



## Enrollment Checklist

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Room: \_\_\_\_\_  
Sibling's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

- ☐ Enrollment Form
- ☐ Transportation Form 372
- ☐ Emergency Contact
- ☐ Release Form Copy of Student Records
- ☐ Home Language Survey
- ☐ Photograph/Video Tape Permission
- ☐ Federal Ethnicity and Race Form
- ☐ Volunteer Application
- ☐ Parental Involvement Summary

Parent(s)/Guardian(s) must submit the following documents:

- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ Last Report Card
- ☐ Proof of Residency (2)
- ☐ Photo ID of Parent/Guardian

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Lehigh Valley Dual Language Charter School**  
**Charter School Student Enrollment Notification Form**  
**lvdlcs.org**



**Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.**

**For School Year** 2015-2016

**Name of Charter School:** Lehigh Valley Dual Language Charter School

**Address:** 551 Thomas Street  
Bethlehem, Pennsylvania 18015

**Charter School Contact Person:** Anabel Perez

**Telephone:** (484)821-8020 **Email Address:** aperez@lvdlcs.org

**I. Student Information:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Mailing Address (If Different From Home Address)** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Entry Date:** \_\_\_\_\_ **Ethnicity/Race:** \_\_\_\_\_

**II. School District of Residence and Former School Information**

**School District of Residence:** \_\_\_\_\_

**Former School Information (Other Than Pre-School):**

\_\_\_\_\_ **Public School** \_\_\_\_\_ **Charter School** \_\_\_\_\_ **Home School** \_\_\_\_\_ **Nonpublic School**

\_\_\_\_\_ **Student Not Enrolled in School Preceding Enrollment in Charter School Because:**

\_\_\_\_\_ **Entering Kindergarten** \_\_\_\_\_ **Re-Enrolling Dropout** \_\_\_\_\_ **Other** \_\_\_\_\_

**Name of Former School:** \_\_\_\_\_

**Address of Former School:** \_\_\_\_\_

**Previous Grade:** \_\_\_\_\_ **Withdrawal Date From Former School:** \_\_\_\_\_

**Was Your Child Receiving Special Education Services Based On An Iep?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If Yes, Do You Have The Child's Special Education Records (Iep)?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

# Lehigh Valley Dual Language Charter School

## Charter School Student Enrollment Notification Form

lvdlcs.org



**Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.**

### III. Parent/Guardian Information:

Child Lives With: \_\_\_\_\_ Both Parents \_\_\_\_\_ Both Parents Alternately \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_  
\_\_\_\_\_ Legal Guardian \_\_\_\_\_ Foster Parents \_\_\_\_\_ Other Adult \_\_\_\_\_  
Special Custodial Court Instructions:  
(If Yes, Please Provide a Copy of Court Order.) \_\_\_\_\_ Yes \_\_\_\_\_ No

#### Complete Parent/Guardian Name and Address Information As Applicable

Father's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

#### If The Student Is Not Living With Parents, Please Complete This Section.

\_\_\_\_\_ Guardian's Name Or \_\_\_\_\_ Foster Parent's Name Or \_\_\_\_\_ Other Adult Name  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school. My signature also certifies that my child is not, and will not be enrolled in another public school, a nonpublic or a private school at the same time he or she is enrolled in this charter school.

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

### IV. To Be Completed By Charter School:

Verification of Date of Birth: \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Other \_\_\_\_\_  
Proof of Residency \_\_\_\_\_ Mortgage Statement \_\_\_\_\_ Lease \_\_\_\_\_ Utility Bill \_\_\_\_\_ Other \_\_\_\_\_  
Official Enrollment Date: \_\_\_\_\_ Anticipated Date of Attendance: \_\_\_\_\_  
Grade Student Is Entering: \_\_\_\_\_

Signature of Charter School Representative: \_\_\_\_\_

**Pennsylvania Law  
Act 372**



According to Pennsylvania Law, nonpublic school children are entitled to transportation to nonpublic schools as follows:

1. A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident nonpublic school students according to the nonpublic school calendar.
2. Transportation for nonpublic school students must be provided to and from the nonpublic school in which the student is enrolled, even if the nonpublic school is located outside the district so long as the distance is not more than 10 miles beyond the DISTRICT BOUNDARIES.  
(Note this distance may be in excess of 10 miles from the student's home.)
3. A district may transport children who live along hazardous routes even though the children live within walking distance of the school.

