



404 Edison Avenue Buffalo, NY 14215  
Phone (716) 833-5967 Fax (716) 833-5985

Carol A. Smith  
Principal

**Enrollment Application 2012-2013**

**Student Information-----Date completed: -----**

Grade Level Fall 2012 \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Sex:** M \_\_\_ F \_\_\_  
Ethnicity: African American Caucasian Asian Native American Hispanic Other

Last School Attended: \_\_\_\_\_  
School Address: \_\_\_\_\_  
School Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Reason for enrolling or transferring into our school \_\_\_\_\_  
\_\_\_\_\_

Special Education Services (Optional) Is there an active IEP (Individual Education Plan)?  
Yes \_\_\_ No \_\_\_

**Daycare Provider**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
May this person pick student up from school: Yes \_\_\_ No \_\_\_  
Other information: \_\_\_\_\_

**Primary Care Physician**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Is this person a Legal Guardian: Yes \_\_\_\_\_ No \_\_\_\_\_  
May this person pick this student up from school? Yes \_\_\_\_\_ No \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Is this person a Legal Guardian: Yes \_\_\_\_\_ No \_\_\_\_\_  
May this person pick this student up from school? Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**I understand by listing the above mentioned persons I authorize them to pick my child up from school, if and when I am not able to be contacted.**

**Health Information**

*Please check if the following conditions pertain to your child:*  
Anemia \_\_\_\_\_ Kidney Conditions \_\_\_\_\_  
Asthma / Reactive Airway \_\_\_\_\_ Neurological Conditions \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_ Tuberculosis \_\_\_\_\_  
Chronic Respiratory Problems \_\_\_\_\_ Seizure Disorder \_\_\_\_\_  
Heart Disease \_\_\_\_\_ Surgeries \_\_\_\_\_  
Ear Conditions \_\_\_\_\_ Injuries / Fractures \_\_\_\_\_  
Allergies \_\_\_\_\_ Diabetes \_\_\_\_\_  
Regular Medication (List) \_\_\_\_\_

I verify that the above information is true and correct and I understand that the information may be shared with personnel involved with my child.

Parent Signature

Date



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**AUTHORIZATION FOR STUDENT MEDICATION**

Name of Student: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please print answers to all questions below.**

Treatment Plan (To be completed by attending physician):

Date: \_\_\_\_\_

Physician Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Physician Address \_\_\_\_\_

Physician Phone Number \_\_\_\_\_

Medication and Dosage: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Directions for Administration by School Personnel (To indicate time and quantity):

\_\_\_\_\_  
\_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parental Permission:**

My permission is hereby granted to the School Administrator or his/her specified designated personnel to administer prescribed medication to my child \_\_\_\_\_.

Student Name

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# COMMUNITY Charter School

## Acceptable Internet Use Policy

The following **will not be permitted** by anyone with school access to the Internet:

1. Sending or displaying offensive messages or pictures
2. Using obscene language
3. Harassing, insulting, or attacking others
4. Damaging computers, computer systems, or computer networks
5. Violating copyright laws
6. Using another's password
7. Trespassing in another's folders, work, or files

## User Agreement and Parent Permission Form

As a user of the COMMUNITY Charter School computer network, I hereby agree to comply with the above stated rules communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

**Student Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use-setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Online Publishing of Student Work

Our students may also be collaborating with other classes and publishing work on the World Wide Web. Please choose one of the options regarding the publishing of your child's work on the Internet.

- Photographs of my child may be electronically displayed. His/her first name may be included.
- Photographs of my child may be electronically displayed. Do not use his/her first name.
- Photographs of my child may not be electronically displayed.

# COMMUNITY Charter School Student Residency Questionnaire

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Sex: M F  
Last First Middle

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act 42U.S.C.11435. The answers to this residency information help determine the services the student may be eligible to receive.

Is your current address a temporary arrangement? \_\_\_\_ Yes \_\_\_\_ No  
Is your temporary living arrangement due to loss of housing or economic hardship?  
\_\_\_\_ Yes \_\_\_\_ No

**If you answered "Yes" to the above questions, please complete the remainder of this form. If you answered "No," you may stop here.**

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Where is the student presently living? (Check one box)

- In a hotel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s) / Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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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).

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

Please send a copy to \_\_\_\_\_ at the Central Office.

Fax: 833-5985

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
McKinney-Vento Liaison Signature





Parent Permission Form for Publishing Student Pictures and Videos

Name of Student (please print) \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I understand that my child's picture or video may be considered for publication or promotional use with COMMUNITY Charter School. The picture or video will be taken by a staff member or fellow students and is therefore of professional quality.

I understand that no home address or telephone numbers will appear with any published picture.

I give permission to use a video or picture of \_\_\_\_\_ for publication or promotional use.  
Student Name

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand COMMUNITY Charter School may revise, edit, and otherwise alter the recorded material to emphasize certain aspects of the material gathered. These products may be published.

I understand that COMMUNITY Charter School owns all copyrights to these materials. I hereby release COMMUNITY Charter School from any and all claims of any nature whatsoever, which now or may hereafter have in connection to these recorded materials, including but not limited to claims based on defamation, copyright infringement, trademark infringement, or infringement on my right of privacy or my right to publicity.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Registration Checklist

**All documents must be provided at registration.** We will not enroll your child into the school until you have provided us with **all** of the necessary documents.

- \_\_\_\_\_ 1. **Child's shot record** (Copies accepted)
- \_\_\_\_\_ 2. **Birth Certificate** (Copies accepted)
- \_\_\_\_\_ 3. **Physical Exam** - (Only required in Grades K, 2, 4, and for all students new to CCS.) Physical must be received in the Main Office prior to the first day of school. Your child's BMI (Body Mass Index) must be included on the physical form. All 6<sup>th</sup> Graders must have the TDAP Shot before school starts. **Students will not be allowed to enter school without updated physical or vaccination forms.**
- \_\_\_\_\_ 4. **Dental Exam** (Only Required in Grades K, 2, 4, and all students new to CCS)
- \_\_\_\_\_ 5. **Final Report Card or Transcripts** (Grades 1-6 only)
- \_\_\_\_\_ 6. **Proof of Address**
  - Current gas or electric bill
  - Drivers License / Non-Drivers ID
  - Pay stub or employee statement
  - BMH Lease
- \_\_\_\_\_ 7. An intake interview is required for all new enrollees

**Note:** You can request items 1-5 from your child's current school. All medical records can be requested from your medical provider(s).

At the time of registration you will complete the following paperwork:

- **Enrollment Packet**
- **Transportation Form**