



Easton Arts Academy Elementary Charter School

30 N. 4th St. Easton, PA 18042 • Phone 484-546-4230 • Fax 610-829-6076

www.eaaecs.org

Parent Checklist

- Student Enrollment Application
- Student Residency Questionnaire
- Emergency Contact Form
- Request for Transportation
- Home Language Survey
- Consent for Pictures/Videos/Image
- Health Inventory
- PA Dept. of Education Data Request Form
- Authorization to Transfer Educational/Health Records
- Admission Affidavit

Required Enrollment Documents

- Copy of Child's Birth Certificate or Current Passport
- Copy of Report Card (most recent or previous year end)
- Current Parent Driver's License or Identification Card
- Copy of lease, deed, mortgage statement or notarized affidavit.

Provide two of the residency documents listed below:

- Current Utility Bill
- Property Tax Bill
- Vehicle Registration
- Credit Card Statement

Immunizations Records Dental Form Physical Form

IEP 504 Custody/Court Order (If applicable)



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Warning: A child enrolled in another public school, nonpublic school, or private school cannot at the same time enroll in a charter school.

STUDENT ENROLLMENT APPLICATION

School Year: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____ Gender: Male Female Grade Entering: _____

Ethnicity: Is the student Hispanic or Latino? Yes No

Race: Asian Black or African American American Indian or Alaska Native
 Native Hawaiian/Other Pac Islander White

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address (if different from home address): _____

City: _____ State: _____ Zip: _____

Primary Email Address: _____ Phone Number: _____

SCHOOL DISTRICT INFORMATION

School District of Residence: _____ Previous Grade _____

Public School Charter School Nonpublic/Private School Home School Entering Kindergarten

SPECIAL EDUCATION SERVICES

Check all services that apply.

IEP 504 Plan Other Services _____

PARENT/GUARDIAN INFORMATION

Child Lives with: Both Parents Both Parents Alternately Father Only Mother Only
 Legal Guardians Foster Parents Other Adult

Special Custodial Court Instructions: Yes No
(If yes, a copy **must** be provided)

Father Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Work Phone: _____ Email Address: _____

Mother Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Work Phone: _____ Email Address: _____

IF THE STUDENT IS NOT LIVING WITH THE PARENTS, PLEASE COMPLETE THIS SECTION:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this document. My signature signifies my request that all appropriate school records be sent from the current school/district to Easton Arts Academy Elementary Charter School. My signature also certifies that my child is not, and will not be, enrolled in a public school, a nonpublic school, another charter school or a private school at the same time he or she is enrolled in Easton Arts Academy Elementary Charter School.

Signature of Parent/Legal Guardian: _____ **Date:** _____

To Be Completed by Easton Arts Academy Elementary Charter School:

Verification of Date of Birth: Birth Certificate Other: _____

Proof of Residency: Mortgage Statement Lease Utility bill 1 Utility Bill 2 Other _____

Date of Enrollment: _____ First Day of Attendance: _____ Grade: _____

Signature of Registrar: _____ Date: _____

STUDENT RESIDENCY QUESTIONNAIRE

Note: Easton Arts Academy Elementary Charter School uses this page to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11435. Answers to this residency information will help determine the services the student may be eligible to receive. Assistance is provided by our Homeless Liaison, Miss Jenna Swafford who can be reached at 484-546-4217.

Name of School: Easton Arts Academy Elementary Charter School

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

The answer you give below will help Easton Arts Academy Elementary Charter School determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check only one)

In a motel/hotel

In a shelter

With another family or other person or because of economic hardship ("doubled-up")

In a car, park, bus, train, or campsite

Other temporary living situation (Please describe): _____

In permanent housing (proof must be provided for enrollment)

Signature of Parent/Legal Guardian: _____ **Date:** _____
(Student Signature if unaccompanied youth)

If the student is **NOT** living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The liaison is required to assist the student obtaining any necessary documents, including immunization or school records after the student has been enrolled.



