

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 (Lease/Bill) (2)

Photo ID of Parent/Guardian

Received By: _____ Date: _____

Lehigh Valley Dual Language Charter School

Charter School Student Enrollment Notification Form

lvdcls.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 2019-2020

Name of Charter School: Lehigh Valley Dual Language Charter School

Address: 675 East Broad Street
Bethlehem, Pennsylvania 18018

Charter School Contact Person: Anabel Perez

Telephone: 484-684-8842 **Email Address:** aperez@lvdcls.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:** _____

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

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lvdlcs.org



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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**

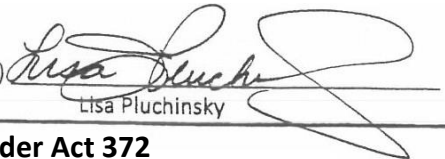


According to Pennsylvania Law, nonpublic school children are entitled to transportation to nonpublic schools as follows:

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.

Signed (Principal)


Lisa Pluchinsky

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: _____ Phone: _____ Address: ☐ Check if same above

Address if different from above: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

Father/Guardian: _____ Phone: _____ Address: ☐ Check if same above

Address if different from above: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

Local Emergency Contacts: Adults (18 years or older) who may be contacted in the event of an emergency and to whom child may be released to:

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: _____

List any medical condition or surgery your child has: _____

Please list medication and dosages your child takes: _____

Please list all allergies: _____

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: ____/____/____

Parent/Guardian's Name: _____ Telephone Number _____

Name of Former School		
Street Address of Former School		
City	Sate	Zip
Phone Number of Former School		

Most recent report card
Assessment Records
Evaluation Reports
Individualized Education Plan (IEP if applicable)
Behavior Management Plan (if applicable)
Immunization Records
ESL Records (WIDA, W-APT, Monitoring if Applicable)

Parent Signature _____ 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*

Date: _____

School: *Lehigh Valley Dual Language Charter School*

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: _____

LVDLCS 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



675 E Broad Street, Bethlehem PA, 18018 / 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

675 E Broad St - Bethlehem, PA 18018 - 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(ren) full name(s)	Grade	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____

Days/Times of the week I can serve are:

State Required Clearances to Volunteer:

1. FBI Clearance

2. Child Abuse Clearance

3. Finger Printing Clearance – This clearance is needed if you have NOT been a resident of the state of Pennsylvania for the last ten years.

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: _____ | <input type="checkbox"/> Wellness Committee |

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

Hours I prefer to volunteer: _____

Parent/Guardian Signature _____

Date _____



Please complete the survey below. This information is required for our Title I program. This survey does not impact your child's participation in our school-wide free lunch program. Thank you in advanced for your cooperation.

Family Survey

1. Using your household size- Is your family's income the same or less than the amount shown below?

Yes _____ No _____

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2019- June 30, 2020)

Household Size	Annual Salary
1	\$21,775
2	\$29,471
3	\$37,167
4	\$44,863
5	\$52,559
6	\$60,255
7	\$67,951
8	\$75,647

2. Military Service: **Yes** _____ **No** _____

Student's Name _____ Grade _____



Favor de completar la siguiente encuesta. Esta información es requerida por el Programa de Título I. Esta encuesta no afecta la participación de su hijo en nuestro programa de almuerzo gratis para toda la escuela.

Encuesta Familiar

1. Utilizando el tamaño de su núcleo familiar; ¿es el ingreso en su casa igual o menor que la cantidad reflejada abajo?

Sí _____ No _____

GUIA DE ELEGIBILIDAD BASADA EN EL INGRESO

(Efectivo desde 1/julio/2019 – 30/junio/2020)

Núcleo Familiar	Salario Annual
1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647

2. Servicio Militar: **Si** _____ **No** _____

Nombre del Estudiante: _____ Grado: _____