please include last year's results until this year's results become available.
- \_\_\_\_\_ TPRI or equivalent (entering into 1st–3rd grade).
- \_\_\_\_\_ STAAR / TAKS or equivalent (entering into 4th grade and up).
- \_\_\_\_\_ Copy of student's most recent report card (1st–8th grades). If applying for the next school year, you must provide a completed report card from the current school year as soon as it becomes available.
- \_\_\_\_\_ Most recent official transcript required for High School students (entering 9th–12th grades), if applicable. You must provide a complete official transcript from the current school year as soon as it becomes available.
- \_\_\_\_\_ Copy of Home Language Survey from previous school if English is not the primary language.
- \_\_\_\_\_ Copies of any Special Program Information from previous school. Examples – Special Ed, Section 504, Speech, etc.

*Legacy Preparatory Charter Academy does not discriminate in its admissions and enrollment process on the basis of sex; national origin; ethnicity; religion; disability; academic, artistic, or athletic ability; or the district the child would otherwise attend.*

**LEGACY PREPARATORY CHARTER ACADEMY**

**STUDENT ENROLLMENT APPLICATION**

Student Name \_\_\_\_\_ Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Physical Address \_\_\_\_\_ Apartment # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Gender (circle one) M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Last Grade Completed \_\_\_\_\_

School District in which Student Resides \_\_\_\_\_

School Name \_\_\_\_\_ ISD \_\_\_\_\_  
*\*Local school: the student is zoned to attend in relation to current residence and current grade level.*

Last School Attended \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Father's Name \_\_\_\_\_ Living with Student? \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living with Student? \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail \_\_\_\_\_

Alternate Contact (Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_



**LEGACY PREPARATORY CHARTER ACADEMY**

**Student Residency Questionnaire**

This information is intended to address the McKinney-Vento Act 42 U.S. 11434a(2). The answers to this residency information help to determine the services the student may be eligible to receive.

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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 the form.

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Where is the student currently living?

\_\_\_\_ In a motel                      \_\_\_\_\_ In a shelter                      \_\_\_\_\_ Moving from place to place

\_\_\_\_ With more than one family in a house or apartment

\_\_\_\_ In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite.

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

(By signing below, I understand that presenting a false record or falsifying records is an offense under section 37.10, Penal Code, and enrollment of the child using false documents subjects the person to liability for tuition and other costs.)

Print Name of Parent/Guardian: \_\_\_\_\_

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

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*For office use only:*

**ATTN: Registrar:** Please send this completed form to the Special Populations mailbox at your campus regardless if anything is checked or not

# LEGACY PREPARATORY CHARTER ACADEMY

## *Photo/Video Release*

Throughout the school year, there may be times when Legacy Preparatory Charter Academy (“Legacy”) staff, the media, or other organizations (with the approval of the school principal), may take photographs of students, audiotape and/or videotape students, or interview students for school-related stories in a way that would individually identify a specific student. Those photographs, audio recordings, and/or videotaped images or interviews may appear in Legacy’s publications; in Legacy’s video productions; on Legacy’s website; in Legacy’s advertisements, fundraising, and/or recruitment materials; in the news media; or in other nonprofit, education-related organizations’ publications.

In order to release student photos, video footage, comments and/or post on the Legacy website, we need written permission. To give your consent, please complete the form below.

\_\_\_\_\_ **I hereby give permission for Legacy to use my child’s voice and/or likeness in its publications for the purposes mentioned above.** I authorize the use and reproduction by Legacy of any and all photographs and/or audio or video recordings taken of my child, without compensation to my child or to me. All photographs and recordings shall be the sole property of Legacy. I waive any right to inspect or approve the finished photographs, audio or video recordings, and/or reproduced materials that may be used in conjunction with them. I understand and agree that Legacy may use my child’s voice and/or likeness in subsequent school years unless I revoke this authorization by notifying the Superintendent in writing. I further grant unto Legacy permission to permit my child to be photographed, audio/videotaped, or interviewed by the news media or other approved organizations for school-related stories or articles. I release Legacy and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with the purposes mentioned above.