EMERGENCY CONTACT INFORMATION

Student Last Name: _____ First Name: _____ MI: _____

Emergency Contacts (other than parent/legal guardian)

*Please list only the people who have permission to pick up your child from school. *

Emergency Contact #1: _____ (H) _____

Relationship to student: _____ (C) _____

(W) _____

Emergency Contact #2: _____ (H) _____

Relationship to student: _____ (C) _____

(W) _____

Emergency Contact #2: _____ (H) _____

Relationship to student: _____ (C) _____

(W) _____

Your signature on this form indicates that the information provided is up to date and accurate.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Dear Parent/Guardian:

SCHOOL YEAR: _____

According to Pennsylvania Law, nonpublic school children are entitled to transportation to nonpublic schools as follows:

1. A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident nonpublic school students according to the nonpublic school calendar.
2. Transportation for nonpublic school students must be provided to and from the nonpublic school in which the student is enrolled, even if the nonpublic school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries. (Note: This distance may be in excess of 10 miles from student's home.)
3. A district may transport children who live along hazardous routes even though the children live within walking distance of the school.

If you think you are eligible for transportation and desire it for the next school year, please complete the request form below and return it to your child's school as soon as possible.
Thank you!

REQUEST FOR TRANSPORTATION UNDER ACT 372

(A separate form for each child must be completed annually for continued transportation services for all nonpublic school students.)

1. Name of student: _____ Date of Birth: _____

2. Address: _____ Grade Entering: _____

_____ Male or Female: _____

3. Name of Non-Public School attending: _____

4. The above named student lives approx. _____ miles from the nonpublic school he/she will be attending.

EFFECTIVE ENTRANCE DATE: _____

5. Name of Public School District (in which child resides): _____

6. Please indicate the following (Check A or B):

A. **DO NOT** request transportation at this time. Student will drive or is parent transport to/from school.

B. **DO** require Transportation at this time (Please check all that apply) AM PM Both

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Parent/Guardian 1 Information

Parent/Guardian 2 Information

Name (Please Print):

Home Phone:

Work Phone:

Cell Phone:

Email:

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

Emergency Contact Names & Phone Numbers (other than parents/guardians):

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

PLEASE NOTE: A child must be withdrawn from Public School and officially enrolled in NonPublic School in order for Transportation to begin. Act 372 forms are obtained at the NonPublic schools in order to initiate/verify enrollment.



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HOME LANGUAGE SURVEY

ALL newly registered students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this, and other forms associated with the identification process.

Child's first name: _____

Child's last name: _____

Child's date of birth: _____

Questions for Parents/Legal Guardians

Is a language other than English spoken in the child's home? No Yes (if yes, what language) _____

Does your child communicate in a language other than English? No Yes (if yes, what language) _____

What is the language that your child first learned to speak? _____

Parent/Legal Guardian Signature: _____ Date: _____

Interpreter Provided Yes No



pennsylvania
DEPARTMENT OF EDUCATION



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CONSENT FOR PICTURES/VIDEO/IMAGE USE

Permission for the Use of Student Pictures/Video/Image Use

Throughout the year, photographs, digital pictures, and video cameras record special events at Easton Arts Academy Elementary Charter School. EAAECS would like your permission to use your child's picture/video on the EAAECS website, Facebook, Twitter, Instagram, in the yearbook and press releases when appropriate. Showing our students in action best illustrates EAAECS activities and helps promote our curriculum.

Student Name: _____ Date of Birth: _____

- I **give** EAAECS my permission for my student's picture/video/image to be used.

- I **do not give** EAAECS my permission for my student's pictures/video/image to be used.

Please provide your e-mail address for use by EAAECS for the purpose of communicating school information updates and announcements. EAAECS has limited the amount of documentation being sent home by students. Email addresses will be used for our One-Call-Now system.

Parent/Legal Guardian Signature: _____ **Date:** _____



EASTON ARTS ACADEMY ELEMENTARY CHARTER SCHOOL HEALTH INVENTORY

Student Last Name: _____ First Name: _____

Grade: _____ Date of Birth: _____

Please circle YES or NO. If "YES" please provide explanation and give dates. Use the back of the page if needed.

