



How to Enroll

We are your partners at Launch. We will support you every step of the way through the enrollment process. Please don't hesitate to reach out if you need assistance.

THERE ARE A FEW WAYS TO COMPLETE ENROLLMENT AT LAUNCH:

- 1) **Complete Enrollment in Schoolmint**
You can enroll online and upload required documents in your Schoolmint account.
- 2) Join us for an **Enrollment Session on Zoom**. Check our website for details.
We will be available to answer general questions or support you 1-1 with your enrollment paperwork.
- 3) Schedule a 1-1 **Phone Appointment** with a member of our Enrollment Team to complete your enrollment documents over the phone. To schedule an appointment email us or call our main office (718-604-6910) and wait for extension 3.

All enrollment sessions and phone appointments can be completed in Spanish.

On the back of this page you will see the enrollment form questions. If you choose a phone/video call appointment, please have the answers to the questions prepared.

LEARN MORE ABOUT LAUNCH:

We know there are many choices for great middle schools, and we would love the opportunity to tell you about our special community!

Check out the **Events Calendar** in your folder and our website for updated information about several events designed for new students and families.

We hope everyone will join us for our first welcome event called Learn About Launch.

Join us to learn more about our school by joining sessions led by our teachers and staff on topics ranging from EL Education, our academic program, our restorative justice approach, extracurriculars and after school, our Parent Association, and more!



- **Saturday, April 10th - 10:00am - 11:30am**
 - Zoom Registration: (We will email this link and you can find it in the calendar on our website.)
<https://launchschool-org.zoom.us/meeting/register/tJEtduMtpzotHdHQKoiACI2FPzqNAXHrmBeF>
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Enrollment Forms

Please use the enrollment forms below for reference. We will work with you on the phone/video call to capture all of your information and enroll your child at Launch.

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 _____ Ethnic Background _____
Black or African American Hispanic White Asian Hispanic or Latino/a
 American Indian Pacific Islander Not Specified Not Hispanic or Latino/a

Siblings 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

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 am unable to participate at this time. I will inform you I will make every effort to participate or send a representative. if my situation changes.

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.

IX. Medical Information & Release Form

"If your child has asthma, allergies, diabetes, or takes medication on a regular basis, you must have a complete Medical Administration Form filled out by your doctor. We have copies available in our Main Office"

Medical History

Allergies (food/other) Convulsive Disorder Hearing Impairment Mumps Tuberculosis (TB)
 Asthma Diabetes Heart Condition Physical Handicap Vision Impairment
 Chicken Pox Ear Infection Measles Scoliosis None of the above

Is your child taking any medications? Yes No If YES, please list each medication and the condition for which each is taken.

Medication _____ Condition _____
 Medication _____ Condition _____
 Medication _____ Condition _____

Is your child presently under treatment for any physical problem? If yes, please explain _____

Is your child allergic to any foods or other substances? Which ones? Please explain the procedure to follow if a reaction occurs?

Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

First Aid and Emergency Release
I authorize Launch Expeditionary Learning Charter School staff members who are training in the basics of first aid and CPR to administer first aid and/or CPR to my child when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. In the event of an emergency requiring medical attention for my child, if I cannot be reached or if the school determines that delay would be dangerous to my child's health, I hereby authorize the school's staff members to secure the necessary medical treatment for my child.

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

X. Signature of Parent / Guardian

I hereby verify that the foregoing information is accurate to the best of my knowledge. I understand that if I deliberately