



Thank you for your commitment to The Village School! We look forward to meeting you and including you in our village. We understand the importance of your decision to enroll your child at our school and we look forward to offering parents meaningful ways to volunteer and be involved in the education of The Village Charter School students.

Please confirm your acceptance of the offer of enrollment below and fill out the student information section. This form, an original birth certificate and immunization records must be returned to The Village **in person** no later than 7 business days from acceptance. (Please keep in mind that the school will be closed from March 27<sup>th</sup> -April 7<sup>th</sup> for Spring Break). Copies of the originals will be made at that time and the original documents will be returned to you. **If these forms, birth certificate and up to date immunization records are not received by the deadline, you may forfeit your spot of enrollment.**

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
(full legal name)

Preferred first name or nickname: \_\_\_\_\_  Female  Male

Grade for 2017-2018: \_\_\_\_\_ Birth date: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ From what district: \_\_\_\_\_

Has this student been retained or skipped a grade?

No  Yes If yes, please explain:

\_\_\_\_\_

Preferred email for newsletters and office communications: \_\_\_\_\_

I accept the offer of enrollment for my child for the 2017-2018 school year.

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

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

**Student Information**

**Child #1**

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

*(full legal name)*

Preferred first name or nickname: \_\_\_\_\_  Female  Male

Grade for 2017-2018: \_\_\_\_\_ Birth date: \_\_\_\_\_ Previous School Attended: \_\_\_\_\_

**Child #2**

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

*(full legal name)*

Preferred first name or nickname: \_\_\_\_\_  Female  Male

Grade for 2017-2018: \_\_\_\_\_ Birth date: \_\_\_\_\_ Previous School Attended: \_\_\_\_\_

**Child #3**

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

*(full legal name)*

Preferred first name or nickname: \_\_\_\_\_  Female  Male

Grade for 2017-2018: \_\_\_\_\_ Birth date: \_\_\_\_\_ Previous School Attended: \_\_\_\_\_

**Primary Household Information**

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

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

Parent #1- First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent #2- First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Employer: \_\_\_\_\_

**2<sup>nd</sup> Household Information (if applicable)**

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

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

Parent #1- First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent #2- First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Employer: \_\_\_\_\_

## Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

1. Presently, where is the student living? *Check one box*

Section A	Section B
<p><input type="checkbox"/> in a shelter, transitional housing, or awaiting foster care</p> <p><input type="checkbox"/> with more than one family in a house or an apartment due to loss of housing or economic hardship</p> <p><input type="checkbox"/> In a temporary trailer, campground, car, or park</p> <p><input type="checkbox"/> In a hotel or motel</p> <p><b>CONTINUE:</b> <i>If you checked a box in <b>Section A</b>, complete #2.</i></p>	<p><input type="checkbox"/> Choices in Section A do not apply</p> <p><b>STOP:</b> <i>If you checked this section, you do <b>not</b> need to complete the remainder of this form or submit to school personnel. Thank you.</i></p>

2. The student lives with:

- \_\_\_\_\_ 1 parent
- \_\_\_\_\_ 2 parents
- \_\_\_\_\_ 1 parent & another adult
- \_\_\_\_\_ A relative, friend(s) or other adult(s)
- \_\_\_\_\_ Alone with no adults
- \_\_\_\_\_ An adult that is not the parent or the legal guardian

Emergency Contacts (Other than Parents)

Name: \_\_\_\_\_ Relationship (to student): \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship (to student): \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship (to student): \_\_\_\_\_ Phone #: \_\_\_\_\_

**YOUR CONTACT INFORMATION** will be used for the following purposes – school, teacher and parent communications, including school social events, school directory, and other community events for The Village Charter School. At no time will this information be distributed outside The Village community. Please sign your initials to permit the sharing of your contact information: \_\_\_\_\_

**PHOTOS, videos and recordings may** be taken of your child for public education and promotional projects by The Village Charter School and posted on the school website and/or school sponsored social media. There will be no compensation for the above and these will become the property of The Village Charter School. Please initial if you permit photography and recordings: \_\_\_\_\_

**NOTICE ABOUT SCHOOL UNIFORMS:**

*Please see the dress code policy included in this packet for more information about the uniforms.*

I have read and understand The Village Charter School dress code policy. \_\_\_\_\_ **(Parent initials)**

**ADDITIONAL INFORMATION**

Have any students in this household ever been expelled or suspended?  Yes  No

If yes, please explain: \_\_\_\_\_

Do any students in the household have a current Individual Education Plan (IEP) or a 504 Plan?  Yes  No

If yes, please explain: \_\_\_\_\_

The Village Charter School reserves the right at any time to revoke enrollment for any of the following:

- 1) Poor attendance; 2) Excessive tardiness; 3) Non-compliance with school rules; 4) Misrepresentation or falsification, or omission of any information on any The Village Charter School form(s).