\_\_\_\_\_ **Legacy may not use my child’s voice and/or likeness in its publications for the purposes mentioned above.** I further decline permission Legacy to permit my child to be photographed, audio/videotaped, or interviewed by the news media or other approved organizations for school-related stories or articles.

Student’s Name: \_\_\_\_\_

Campus: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Students 18 years of age or older may sign this release form for themselves \*

PLEASE NOTE: **Signing this photo/video release is not a condition of enrollment.** Legacy, however, greatly appreciates your cooperation.



**LEGACY PREPARATORY CHARTER ACADEMY**

*Home Language Survey*  
*Cuestionario del Idioma en el Hogar*

Student/Estudiante \_\_\_\_\_ Age/Edad \_\_\_\_\_

Campus/Escuela: \_\_\_\_\_ Grade/Grado \_\_\_\_\_

Schools are required by Texas law to determine the following information for all students. Please help us meet this requirement by answering every question and signing and dating the form. A parent, guardian or student may sign when the student is in ninth grade or higher; otherwise, a parent or guardian must sign.

1. In what month and year did the student first enroll in a school in the United States? \_\_\_\_\_
  2. In what city, state, and country was the student born? \_\_\_\_\_
  3. What language is spoken in your home most of the time? \_\_\_\_\_
  4. What language does the student speak most of the time? \_\_\_\_\_
  5. Does the parent or guardian need to communicate with the school in a language other than English? \_\_\_\_\_
- If so, write the name of the language. \_\_\_\_\_

OR...

Bajo la Ley de Texas se requiere que las escuelas determinen la siguiente información por cada estudiante. Por favor, ayúdenos por contestar cada pregunta y por firmar y notar la fecha. Cuando el estudiante esté cursando el novena grado o uno más alto, pueden firmar el padre, la madre, el guardián, o el estudiante. e otra manera, solamente pueden firmar los padres o los guardianes.

1. ¿En qué mes y año se inscribió el estudiante por primera vez en Los Estados Unidos? \_\_\_\_\_
2. ¿En qué ciudad, estado, y país nació el estudiante? \_\_\_\_\_
3. ¿Cuál es el idioma que más habla en su casa? \_\_\_\_\_
4. ¿Cuál es el idioma que más habla el estudiante? \_\_\_\_\_
5. ¿Necesitará el padre, la madre, o el guardián comunicarse con la escuela utilizando un idioma que no sea el Inglés?  
Si No Si es así, favor escribir el nombre del idioma. \_\_\_\_\_

Signature (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

**LEGACY PREPARATORY CHARTER ACADEMY**

***Special Populations and Section 504 Find***

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Has your child ever been retained in a grade level? \_\_\_\_ Yes \_\_\_\_ No (if Yes, what grade level?) \_\_\_\_\_

\_\_\_\_ Was the student receiving Special Education Services at the last school the student attended?  
Yes No

If yes, please specify: (check any that apply)

\_\_\_\_ Content Mastery/Resource Room      \_\_\_\_ Counseling      \_\_\_\_ Speech Therapy  
\_\_\_\_ Occupational/Physical Therapy      \_\_\_\_ Behavior Adjustment Class      \_\_\_\_ Other: (please specify) \_\_\_\_\_

If you answered "No" above, then . . .

\_\_\_\_ Was the student *ever* identified as a Special Education student?  
Yes No  
School Name \_\_\_\_\_ School Year \_\_\_\_\_

\_\_\_\_ Has the student *ever* received 504 Services/Accommodations?  
Yes No  
School Name \_\_\_\_\_ School Year \_\_\_\_\_

\_\_\_\_ Was the student *ever* identified as a Gifted and Talented student?  
Yes No  
School Name \_\_\_\_\_ School Year \_\_\_\_\_

\_\_\_\_ Was the student *ever* identified as a Bilingual/ESL student?  
Yes No  
School Name \_\_\_\_\_ School Year \_\_\_\_\_

\_\_\_\_ Was the student *ever* enrolled in Early Childhood Program?  
Yes No  
School Name \_\_\_\_\_ School Year \_\_\_\_\_

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

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*For office use only:*

***ATTN: Registrar:*** Please send this completed form to the Special Populations mailbox at your campus regardless if anything is checked or not.