If you think you are eligible for transportation and desire it for next term, please complete the 'Request for Transportation' form and return to school.

---

**REQUEST FOR TRANSPORTATION Under Act 372**

Name of Child \_\_\_\_\_ Entering Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Name of School to be attended in Aug/Sept Lehigh Valley Dual Language Charter School

Public School District where Child Resides \_\_\_\_\_

The above named child lives approximately \_\_\_\_\_ miles from the Charter School to be attended.

If the child received public school district transportation last year, please indicate bus number \_\_\_\_\_ and District \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Mother's Work: \_\_\_\_\_ Father's Work: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Emergency Contact (name, number, relationship) \_\_\_\_\_

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

# Lehigh Valley Dual Language Charter School

## EMERGENCY/CONTACT PERMISSION



I understand that providing current emergency contact information is critical to the safety and well-being of my child. My signature on this form certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information or myself, and my emergency contacts, within 24 hours of any change to the school administrative assistant/secretary and my child's classroom teacher(s).

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street Name and Number Apt#

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Address: ☐ Check if same above

Address if different above: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Address: ☐ Check if same above

Address if different above: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Emergency Contacts: Adults (18 years or older) who may be contacted in the event of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I hereby give permission to the staff of the LVDL Charter School to secure emergency medical treatment for the above named child while under their supervision:

Name of Child's physician or health clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ After Hours Emergency Number: \_\_\_\_\_

Hospital Preferred for Emergency Treatment: \_\_\_\_\_

Health Insurance Policy Name and Number: \_\_\_\_\_

Please list any special services your child has received in the past 3 years: \_\_\_\_\_

Please List any allergies: \_\_\_\_\_

\_\_\_\_\_ Date of last tetanus shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name(s) of person other than Parent or Legal Guardian to Whom Child may be released to must be 18 years or older.

\_\_\_\_\_

In the event that medical treatment is required, I give consent for my child to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. LVDLCS WILL NOT transport my child to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that LVDLCS will telephone 911 for emergency medical assistance.

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Sex

**Date**

**Lehigh Valley Dual Language Charter School  
HOME LANGUAGE SURVEY\***



The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

**School District:** *Bethlehem Area School District*  
**School:** *Lehigh Valley Dual Language Charter School*

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

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **District** \_\_\_\_\_

**Students' Date of Birth:** \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English?  
(Do not include languages learned in school.) ☐ Yes ☐ No

If yes, specify the language(s): \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime? ☐ Yes ☐ No

If YES, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____

**Person completing this form** (if other than parent/guardian): \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**BASD PERSONNEL must complete this section**

If any answer indicates a language other than English this student *MUST* be referred to the CLA Office, Principal or Designee must call CLA at 610-865-7880 for an appointment for language assessment and/or to clarify any questionable responses.

Child referred for English Language Assessment \_\_\_\_ Yes \_\_\_\_ No      Test Date/Time  
\_\_\_\_\_

Comments:

Form completed by: \_\_\_\_\_

Lehigh Valley Dual Language Charter School  
Photography/Videotape Permission



Dear Parent:

From time to time the school records student activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and/or videotapes may be used for advertising purposes to promote enrollment at our school or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following:

☐ I do give permission for my child to be photographed/videotaped and the resulting photograph/videotape to be used and displayed within the school as well as, to be used for public display and/or published for the benefit of the school.

☐ I do not give permission for my child to be photographed/videotaped and the photographs/videotape to be publicity displayed and/or published.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally and or externally as explained in the example above.