*The Village Charter School does not discriminate on the basis on race, color, religion, and national or ethnic origin in its' educational and admissions policies and affords to all students the rights, privileges, programs and activities made available at the school.*

**PARENT/GUARDIAN SIGNATURE:**

*To the best of my knowledge, the information provided herein is accurate and has not been misrepresented or falsified.*

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

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

**HEALTH HISTORY**

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Lives with \_\_\_\_\_ [ ] Mom [ ] Dad [ ] Guardian

Information provided by \_\_\_\_\_ [ ] Mom [ ] Dad [ ] Guardian

Today's Date \_\_\_\_\_ Grade \_\_\_\_\_ Gender [ ] Female [ ] Male

**PLEASE CHECK THE FOLLOWING HEALTH CONCERNS THAT APPLY:**

[ ] ALLERGIES:

- [ ] Bee/insect sting: [ ] Call 911 if stung [ ] swells at site only
- [ ] Medicine \_\_\_\_\_ reaction: \_\_\_\_\_
- [ ] Food \_\_\_\_\_ reaction: \_\_\_\_\_
- [ ] Environmental \_\_\_\_\_ reaction: \_\_\_\_\_

[ ] ASTHMA: What starts an attack? [ ] exercise [ ] colds [ ] allergies, List \_\_\_\_\_  
[ ] smoke [ ] other, list \_\_\_\_\_  
List asthma medications \_\_\_\_\_

[ ] VISION: [ ] contacts [ ] glasses [ ] vision loss [ ] color blind [ ] other \_\_\_\_\_  
Date of Last Exam: \_\_\_\_\_

[ ] HEARING: [ ] hearing loss, describe \_\_\_\_\_  
[ ] frequent ear infections [ ] hearing aids

[ ] DIABETES: [ ] insulin dependent [ ] non-insulin dependent

[ ] HEART PROBLEMS: list \_\_\_\_\_

[ ] EATING/DIGESTION PROBLEMS: \_\_\_\_\_

[ ] MUSCLE/JOINT/BONE PROBLEMS: \_\_\_\_\_

[ ] KIDNEY/BLADDER CONCERNS: \_\_\_\_\_

[ ] SEIZURES: type \_\_\_\_\_ frequency \_\_\_\_\_ medication \_\_\_\_\_

[ ] ATTENTION DEFICIT DISORDER: [ ] in counseling [ ] on medication, list \_\_\_\_\_

[ ] BEHAVIORAL CONCERNS: list \_\_\_\_\_

[ ] EMOTIONAL CONCERNS: list \_\_\_\_\_

[ ] HEADACHES/MIGRAINES: frequency \_\_\_\_\_ treatment \_\_\_\_\_

[ ] PAST SURGERIES \_\_\_\_\_

[ ] PAST MAJOR ILLNESSES/INURIES \_\_\_\_\_

[ ] **MEDICATIONS:** [ ] taken at home, list \_\_\_\_\_

[ ] **taken at school**, list \_\_\_\_\_

**time** \_\_\_\_\_ **amount** \_\_\_\_\_

[ ] OTHER: \_\_\_\_\_

MOST RECENT TETANUS BOOSTER DATE \_\_\_\_\_

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

\_\_\_\_\_  
Date

**Student's full name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Field Trip Permission**

The administration, teachers and staff of The Village Charter School believe that community involvement, off campus activities and field trips are an important part of your son's or daughter's education. This year your child will have the opportunity to participate in off-campus activities/field trips. Because of this, we are asking you to complete this form granting permission for your child to participate. However, parents can choose to not have their child participate in said activities. No student is allowed on any off-campus trips without this signed and completed form. Teachers will not be permitted to make exceptions to this rule for any reason.

My child  has  does not have permission to attend school related off campus activities.

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

**Student Injuries/Medical Costs**

It is important for parents to understand that even with The Village Charter School taking the greatest of all precautions and having close supervision, accidents unfortunately can happen. The Village carries only liability insurance, meaning that we do not carry health insurance that will cover the cost of medical expenses resulting from an injury that a student may sustain while attending school or during off-campus activities and field trips. Parents/Guardians should be prepared for possible medical expenses that may arise if their child is involved in an accident at school.