1. Allergic to medications: YES NO _____
2. Allergic to food: YES NO _____
3. List any other allergies: _____
4. Food or dietary restrictions: YES NO _____
5. Asthma: YES NO Required to use during school hours? YES NO Time to be used: _____
6. History of hospitalization: YES NO _____
7. Previous surgeries: YES NO _____
8. Fractured bones: YES NO _____
9. Concussions/Severe head injury: YES NO _____
10. Seizure disorder: YES NO _____
11. Frequent ear infections: YES NO _____
12. Hearing loss or surgery: YES NO _____
13. Vision conditions: YES NO _____ Wears glasses/contacts: YES NO
14. Chicken Pox: YES NO Date: _____
15. Eczema/Skin problems: YES NO _____
16. Heart/Cardiovascular problems or congenital heart disease: YES NO _____
17. Diabetes: YES NO _____
18. Urinary/bladder problems: YES NO _____
19. Stomach/bowel problems: YES NO _____
20. Any physical, developmental or health problems at birth: YES NO _____
21. Medication: YES NO (Please list all current medications) _____
22. Medication needed during the school day: YES NO _____
23. Any physical restrictions: YES NO _____
24. Attention Deficit Hyperactivity Disorder (ADHD) YES NO _____
25. Psychological/emotional issues: YES NO _____
26. Any other health problems/issues: YES NO _____

Fax all health Records to: Attn School Nurse Fax Number 610-829-6076

Signature of Parent/Legal Guardian: _____ **Date:** _____



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PA DEPARTMENT OF EDUCATION DATA REQUEST FORM

The Pennsylvania Department of Education is planning for the development of a statewide system to improve data capabilities. PIMS (PA Information Management System) will enhance school districts capabilities to meet student-level data reporting requirements.

The following information for your child is requested by the PDE.

School Year: _____

Student's Name: _____ Grade: _____

Date of Birth: _____

City and State of Birth: _____

* If born outside of the USA, date of entry to the USA: _____

If applicable, date first enrolled in a United States School: _____

If not born in the state of Pennsylvania, date of entry to Pennsylvania: _____

Current School District: _____

School District residing prior to coming to EAAECS (if not current): _____

Name the public school your child would have attended if not enrolled at EAAECS (this does not include private, cyber, or other charter schools).

Parent/Legal Guardian Signature: _____ **Date:** _____



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AUTHORIZATION TO REQUEST/TRANSFER EDUCATIONAL AND HEALTH RECORDS

Student Last Name: _____ First Name: _____ Date of Birth _____

The above-named student has been enrolled into the Easton Arts Academy Elementary Charter School. Please submit the following education/health records for their enrollment to be complete.

- Educational Records (transcripts, grades to date, PSSA scores, STARS testing)
- Health Records including immunizations, physical, and dental exams
- Attendance
- Discipline
- SAP referral/feedback forms
- Career readiness/Chapter 339
- Special Education File (PTE/PTRE, ER/RR, Invite, NOREP, IFSP with evaluation)
- Psychological/Psychiatric file

Send all Educational Records to:
 Easton Arts Academy Elementary Charter School
 30 N 4th St.
 Easton, PA 18042
 Attn. Lori Joy, Registrar
 Ph. 484-546-4217 Fax: 484-546-4250

Send all Medical Records to:
 Easton Arts Academy Elementary Charter School
 30 N 4th St.
 Easton, PA 18042
 Attn. Claire Wake, School Nurse
 Ph. 484-546-4230 Ext. 102 Fax: 610-829-6076

Name and address of previous school: _____

Authorization has been given to Easton Arts Academy Elementary Charter School to request the above records.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Signature of Registrar: _____



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ADMISSIONS AFFIDAVIT REQUIRED BY PENNSYLVANIA STATUTE

I _____ the Parent/Legal Guardian of: _____

Residing at: _____
(Street) (City) (State) (Zip)

Do hereby swear/affirm that the above-named student (check all that apply):

- Is currently on
- Was previously on
- Has never been on
Suspension or expulsion from any public, parochial, or private school in the State of Pennsylvania or any other jurisdiction in the United States for:
 - The possession or use of any weapon, drugs, or alcohol.
 - Any act of violence on school property.
 - Damage or vandalism to any school property.
 - Any act which resulted in injury to another person.

If any statement above applies to the student named above, you must provide the following information.

The name and address of the school from which the student was suspended or expelled.

List the dates of any suspensions and/or expulsions: _____

I make this statement with the full knowledge that any false information or omission makes me subject to the criminal penalties of State Law 24 P.S. 130A, relating to falsification of the document and may result in the expulsion of the student.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Signature of Registrar: _____