Please Print:

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Sign Below:

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



# Lehigh Valley Dual Language Charter School

## FEDERAL ETHNICITY AND RACE FORM



551 Thomas Street, Bethlehem PA, 18015 / Phone 610-419-3120 / Fax 610-419-3968

Each year the Pennsylvania Department of Education (PDE) requires the School District to complete a report which sorts data on all students by grade, homeroom, age and ethnic/race categories. Under the new guidelines provided by the U.S. Department of Education schools are required to collect the race/ethnic data by using the following two question format. Please answer the first question by choosing a Yes or No answer, the second question asks you to select an ethnic/racial group that best describes your child's ethnic/racial background.

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

1) Is the child Hispanic/Latino/Spanish? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Hispanic Latino means a person of Cuban, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

The federal government considers "Hispanic/Latino" to be an ethnicity, not a race. That is why Hispanic/Latino is not listed as a race identification category.

2) If applicable, please select one or more races from the following five racial groups that would best describe your child's ethnic/racial background:

\_\_\_\_\_ **American Indian or Alaskan 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 in 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 original peoples of Europe, the Middle East or North Africa.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lehigh Valley Dual Language Charter School

551 Thomas St - Bethlehem, PA 18017 - 610-419-3120 - Office Fax 610-419-3968

Lehigh Valley Dual Language Charter School

Volunteer Application  
(25 HOURS REQUIRED PER FAMILY)



Parent Name: \_\_\_\_\_  
First Middle Last

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check one:

\_\_\_ Parent/Guardian \_\_\_ Grandparent/Relative \_\_\_ Community Member

\_\_\_ School Student \_\_\_ Other (Specify) \_\_\_\_\_

If you have children attending LVDLCS please list below:

Child (rens) full name(s)	Grade	Teacher
---------------------------	-------	---------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Days/Times of the week I can serve are:

\_\_\_\_\_

\_\_\_\_\_

Are you available during the day? What hours of the day?

\_\_\_\_\_

\_\_\_\_\_

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

# Lehigh Valley Dual Language Charter School

## Parental Involvement Summary



Childs Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Grade Level \_\_\_\_\_ ☐ M ☐ F

Parent/Guardian's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please indicate how you wish to support the school's effort so that your child will succeed:

- ☐ I will read to my child every day.
- ☐ I will sign and make sure that all homework is completed.
- ☐ I will send my child to school on time and prepared to learn.
- ☐ I will come to see my child's teacher on Open School Conference days to pick up and discuss my child's report card.
- ☐ I will immediately communicate any concerns I may have regarding my child's report card.
- ☐ I will respond promptly to any school communication and I will notify the school immediately, in writing, if my address or telephone change.
- ☐ I will establish a reasonably limited schedule of television viewing for my child.
- ☐ I will attend as many meetings as I possibly can.
- ☐ I am interested in being a member of the Executive Board of the Parent Association.
- ☐ I will volunteer at least 25 hours to the school in the following areas:

- |   |  |
|---|--|
| <input type="checkbox"/> Breakfast                    | <input type="checkbox"/> Special Events          |
| <input type="checkbox"/> Lunch                        | <input type="checkbox"/> Office Help             |
| <input type="checkbox"/> Class Assistant              | <input type="checkbox"/> PTA                     |
| <input type="checkbox"/> Reading to a Class           | <input type="checkbox"/> Making Books            |
| <input type="checkbox"/> Discuss my Cultural Heritage | <input type="checkbox"/> Bus Stop ____AM ____ PM |
| <input type="checkbox"/> Talking about Job/Career     | <input type="checkbox"/> Chaperoning Class Trips |
| <input type="checkbox"/> Tutoring                     | <input type="checkbox"/> Extended Day Program    |
| <input type="checkbox"/> Other: _____                 |  |

Days I prefer to volunteer: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Hours I prefer to volunteer: \_\_\_\_\_

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