**I have read and understand that the medical costs for injuries that occur at school or during off-campus activities are the parent/guardian's responsibility.**

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

**Medical Consent**

I hereby consent to the treatment of my minor child by a medical physician or medical personnel at any hospital or temporary treatment by a registered or licensed practical nurse or emergency medical technician until a medical physician can be obtained for any illness or injury to my minor child while on or adjacent to any school grounds of The Village Charter School.

This consent shall include, but not be limited to, any surgery deemed required or desirable for immediate health and medical treatment of my child. This consent shall be effective only if none of the undersigned can be contacted or found by reasonable diligence at the time of the needed medical treatment.

This consent shall terminate as soon as any of the undersigned are contacted, in which case further medical treatment can be done only with the consent of the person contacted. This consent shall be valid unless and until revoked in writing by one of the undersigned.

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

Additional information that you would like us to know about your

child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# The Village Charter School Exceptional Child Services Form

The Village Charter School implements necessary procedures to insure that students with disabilities attending The Village receive special education and related services that meet the requirements of the Individuals with Disabilities Education Act (IDEA).

**In order to help us meet the needs of your child, please complete the following: (check all that apply)**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**GATE (Gifted and Talented Education) Services:**

- Currently qualified to receive GATE Services at \_\_\_\_\_ (school)
- Received GATE Services in the past but it is no longer necessary. Service was terminated on \_\_\_\_\_ (date).
- Was referred for GATE testing but consent was declined by parents.
- Was referred and tested for placement in GATE Services but placement was declined by parents.
- Was referred and tested for placement in GATE Services but did not qualify on \_\_\_\_\_ (date) at: \_\_\_\_\_ (school)

**504 Plan:**

- Currently on a 504 plan
- Qualified for a 504 Plan but benefit was declined.
- Was on a 504 Plan in the past but it is no longer necessary. Service was terminated on \_\_\_\_\_ (date)

**Special Education Services:**

- Currently on an "I" Plan
- Was on an "I" Plan in the past but it is no longer necessary. Service was terminated on \_\_\_\_\_ (date)
- Was referred and tested for placement in special education but did not on \_\_\_\_\_ (date) at: \_\_\_\_\_ (school)
- Was referred for assessment Special Education but consent was declined by parents.
- Was referred and qualified for placement in Special Education but placement was declined by parents.
- Currently receiving special education services on an Individual Education Plan (IEP) at \_\_\_\_\_ (school)

*Check all that apply:*

- Developmental Therapy
- Speech
- OT/PT
- Special Education

Received special education services on an Individual Education Plan (IEP) in the past but it is no longer necessary and service was terminated on: \_\_\_\_\_ (date) at \_\_\_\_\_ (school)

*Check all that apply:*

- Developmental Therapy
- Speech
- OT/PT
- Special Education

**English Language Learner (ELL) Services:**

- Was referred for placement in English Language Learner (ELL) Services but did not qualify on \_\_\_\_\_ (date) at \_\_\_\_\_ (school)
- Was referred and qualified for English Language Learner (ELL) Services but placement was declined by parents.
- Currently receiving English Language Learner (ELL) Services on an English Language Learner (ELL) Plan

Received English Language Learner (ELL) Services on an English Language Learner (ELL) Plan in the past but it is no longer necessary and service was terminated on \_\_\_\_\_ (date)

**None of the above is applicable**

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

# Home Language Survey

Dear Parent/Guardian:

The Office of Civil Rights and Idaho State Department of Education require school districts to determine the dominant language spoken by your student to help provide meaningful instructional programs.

Please answer these questions and return to your school. This questionnaire becomes a part of the District's official documentation of language assessments. Thank you.

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

1. Which language did your son or daughter learn when he/she first began to talk?

\_\_\_\_\_

2. What language does your son or daughter use at home?

\_\_\_\_\_

3. What language do you use when speaking to your child?

\_\_\_\_\_

4. Name the language your child speaks with his/her friends outside of the home:

\_\_\_\_\_

5. Will you need someone to help translate letters sent home?

Yes  No

Check this box if your family has moved at some time in the past 3 years to look for work in:

- Agriculture (farming, dairy)
- Orchards
- A Nursery (trees, flowers, gardening)

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

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

Translator's Printed Name (if utilized): \_\_\_\_\_

Translator's Signature: \_\_\_\_\_



## STUDENT RACE AND ETHNICITY FORM

Student Name (please print): \_\_\_\_\_

Each year, school districts in Idaho are required to report student race and ethnicity data to the Idaho State Department of Education by categories that are set by the Federal government. This data is used to ensure all students receive the educational programs and services to which they are entitled. This information will *not* be reported to any federal agency in a way that identifies the student. No one will check for immigration status from the information given here.