Received form: \_\_\_\_\_

Paperwork: 1<sup>st</sup> request \_\_\_\_\_ 2<sup>nd</sup> request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_

**LEGACY PREPARATORY CHARTER ACADEMY**

***Occupational Survey  
Your Child May be Eligible for Extra Services***

**Important:** Please complete the survey below and **return it to your school office.**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Within the past **three years**, has you child(ren) traveled or moved alone with a parent, relative, guardian, or a spouse so that a family member could look for or do **temporary or seasonal agricultural work or employment?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

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

If **NO**, please stop here and return this survey to your school office.

If **YES**, please check the type of employment and complete the following contact information below.

- |                |                                   |                            |
|----------------|-----------------------------------|----------------------------|
| _____ Farming  | _____ Picking fruit or vegetables | _____ Plant nursery        |
| _____ Ranching | _____ Cotton farming/ginning      | _____ Poultry production   |
| _____ Fencing  | _____ Combining/harvesting grain  | _____ Clearing land        |
| _____ Dairying | _____ Driving tractors, machinery | _____ Picking pecans, etc. |
| _____ Fishing  | _____ Tree growing or harvesting  | _____ Bailing hay          |
|                | _____ Food processing in plants   | _____ Other similar work   |

***Contact Information***

Name of Child(ren) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**LEGACY PREPARATORY CHARTER ACADEMY**

***Formulario De Trabajo  
Sus Hijos Podrían Recibir Servicios Extras***

**Importante:** Por favor complete este formulario y regréselo a la escuela.

Nombre de Estudiante \_\_\_\_\_ Grade/Curso \_\_\_\_\_

¿Durante los últimos **tres años**, viajó o se fue su hijo/a a vivir solo a con sus padres, algún guardián legal, o esposo/a para que alguno de la familia **buscara o encontrara trabajo temporal en la agricultura?**

\_\_\_\_\_ Sí \_\_\_\_\_ No

Firma de Padres/Guardián \_\_\_\_\_ Fecha \_\_\_\_\_

Si contestó **NO**, no es necesario seguir completando este formulario. Sólo regréselo a la escuela, a la brevedad.

Si contestó **SÍ**, por favor indique y complete la siguiente información de contacto abajo.

\_\_\_\_\_ En la cosecha \_\_\_\_\_ Recogiendo frutas/verduras \_\_\_\_\_ En guardería de plantas

\_\_\_\_\_ En ranchos/ranchería \_\_\_\_\_ En el algodón \_\_\_\_\_ En producción de aves

\_\_\_\_\_ En las cercas \_\_\_\_\_ Cosechando granos \_\_\_\_\_ Limpiando terrenos

\_\_\_\_\_ En lecherías \_\_\_\_\_ En el manejo de tractors, maquinaria \_\_\_\_\_ Recogiendo nuez, etc.

\_\_\_\_\_ En la pesca \_\_\_\_\_ Plantando árboles \_\_\_\_\_ Recogiendo paja

\_\_\_\_\_ Procesando comida en fábricas \_\_\_\_\_ Algún otro trabajo similar

***Referencia***

Hijo(s) \_\_\_\_\_

Padre/Guardián \_\_\_\_\_ Madre/Guardián \_\_\_\_\_

Domicilio \_\_\_\_\_  
Calle Ciudad Estado Zip

Teléfono del hogar (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Otro teléfono (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**LEGACY PREPARATORY CHARTER ACADEMY**

***Emergency Information***

\_\_\_\_\_  
Student's Name (PRINTED)

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

In case the services of a physician are required before parent/guardian can be reached, the school officials of Legacy Preparatory Charter Academy ("Legacy") are hereby authorized to take whatever action is deemed necessary for the health of my child. I also authorize Legacy officials to directly contact the physician named below in case of an emergency.

I will not hold Legacy or its staff responsible for emergency care and/or transportation for my child, and I will assume responsibility for any costs related to such services provided to my child.

