



Grade: _____

Student's Last Name	First Name	Middle Name
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Gender: Male/ Female

Street Address	City	State	ZIP
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Ethnicity:
 ___ Hispanic/Latino
 ___ Not Hispanic/Latino

Date of Birth MM/DD/YYYY	Student's Soc. Sec. #
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Race:
 ___ American Indian or Alaska Native
 ___ Asian
 ___ Black or African American
 ___ Native Hawaiian/ Other pacific islander
 ___ White

Last school attended	School child is eligible to attend based on home address
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Mother/Partner's Last Name	First Name	Home #
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Street Address (if different)	City	State	ZIP	e-mail address
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Employer	Work phone #	Cell # / pager #
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Copy of other documents required:

___ Birth certificate
 ___ Soc. Sec. Card
 ___ Immunization Records

Father/Partner's Last Name	First Name	Home #
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Street Address (if different)	City	State	ZIP	e-mail address
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Employer	Work phone #	Cell # / pager #
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Does Student live with both parents? _____ If not, with whom? _____

Emergency contact (other than above)	Home #	Relation to student
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Has student ever been **expelled or assigned to an alternate placement** in another district? *
 YES NO

I GIVE PERMISSION TO TRANSPORT MY CHILD TO:

Name: _____ Ph#: _____ Name: _____ Ph#: _____

Has student ever been **retained?** YES NO
 When? _____

Name: _____ Ph#: _____ Name: _____ Ph#: _____

SIBLINGS:

Name: _____ DOB: _____ Name: _____ DOB: _____

Has student ever **skipped a grade?**
 YES NO
 When? _____

Name: _____ DOB: _____ Name: _____ DOB: _____

*Austin Discovery School does not accept students who have been expelled from another district or assigned to an alternative placement unless the student has completed his/her expulsion/alternative placement time in the other district.

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Academic History

Last school attended: _____ Year _____ Grade _____

Address: _____ City _____ State _____ Zip Code _____

1. Describe your child's areas of Academic Strengths:

2. Describe your child's Academic challenges:

3. Why did you choose Austin Discovery School? _____

HEALTH CONCERNS

1. Describe any health concerns that your child might have:

2. List any allergies (food, medicine, insects...)

3. List any medicine your child takes:

4. Student's Doctor/Clinic _____ Phone# _____

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NEEDS ASSESSMENT

Student's Name _____ Grade _____

In order for ADS to meet the individual education needs of your child, please indicate which of the following services the student was receiving at the previous school or that no services were being provided.

My child received the following services:

- | | |
|--|---|
| <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Reading Recovery |
| <input type="checkbox"/> Literacy Groups | <input type="checkbox"/> Title I (free/reduced lunch ...) |
| <input type="checkbox"/> Bilingual classes | <input type="checkbox"/> ESL (Eng. as a Second Lang.) Classes |
| <input type="checkbox"/> Support Services for TAKS | |
| <input type="checkbox"/> Special Education | |
| <input type="checkbox"/> Content Mastery | <input type="checkbox"/> Resource class |
| <input type="checkbox"/> Self-Contained | <input type="checkbox"/> Monitor Status only |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Pre K Program for students w/ Disabilities |
| <input type="checkbox"/> Other: _____ | |

Section 504

- Dyslexia
- Modifications

My child did not receive any special programs or services.

(Signature)

(Date)

Please use the rest of this page to share information you feel we need to know regarding your child:

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Austin Discovery School
PARENT PERMISSION FORM

Student's Name _____ **Grade** _____

STUDY TRIP

I hereby grant permission for my child _____, to make any and all trips in, or out of, the limits of Austin Discovery School made by his/her class under the auspices and sponsorship of the school. I understand that some of these trips will be walking ones to points of interest near the school, while others will be by personal vehicles or a bus operated and insured as required by the laws of the State of Texas for public school transportation. I understand that I will be informed in advance of any proposed trip requiring vehicular transportation.

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

ELECTRONIC COMMUNICATION SYSTEM

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> I give | <input type="checkbox"/> I do not give | permission for my child to participate in Austin Discovery School's access to Internet. |
| <input type="checkbox"/> I give | <input type="checkbox"/> I do not give | permission for my child's work to be electronically displayed and published by Austin Discovery School. |
| <input type="checkbox"/> I give | <input type="checkbox"/> I do not give | permission for photographs of my child to be electronically displayed and published by Austin Discovery School. |
| <input type="checkbox"/> I give | <input type="checkbox"/> I do not give | permission for my child's first name only to be used in association with a photograph or published work. |

I hereby give the above permissions and release Austin Discovery School from any liability resulting from, or connected with, the publication of such work and information.

Parent/Guardian Signature _____ Date _____

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Home Language Survey

If the answers to the questions below indicate that a language other than English is spoken in our home, your child will be given an English Language proficiency test and may, based on the results of the test, be placed in a bilingual program or a special English language development program.

