

STUDENT NAME:

GRADE for 2017-2018: \_\_\_\_\_

FIRST NAME

MIDDLE NAME

LAST NAME



**Cedars International Academy**  
**A T.E.A. Recognized Charter School**  
**Enrollment Packet Check List**  
**2017-2018**

**RETURNING STUDENTS**

**Welcome to Cedars International Academy!**

In order to make your registration as easy as possible please make sure all items listed below are completed and inside the enrollment packet.

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***This Section Reserved for Cedars' Staff***

- Enrollment Application \_\_\_\_\_
- Emergency/Medical/Pickup Release Form \_\_\_\_\_
- Texas Public School Student/Staff Ethnicity and Race Questionnaire \_\_\_\_\_
- Student Residency Form \_\_\_\_\_
- Copy of updated Immunization Record \_\_\_\_\_
- Parent Consent Packet \_\_\_\_\_
- Receipt of Handbook \_\_\_\_\_

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**Thanks for Choosing Cedars International Academy!**

**THIS SECTION IS FOR PK-7TH GRADE ONLY**  
**(HS STUDENTS WILL RECEIVE SUPPLY LIST FIRST DAY OF SCHOOL)**

I would like Cedars to purchase school supplies (to include 1 Cedars Field Trip Shirt) with my \$45 supply fee (cash or money order). **NO REFUNDS AFTER SEPTEMBER 1**

I will provide school supplies for my child (supply list will be available August 1).

I would like to purchase \_\_\_\_ Cedars Field Trip Shirt(s) for \$15/each (1 shirt is included if paying \$45 supply fee). **Cedars Field Trip shirts are required to attend the optional field trips.**

I would like to get a \$10 discount for my supply fee because I referred a friend that will be registering for next year. Friend Name \_\_\_\_\_ Phone Number \_\_\_\_\_

The discount will NOT be applied until the friend fills out a registration form.

**Receipt #** \_\_\_\_\_

# Cedars International Academy

## 2017-2018 Student Enrollment Application Form

**Date** \_\_\_\_\_ **Student Shirt Size** *Kids:* XS S M L *Adults:* S M L XL 2XL  
**Circle Grade Level Application is for:** Kinder 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>  
 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

**Legal Name of Student** \_\_\_\_\_  
 First Name Middle Name Last Name

Street Address Apartment# City State Zip

**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Gender:** Male Female

Campus of Residence – (Name of local public school that student is zoned to attend)

**List of Siblings at Cedars if any (Name and Grade Level):**

**Parent/Guardian contact information:**

**Mother's Name** \_\_\_\_\_ **Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

\*\*\*E-Mail Address \_\_\_\_\_

**Employer** \_\_\_\_\_ **Work#** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

\*\*\*E-Mail Address \_\_\_\_\_

**Employer** \_\_\_\_\_ **Work#** \_\_\_\_\_

Student lives with:(Check one)

\_\_\_ Both Parents      \_\_\_ Mother      \_\_\_ Father      \_\_\_ Guardian

Cedars International Academy's admissions and enrollment shall be free from discrimination based sex, national origin, ethnicity, religion, disability, academic, artistic, athletic ability, or the district the child would otherwise attend under state law.

**Emergency Medical/Pickup Release Form**

Student Name \_\_\_\_\_

Describe any medical conditions or concerns that your child might have:

\_\_\_\_\_

List any allergies (food, Medicine, insects, etc.....)

\_\_\_\_\_

List any medication your child takes regularly:

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

School: \_\_\_\_\_

Name of Student's Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_ Phone# \_\_\_\_\_

**Emergency contact(s)**

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relation \_\_\_\_\_

I plan for my child to be in **Aftercare**                      YES              NO

**I give the listed persons permission to pickup and transport my child:**

Name \_\_\_\_\_ Ph# \_\_\_\_\_

Name \_\_\_\_\_ Ph# \_\_\_\_\_

In case the child named on this form has a serious injury or sudden illness, and in the event I cannot be reached by telephone, I hereby authorize Cedars International Academy to call the named Physician above or emergency medical care (EMS). Cedars International Academy will not be responsible for any cost. Cedars International Academy Staff cannot give consent for care.

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

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

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

\_\_\_\_\_ Hispanic / Latino

\_\_\_\_\_ Not Hispanic/Latino

Race – choose one or more:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Observer signature:

Campus and Date:

**Texas Education Agency – March 2010**



- In transitional housing (*housing that is available for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, or another organization*) (CODE=S)
- In a hotel or motel (*examples: because of economic hardship, eviction, cannot get deposits for permanent home, flood, fire, hurricane, etc.*) (CODE=HM)
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location (CODE=U)
- None of the above describe my present living situation *Briefly describe your situation:* \_\_\_\_\_

**Factors contributing to the student's current living situation (check all that apply):**

- Natural disaster
  - Tornado, storm, flood, etc.
  - Hurricane, name: \_\_\_\_\_
  - Fire: prairie, forest, grass, lightning strike, etc.
- Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
- Home issues such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.
- Military: Parent/guardian deployed, injured or killed in action
- Incarceration of parent/guardian
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes (*i.e., faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.*)
- Economic hardship:
  - Loss of job resulting in inability to pay rent or mortgage
  - Income from part-time or low paying job does not cover cost of housing in the area
  - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
  - Eviction record and/or inability to produce deposits for rent or utilities
- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own
- None of the above describe the main reasons for my present living situation *Briefly explain the contributing factors:* \_\_\_\_\_

Please provide the following information for school-age siblings (brothers and/or sisters) of the student:

Name	Grade Level	School	District

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student

\_\_\_\_\_  
Date

*For School Use Only*

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

\_\_\_\_\_  
McKinney-Vento Liaison Signature

\_\_\_\_\_  
Date

**RECEIPT OF THE STUDENT  
CODE OF CONDUCT & HANDBOOK**

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Grade \_\_\_\_\_

Parent, Guardian, or Person Responsible

I, as the parent or guardian of \_\_\_\_\_, have received a copy of or have been given access to the Cedars International Academy Student Code of Conduct (the "Code") for the 2017- 2018 school year. I have read, understand, and agree that my child shall abide by the Code. I understand that my child will be held accountable for his or her behavior, and he or she is required to comply with the expected standards of conduct set out in this Code and will be subject to disciplinary consequences if he or she fails to do so. I understand that the Code governs my child's behavior while on school property and at school-sponsored or school-related activities whether on or off campus; and that my child may also be subject to discipline for certain conduct which occurs outside of school regardless of time or location, including any school-related misconduct. I understand that the School may contact law enforcement for further investigation or criminal prosecution for certain violations of law.

I also understand that parental involvement and cooperation is vital in the discipline process. By signing below, I acknowledge my understanding and commitment to ensure that my child understands and complies with the Code.

Parent/Guardian/Person Responsible Name:

\_\_\_\_\_

Parent/Guardian/Person Responsible Signature:

\_\_\_\_\_

Date \_\_\_\_\_

Note: Failure to sign and return this receipt does not exempt the child or parent from having to abide by the contents of the Student Code of Conduct.