\_\_\_\_\_  
Physician's Name

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

\_\_\_\_\_  
Emergency Contact Person (other than parent)

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

\_\_\_\_\_  
Emergency Contact Person (other than parent)

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

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

\_\_\_\_\_  
Date



# LEGACY PREPARATORY CHARTER ACADEMY

## *Medical History/Historia Medica*

Return to the School Office. One form is required for each child. It is mandatory that pupils who show symptoms of communicable diseases be excluded from classes until re-admission is acceptable to the School's leaders. Your cooperation would be greatly appreciated. Thank You! *Regrese a la Oficina de la Escuela. Un formulario es requerido para cada niño(a). Es obligatorio que los estudiantes que muestran síntomas de enfermedades contagiosas sean excluidos de las clases hasta que los líderes de la Escuela acepten que sea re-admitido. Su cooperación será grandemente apreciada. Gracias!*

Name of Student/Nombre del Estudiante \_\_\_\_\_  
Birth Date/Fecha de Nacimiento \_\_\_\_\_ Sex/Sexo \_\_\_\_\_  
Father's Occupation/Oficio del Padre \_\_\_\_\_ Mother's Occupation/Oficio del Madre \_\_\_\_\_  
Father/s Health/Salud del Padre \_\_\_\_\_ Mother/s Health/Salud de Madre \_\_\_\_\_

**Past Diseases** (*If your child has any of the following, state age and when he/she had them*)

**Enfermedades Pasadas** (*Si su niño(a) ha tenido lo siguiente, apunte la edad cuando lo tuvo*)

_____ Mumps/Paperas	_____ Pneumonia/Pulmonia
_____ Diphtheria/Difteria	_____ Speech difficulty/Dificultad para hablar
_____ Polio/Polio	_____ Crippling conditions/Condiciones de discapacidad
_____ Measles/Sarampión	_____ Convulsions/Convulsiones
_____ Asthma/Asma	_____ Diabetes/Diabetis
_____ Hay Fever/Fiebre del Heno	_____ Rheumatic Fever/Fiebre Reumático
_____ Syphilis/Sifilis	_____ Whooping Cough/Tos Ferina
_____ Scarlet Fever/Escarlatina	_____ Discharging Ears/Secreción de los Oídos
_____ Chicken Pox/Varicela	_____ Epilepsy

Does your child have Insurance, Chip, or Medicaid?

¿Tiene su niño(a) Asegurancia Medica, CHIP, o Medicaid? \_\_\_\_\_

If your child has Medicaid, please provide his/her Medicaid #.

Si su niño(a) recibe Medicaid, favor de dar el numero. \_\_\_\_\_

Has your child had a skin test for Tuberculosis?

¿Ha tenido su niño(a) un examen de tuberculosis? \_\_\_\_\_ Date administered/Fecha de administración \_\_\_\_\_

Has your child ever been associated with a tuberculosis patient?

¿Ha sido su niño(a) asociado con un paciente de tuberculosis? \_\_\_\_\_ When?/¿Cuándo? \_\_\_\_\_

Has your child ever been diagnosed with HIV/AIDS?

¿Ha sido su niño(a) diagnosticado con VIH, SIDA? \_\_\_\_\_ When?/¿Cuándo? \_\_\_\_\_

**Recent Disabilities** (*Please check any one of the following noted most recently*)

**Incapacidades Recientes** (*Por favor marque cualquiera de las siguientes notadas mas recientes*)

_____ 4 or more colds yearly/4 o mas resfrios anualmente	_____ Persistent cough/
_____ Frequent sore throat/Frecuente dolor de garganta	_____ Speech difficulty/Dificultad para hablar
_____ Poor vision/Vision pobre	_____ Crippling conditions/Condiciones de discapacidad
_____ Dizziness/Mareos	_____ Hearing difficulty/Dificultad de oír
_____ Frequent sties/Orzuelo en el ojo	_____ Tires easily/Se cansa facilmente
_____ Dental defects/Defectos dentales	_____ Breath shortness/Dificultad para respirar
_____ Fainting spells/Desmayos	_____ Hernia (rupture)/Hernia (rotura)
_____ Abdominal pains/Dolores de estomago	_____ Ringworm/Tiña
_____ Frequent Urination/Orinacion frecuente	_____ Nose Bleeding/Hemorragia nasal
_____ Allergy/Alergias	_____ Growing pains/Dolores de desarrollo

