

<b>Access Charter School</b>				For Office Use		
<b>Student Application Form</b>				Date Received _____		
				Student # _____		
<b>Student Information</b>						
Student SSN: _____ <i>(Numero de Seguro Social)</i>		Grade: _____ <i>(grado)</i>		Date Enrolled: _____ <i>(Fecha Inscripcion)</i>		
Student Legal Name: _____						
<i>(Nombre Legal)</i>		<i>Last (Apellido)</i>		<i>First (Primer Nombre)</i>		
Home Phone: _____ <i>(Tel. Hogar)</i>		Middle <i>(Segundo Nombre)</i>				
Home Address: _____						
<i>(Direccion)</i>		<i>Number (Numero)</i>		<i>Street name (Calle)</i>		
City: _____ <i>(Ciudad)</i>		Type <i>(Tipo)</i>		Apartment/Building/Other <i>(apt/edif/otro)</i>		
		State: _____ <i>(Estado)</i>		ZIP: _____ <i>(Codigo Postal)</i>		
<b>Parent Information</b>						
Student Lives With: _____			Legal Guardian? _____			
Mother's Name: _____ <i>(Madres Nombre)</i>			Mother's email: _____			
Mother's Address: _____ <i>(Madres Direccion)</i>						
Home Phone: _____ <i>(Tel. Hogar)</i>			Cell Phone: _____			
Mother's Work: _____ <i>(Trabajo Nombre)</i>			Work Phone: _____			
Work Address: _____ <i>(Trabajo Direccion)</i>						
Father's Name: _____ <i>(Padres Nombre)</i>			Father's email: _____			
Father's Address: _____ <i>(Padres Direccion)</i>						
Home Phone: _____ <i>(Tel. Hogar)</i>			Cell Phone: _____			
Father's Work: _____ <i>(Trabajo Nombre)</i>			Work Phone: _____			
Work Address: _____ <i>(Trabajo Direccion)</i>						
<b>Student History</b> <i>(Historial del Estudiante)</i>						
Birth Date: _____ <i>(Fecha de Nacimiento)</i>		Birthplace: _____ <i>(Lugar de Nacimiento)</i>				
Sex: _____ <i>(sexo)</i>		Race: _____ <i>(Raza)</i>		Parent/Gardian Home Language: _____ <i>(Idioma Principal del Hogar)</i>		
Student's Native Language: _____ <i>(Idioma Nativo del Estudiante)</i>				Country/State of Residence: _____ <i>(Reside indique Condado/Estado)</i>		
Please answer the following questions: <i>(Responda a las siguientes preguntas)</i>						
Is a language other than English used at home? <i>(Se habla otro idioma que no sea ingles en el hogar?)</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what language? _____ <i>(Si marca si, que idioma?)</i>		
Did the student have a first Language other than English? <i>(Tuvo el estudiante un idioma primario antes del ingles?)</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what language? _____ <i>(Si marca si, que idioma?)</i>		
Does the student most frequently speak a language other than English? <i>(El estudiante hable otro idioma con mas frecuencia que al ingles?)</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what language? _____ <i>(Si marca si, que idioma?)</i>		
Has the student been identified as exceptional education? <i>(Ha sido identificado el estudiante para educacion excepcional?)</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Emergency Contact Information</b> <i>(Informacion Para Emergencia)</i>						
Last Name <i>(Apellido)</i>	First Name <i>(Primer Nombre)</i>	Contact Phone 1 <i>(Tel. 1)</i>	Contact Phone 2 <i>(Tel. 2)</i>	Relationship <i>(Parentesco)</i>	Custody? <i>(Custodie?)</i>	Pickup? <i>(Lo Recogeran?)</i>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Last School Attended Information***(Ultima Escuela a la que asistio informacion)*

Current Grade: \_\_\_\_\_ School Name: \_\_\_\_\_  
*(Grado) (Nombre de Escuela)*

School City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

School Type: Public School  Home Education :  Private School:   
*(Tipo) (Publica) (Educacion en el Hogar) (Privada)*

Has your child been staffed into an Exceptional Education Program through the school district? Yes  No

Name of the ESE Program(s) \_\_\_\_\_

What is your child's primary diagnosis? \_\_\_\_\_

Does your child have an IEP? Yes  No

**Student Medical Information***(Informacion Medica del Estudiante)*

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Nombre del Medico) (Tel.)*

Describe Health Problems or Allergies:  
*(Descripcion de Problemas de Salud o Alergias)* \_\_\_\_\_

Medications: \_\_\_\_\_

**Signature Section**

I give permission for the staff at Access Charter School to seek medical attention in case of an accident or injury or illness. \_\_\_\_\_  
 Parent/Legal Guardian Date

I give permission for my child to be photographed while at school for the purpose of:  
 Instruction: Yes  No  Observation: Yes  No   
 Information/Advertisement: Yes  No  Parent/Legal Guardian Date

I give permission for my child to take field trips with Access Charter School including class walks. \_\_\_\_\_  
 Parent/Legal Guardian Date

I agree to volunteer 20 hours to Access Charter School (or donate cash, service, or goods to the value of \$10 for every volunteer hour) during the school year. \_\_\_\_\_  
 Parent/Legal Guardian Date

I agree to attend the monthly parent meetings throughout the school year. \_\_\_\_\_  
 Parent/Legal Guardian Date

I understand that my child's classroom may be under video surveillance throughout the day. \_\_\_\_\_  
 Parent/Legal Guardian Date

**Pickup Information**

The following person(s) may pick up my child from school, other than the parent (identification is required)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(Nombre) (Tel.) (Parentesco)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(Nombre) (Tel.) (Parentesco)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(Nombre) (Tel.) (Parentesco)*

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

Access Charter School, Inc. does not discriminate in admission or access to, or treatment or employment in its programs and activities on the basis of race, age, sex, national origin, marital status, handicap or any other reason prohibited by law.