



# Enroll Now for 6th Grade

LAUNCH ENROLLMENT FORM 2022 – 2023

## 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 \_\_\_\_\_

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### 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

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### 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

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## 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.

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## 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

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## 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 \_\_\_\_\_

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## 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\*\*

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### Medical History

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Allergies (food/other) | <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Mumps             | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Heart Condition    | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Chicken Pox            | <input type="checkbox"/> Ear Infection       | <input type="checkbox"/> Measles            | <input type="checkbox"/> Scoliosis         | <input type="checkbox"/> 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 misrepresent myself or my child, my child's seat may be revoked.

Parent / Guardian Name \_\_\_\_\_ Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_