**Does your child have a disability due to a disease or accident?**

**¿Tiene su niño(a) incapacidad por causa de enfermedad o accidente?** \_\_\_\_\_

**Personal Record** (*Please respond to the following*)

**Archivo Personal** (*Por favor responda a lo siguiente*)

Is he/she shy?/¿Es el/ella tímido? \_\_\_\_\_

Overactive?/¿Sobreactivo? \_\_\_\_\_

Bite fingernails/¿Se muerde las uñas? \_\_\_\_\_

Suck thumb?/¿Se mama el dedo? \_\_\_\_\_

Excessive fears?/¿Temores excesivos? \_\_\_\_\_

Have temper tantrums?/¿Hace berrinches? \_\_\_\_\_

Likes school?/¿Le gusta la escuela? \_\_\_\_\_

Eats breakfast?/¿Come almuerzo? \_\_\_\_\_

Play well with others?/¿Juega bien con otros? \_\_\_\_\_

When is his/her regular bedtime?/¿Cuál es su tiempo regular para acostarse? \_\_\_\_\_

When is his/her rising time?/¿Cuál es su tiempo regular para levantarse? \_\_\_\_\_

Is your child potty trained?/¿Sabe ir al baño el niño(a)? \_\_\_\_\_

**I you are enrolling your child for pre-k 3 or pre-k 4, they must be potty trained.**

**Si esta inscribiendo a su hijo/a en pre-k 3 o pre-k 4 debe saber ir al baño.**

**Please sign below (Favor de firmar abajo):**

\_\_\_\_\_  
Parent/Guardian Name (Nombre del Padre, Madre, o Guardián)

\_\_\_\_\_  
Date (Fecha)



**LEGACY PREPARATORY CHARTER ACADEMY**

***Authorized Persons to Pick-Up Students  
Personas Autorizadas Para Recoger Al Estudiante***

Student Name/Nombre de Estudiante \_\_\_\_\_ Grade/Grado \_\_\_\_\_

<b>Name of Adult/ Nombre del Adulto</b>	<b>Relationship to Student/ Relacion al Estudiante</b>	<b>Address/Direccion</b>	<b>Home Phone/ Telefono de Casa</b>	<b>Cell Number/ Numero de Cellular</b>

Parent Signature/Firma del Padre \_\_\_\_\_

Parents, please be advised that the persons listed above must show proper valid identification (Texas Drivers License or Photo ID) or the school will not release your child to them. Legacy requires parent notification in the event that the child will be picked up by someone other than the parent. The safety of your child is our concern.

Padres, les avisamos que las personas en la lista arriba tienen que enseñar identificación válida propia (Licencia de Manejar o ID con foto) o no les permitiremos llevarse a su niño(a) sea levantado por alguien además del padre. La seguridad de su niño(a) es nuestro interés.

**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/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff Identification Number

\_\_\_\_\_  
Date

Texas Education Agency - March 2009

*For School Office Use only: File this form in the student's permanent folder.*

*Local School Observer Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

**Parte 1. Etnicidad:** ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

**Parte 2. Raza.** ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

\_\_\_\_\_  
Nombre del Estudiante/Miembro de Personal  
(por favor use letra de imprenta)

\_\_\_\_\_  
Firma (Padre/Representante legal)  
/(Miembro de personal)

\_\_\_\_\_  
Número de Identificación del  
Estudiante/Miembro del personal

\_\_\_\_\_  
Fecha

**LEGACY PREPARATORY CHARTER ACADEMY**

***Food Allergy Notification Form***

Dear Parents,

Legacy Preparatory Charter Academy (“Legacy”) is required by law to request, at the time of enrollment, that the parent or guardian of each student attending Legacy disclose the student’s food allergies. This form will satisfy this requirement.

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed in order for Legacy to take necessary precautions for your child’s safety.

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child’s allergic reaction to the food. Legacy will contact you for a note from your physician if your child has food allergies. **Your child must have an EpiPen prescribed to help in the event of an emergency.**

<b>Food:</b>	<b>Nature of allergic reaction to the food:</b>

Legacy will maintain the confidentiality of this form and the information provided above, and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act (“FERPA”) and Board policy. **Legacy will maintain this form as part of your child’s student record.**

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

Grade: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date form received by Legacy: \_\_\_\_\_