



Enroll Now for 6th Grade

LAUNCH ENROLLMENT FORM 2021 – 2022

I. Student Bio

Name of Student _____ Preferred Name _____
FIRST NAME MIDDLE NAME LAST NAME

Street Address _____ Apt _____

City _____ State _____ Zip _____

Male Female Non-binary Date of Birth _____ Place of Birth (State or Country) _____

Race Background

Black or African American Hispanic White Asian

American Indian Pacific Islander Not Specified

Ethnic Background

Hispanic or Latino/a

Not Hispanic or Latino/a

Sibling(s) attending Launch? Enter Name and Grade, or N/A _____

Name of most recent school attended _____ Grade Entering (6, 7, or 8) _____

T-Shirt Size (Youth: S, M, L, XL Adult: S, M, L, XL) _____

II. Student Residency Form

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435 and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided. Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

Please identify the student's current living arrangements. Please check ONE box.

- Permanent Housing**—Student lives in a fixed, regular, and adequate housing situation
- Shelter**—Emergency or transitional shelter
- Doubled Up**—With another family/person due to loss of housing or economic hardship
- Hotel/Motel**—Not an emergency or transitional shelter and involves payment
- Other temporary living situation**—Car, park, abandoned building, street, campground, any other inadequate living space

Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002 (3)(d).

Parent / Guardian Name _____ Parent / Guardian Signature _____ Date _____

III. Home Language Survey

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. We are requesting this information in accordance with the Commissioner's Regulation Part 154 (CR Part 154) which establishes the legal requirements for the education of English Language Learners (ELLs) in New York State (NYS).

Is a language other than English spoken in the child's home? Yes No

If YES, answer the remaining questions in this section. If NO, proceed to Section IV

If Yes, please tell us what language _____

Would you prefer to receive correspondence in this language? Yes No

Does your child communicate in this language? Yes No

Would you benefit from translation services in this language? Yes No

IV. Parent / Guardian

Guardian 1

Guardian 1 Name (First & Last) _____ Check here if primary contact

Relationship to Student _____ Lives with student Guardian E-mail _____

Guardian Street Address _____ Apt _____ City _____ State _____ Zip _____

Home Phone # _____ Mobile Phone # _____ Work Phone # _____

Guardian 2

Guardian 2 Name (First & Last) _____ Check here if primary contact

Relationship to Student _____ Lives with student Guardian E-mail _____

Guardian Street Address _____ Apt _____ City _____ State _____ Zip _____

Home Phone # _____ Mobile Phone # _____ Work Phone # _____

Parent Involvement

At Launch, parents are our partners. There are many ways to participate in your child's education and contribute to the Launch community. Whether you have a lot of time to offer or just a few hours, there are possibilities that accommodate a wide range of schedules and interests.

- Yes, I am interested in being a part of the Parent Association. I will make every effort to participate or send a representative. I am unable to participate at this time. I will inform you if my situation changes.
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V. Emergency Contact Information

These are other family members or friends who can pick up the student in the event of an emergency after we attempt to contact Guardians 1 and 2.

Name _____ Relationship to Child _____ Home Phone _____ Cell Phone _____
Name _____ Relationship to Child _____ Home Phone _____ Cell Phone _____
Name _____ Relationship to Child _____ Home Phone _____ Cell Phone _____

The following person may NOT remove my child from the school. (Custody Papers must be on file.)

Name _____ Relationship to Child _____ Custody papers on file? Yes No

VI. English Language Learners

Information provided will NOT take away your child's spot at Launch. It will allow Launch to serve your child more effectively.

Does your child receive any ELL services? Yes No If YES, please provide your child's most recent language evaluation.

VII. Special Education Services

Information provided will NOT take away your child's spot at Launch. It will allow Launch to serve your child more effectively.

Does your child have an Individualized Education Plan? Yes No

If YES, please provide a copy of your child's IEP.

Which setting is required by your child's IEP?

Integrated Co-taught class (ICT) Self-Contained (12:1:1) SETTS Other

VIII. Release Forms

Media Release

I give permission for my child to be interviewed, identified, and/or photographed/filmed for use in various school publications and media only, including, but not limited to, the school website and Facebook page and school brochures, newsletters, and videos.

Yes, I give my permission. I request that you DO NOT use photographs of my child.

Neighborhood Walk Release

I give permission for my child to participate in all trips with Launch Expeditionary Learning Charter School that are within walking distance of the school without any additional notification or written permission.

Yes, I give my permission. No, I DO NOT give my permission.

Parent / Guardian Name _____ Parent / Guardian Signature _____ Date _____