Student's Name _____

Grade _____

TO BE FILLED IN BY PARENT OR GUARDIAN:

(1) What language is spoken in your home most of the time? _____

(2) What language is spoken by your child most of the time? _____

Signature of Parent or Guardian

Date



CUESTIONARIO DE IDIOMA HOGARENO

Nombre del Nino(a) _____

Grado _____

DEBE DE COMPESTARSE POR EL PADRE O GUARDIAN:

(1) Cual es el idioma que mas se habla en su hogar? _____

(2) Cual es el idioma que mas habla su nino(a)? _____

Firma del Padre o Guardian

Fecha

HEALTH SERVICES HEALTH INFORMATION AND EMERGENCY FORM

HEALTH INFORMATION

Dear Parent/Guardian, the information requested on this form is needed to maintain a school health record for your child. Please understand that this information may be shared with school personnel who have a need to know.

STUDENT DISEASE HISTORY

	YES	NO		YES	NO
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease/Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Curvature of spine	<input type="checkbox"/>	<input type="checkbox"/>	<u>Allergic to:</u>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Medication	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Food	<input type="checkbox"/>	<input type="checkbox"/>
Vision Loss	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

If you marked any of the above "Yes", please elaborate:

During the past year, has your child developed any medical condition requiring continuing medical care? (i.e. diabetes, leukemia, seizures, etc.) If yes, please explain:

During the past year, has your child been hospitalized? If yes, please explain:

Does your child regularly take any kind of medication? ____ No ____ Yes, this medicine: _____

Is it to be taken at school? ____ No ____ Yes

If so, a medication form must be completed and medication given to the school nurse.

School personnel may not give any medication without written authorization from a parent/legal guardian. Medication should be properly labeled with the child's name, the name and dosage of the medication, correct dosage for the child, and directions for use. For the safety of all students, medications must not be kept in backpacks, purses, lockers, or classrooms. They must be locked up in the nurse's office.

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EMERGENCY INFORMATION

To Parent or Guardian: In case of ACCIDENT or SUDDEN ILLNESS, we need the following emergency information.
Please do not block the school number.

1st Contact Parent/Guardian Name _____
Home Phone / Business Phone / Cell Phone
_____ / _____ / _____

Address _____ **City** _____ **Zip** _____
Business Name _____ **BusinessContact** _____

2nd Contact Parent/Guardian Name _____
Home Phone / Business Phone / Cell Phone
_____ / _____ / _____

Address _____ **City** _____ **Zip** _____
Business Name _____ **BusinessContact** _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Doctor	Phone
Hospital	Phone

I, the undersigned, do hereby authorize officials of Austin Discovery School to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

I hereby grant my authorization and consent to medical care, treatment, procedure, or physician consultation deemed necessary in order to ensure the health of said child.

I will not hold the school district financially responsible for the emergency care, or transportation of said child.

Student's Last Name First Signature of Parent of Guardian

Relationship to Child _____ Date _____

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DIRECTORY & CONTACT INFORMATION OPT-OUT FORM

Dear Parents,

Each year, ADS creates and e-mails a school directory so that families can contact one another and maintain bonds outside the school. If you wish for some or all of your information to **NOT** be included in the directory, please indicate below.

Student/s name: _____

I do **NOT** give the school permission to include (in the school directory) my:

___ First name	___ Last name	___ Address
___ E-mail address	___ Home phone	___ Cell phone

CLASSROOM CONTACT INFORMATION:

Emails are sent to parents' email addresses to distribute general school and class-specific information. The school also distributes Thursday Folder information via email, and classroom specific information is distributed through class email lists. The classroom specific information is generally distributed by classroom parents (thus, it is shared with the PTO). Information such as field trips, class-parties and PTO community events are shared in this manner.

If you do not wish to be included in the class email lists (shared with PTO representatives), or if you have additional emails you would like to add to the list, please indicate below:

___ I do not want my email included on the class email list.
(Please write email so we can ensure it is not included) _____

___ I want to add an additional email to the class communication list: _____

Parents' signature _____ Date _____

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**Confidential
Information**

Compensatory Education Funding Form

Please fill out one form per family and include all children in the household on the form. Return it to the front office. Instructions for filling out the form are attached. If you need help, please call 674-0700.

1. Child's name:

_____ (Last Name) _____ (First Name) _____ (Middle Initial)

Child's grade: _____ SSN or student ID: _____ (Optional)

2. Is the child a foster child? If this is a foster child, check here [] and list the child's monthly personal use income: \$ _____. SKIP sections #3 and #4 and GO TO section #5.

3. Are you receiving food stamps or TANF benefits for your child? If you are receiving food stamps or TANF benefits for this child, check here [], list the case number, and then SKIP section #4 and GO TO section #5.
Food stamp case number: _____ TANF case number: _____

4. All other households. Complete this section if the child is not a foster child and you are not receiving food stamps or TANF benefits for the child (you did not complete sections #2 or #3). (If you have more than one child attending school and you are completing a separate form for each, you may complete this section only once.)