### PLEASE ANSWER BOTH PART A AND PART B

Please note – if you choose not to provide this information, a designated school staff person(s) will observe and select racial and ethnic categories on the student's behalf as required by the Federal government for reporting.

IS THE STUDENT HISPANIC/LATINO? (Choose only one)

Part A

NO, not Hispanic/Latino

YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Part A above is a question about cultural or ethnic identity, not race. No matter what was selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider the student's race to be.

WHAT IS THE STUDENT'S RACE? (Choose ANY that apply)

Part B

**North American Indian or Alaskan Native** (A person having origins in any of the original peoples of North America and who maintains tribal affiliation or community attachment)

**South or Central American Native** (A person having origins in any of the original peoples of South or Central America)

**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)

Completed by (please check one):  Parent  Student (self)  School official

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

## TVCS Dress Code Policy

Updated: Summer 2016

*It is with thoughtful planning and attention to the goals of The Village Charter School, that the following dress code policy has been designed. This policy may be revised throughout the year as deemed necessary by the staff. Students are expected to follow the uniform policy during school hours while they are on school grounds.*

### Shirt:

- Polo: Any solid color - No stripes or patterns
- Emblems, insignias, monograms and logos, must be smaller than a nickel
- The Village Charter School logo is permissible
- Should be appropriately sized - should not be longer than the bottom of pants back pockets and should never reveal any midriff area when standing or sitting
- Should be clean and have no holes or tears and have an overall neat appearance
- Short sleeve, long sleeve and 3/4 sleeve length is permissible
- Undershirts are permitted in any solid color

### Sweaters/Sweatshirts, if worn in class, must meet the following criteria:

- Cardigan button up style sweater
- Zip-up front sweatshirt
- All solid colors are acceptable no stripes or patterns
- Emblems, insignias, monograms and logos are discouraged but if worn, must be smaller than a nickel
- Should be appropriately sized - should not be longer than the bottom of pants back pockets and should be longer than pant waistband
- Should be clean and have no holes or tears and have an overall neat appearance
- Long sleeve and 3/4 sleeve length are permissible
- The Village Charter School logo is permissible

### Pants/Capris/Skirts/Shorts/Skorts:

- Solid color: khaki or navy blue
- Must fit appropriately-not tight fitting, and be worn at waistline (hipsters are not allowed nor pants that show underwear of any kind)
- No emblems, insignias, monograms or logos
- Must be clean and in good condition with no holes, cuts, tears, shred, or fraying of pant legs
- Can be pleated or flat front

#### Pants/Capris:

- Must be hemmed and length not to exceed top of shoe (hem can be cuffed)
- No parachute, wind, stretch/warm-up, pegged, flare
- No elastic or gathered at the ankles or calf

### Skirts/Shorts/Skorts:

- Length: Two inches above the knee or longer
- Skirts can be pleated, flat front, or A-line
- Shorts can be cuffed or uncuffed

### Belts:

- Belts are optional when wearing pants, capris, skorts, skirts, or shorts with belt loops
- Appropriate length for waist size
- No words, logos, studs, etc.

### Tights, Legging, Knee Socks or Ankle Socks:

- Color: Any color- no stripes or patterns, and no visible logos

### Shoes:

- Shoes may lace, buckle, velcro, or slip-on (No mule style shoes)
- Tennis shoes are acceptable
  - Shoes need to be properly tied, if applicable (No dragging shoe laces)
  - No house slippers or shoes that resemble slippers
  - Sandals are permissible as long as they are strapped at the ankle (No flip flop style sandals)

### Outerwear:

- Winter/rain coats may be worn to/from school and at recess only
- Outerwear may be any color and with or w/out a hood
- No Long trench coats
- Outerwear is removed before entering any building

### Hats:

- May be worn to and from school and at recess, however, may not be worn in class or in any building
- No drug or alcohol related logos, symbols or references
- Simple pattern or stripes are permissible

### Accessories/Jewelry:

- Piercings are limited to the ear lobe only
- No gauged ear lobes
- Necklaces are permissible
- One bracelet is permissible, although no bangle or charm style bracelets

### Grooming and hygiene:

- Sixth grade and older students may wear make-up
- Hair should be clean with well-kept appearance, out of eye