List all household members including the child listed above. Show all income. Then GO TO section #5.

NAMES	CURRENT MONTHLY INCOME				
Name of household members (include the child listed above)	Check if \$0 income	Monthly earnings (before deductions) Job #1	Monthly welfare, child support, alimony	Monthly payments from pensions, retirement, social security	Monthly earnings from job #2 or any other monthly income
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$
6.		\$	\$	\$	\$
7.		\$	\$	\$	\$
8.		\$	\$	\$	\$
9.		\$	\$	\$	\$
10		\$	\$	\$	\$

5. Signature and social security number. I certify that all of the above information is true and correct and that the food stamp or TANF case number is current and correct or that all income is reported. I understand that this information is being given in order for the school to receive additional state funding and that school officials may verify the information.

Signature of adult _____ Social security number _____

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Printed name _____ Home phone _____ Work phone _____

Mailing address _____ City _____ State TX Zip _____

Date _____

6. Consent for release of information to Texas Education Agency for program audit purposes. *I consent to the release of the above information by Austin Discovery School to the Texas Education Agency for the purposes of auditing compensatory education funding reports. I understand that the Texas Education Agency will not share the information with any other entity or program. I also understand that the failure to sign this consent does not affect my child's eligibility for free or reduced price meals or free milk.*

Signature of adult _____ Date _____

FOR OFFICIAL USE ONLY: Food Stamp or TANF Eligible []
Total Monthly Income \$ _____ Household Size _____ Income Eligible []
Determining Official _____ Signature _____
Date _____

Retain in District – Do Not Send to TEA

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Instructions for Completing the Compensatory Education Funding Qualification Form

Please complete the **Compensatory Education Funding Qualification Form** using the instructions below. Sign, date, and return the form to Deborah Freeman. If you need assistance, call 674-0700. Complete a separate form for each child in your household that attends public school.

- 1. Child information.** Print your child's name, grade, and the name of the school.
- 2. Foster child.** Complete this section if this is a foster child. List the foster child's monthly "personal use" income. Put "0" if the foster child does not receive "personal use" income. A foster parent or other official representing the child must sign the form in section #5. You are not required to list a social security number.
- 3. Food stamps or Temporary Assistance for Needy Families (TANF) benefits.** If you are receiving food stamps or TANF benefits for the child, complete this section of the form. List the current food stamp or TANF case number for the child. An adult household member must sign the form in section #5. You are not required to list a social security number.
- 4. All other households.** Complete this section of the form if the child is not a foster child and you are not receiving food stamps or TANF benefits for the child. (If you have more than one child attending public school and you are filling out a separate form for each one, you only need to complete this section once.)

List the name of everyone in your household even if they do not have an income. Include yourself, your spouse, the child, and all other household members. List the amount of income each person received last month before taxes or any other payroll deductions. List the income source, such as earnings, welfare, pensions, and other income. (See examples below for types of income to report.) Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income. If anyone is self-employed, write the amount of income the person earns from self-employment. For example, self-employment income could be from operating a farm or a business such as a day care center.

5. Signature and social security number. Sign the form in section #5 and list your social security number. If you do not have a social security number, write "none." The form must have the signature of an adult household member. Unless you have a food stamp or TANF case number or the child is a foster child, the social security number of the adult who signs the form must be included. If the person who signs the form does not have a social security number, put "none."

6. Consent. The adult household member whose signature appears in **5** should sign and date the consent.

Examples of Income to Report

<u>Earnings from work</u>	<u>Pensions/Retirement/Social Security</u>	<u>Other Monthly Income/Self-Employment</u>
Wages/salaries/tips	Pensions	Disability benefits
Strike benefits	Supplemental security income	Cash withdrawn from savings
Unemployment compensation	Retirement income	Interest/dividends
Worker's compensation	Veteran's payments	Income from estates/trusts/investments
Net income from self-owned business such as day care center or farm	Social security	Regular contributions from persons not living in the household
		Net royalties/annuities
		Net rental income
		Military allowance for off-base housing
		Any other income
<u>Welfare/Child Support/Alimony</u>		
Public assistance payments		
Welfare payments		
Alimony/child support payments		

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Texas Public School Student Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state educational institutions to collect data on ethnicity and race for students. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights and the Equal Employment Opportunity Commission.

Parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use *observer identification* as a last resort for collecting the data for federal reporting.

Part 1. Ethnicity: Is the person Hispanic/Latino? Choose only one.

_____ *Hispanic/Latino*: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

_____ *Not Hispanic/Latino*

Part 2. Race: What is the person's race? Choose one or more, regardless of ethnicity.

_____ a. *American Indian or Alaska Native*: a person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment

_____ b. *Asian*: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

_____ c. *Black or African American*: a person having origins in any of the black racial groups of Africa

_____ d. *Native Hawaiian/Other Pacific Islander*: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

_____ e. *White*: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Student Name (please print)

Signature of Parent/Guardian

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