



Life School

Re-Enrollment Form

2012-2013 School Year

As a member of the public education system of the State of Texas, Life School does not charge tuition. Life School does charge statutorily permitted activity fees. While payment of such fees may be voluntary, it is required for participation in activities supported by the fees. For planning purposes, activity fees of current Life School students are collected during re-enrollment.

Please type or print legibly in black ink.
All information must be filled out to complete re-enrollment.

Circle Enrolling Grade:

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Current Campus:

Cedar Hill Lancaster Oak Cliff Red Oak Waxahachie

Circle Preferred Campus:

Cedar Hill Lancaster Oak Cliff Red Oak Waxahachie

Student Information

Student's Last Name Student's First Name MI Gender Birth Date

Mailing Address Apt. # City State Zip Code

Physical Address Apt. # City State Zip Code

Social Security Number Home Phone (with area code)

Enrolling Parent/Guardian Contact Information

Name (Please Print) Relationship to Student

Work Phone (with area code) Cell Phone Number E-mail Address

Parent/Guardian Information

Father's Last Name Father's First Name MI Home Phone (with area code)

Home Address Apt. # City State Zip Code

Father's Employer Employer Address Work Phone (with area code)

Mother's Last Name Mother's First Name MI Home Phone (with area code)

Home Address (if different than father's) Apt. # City State Zip Code

Mother's Employer Employer Address Work Phone (with area code)



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Contact information must be kept updated. Please inform the school immediately of any changes.

FEES ARE NON-REFUNDABLE

Emergency Information

I understand that in case of an emergency, Life School reserves the right to use their judgment in securing medical or other emergency services. School personnel may call "911" or other medical/emergency services before attempting to reach the parents as necessary. I also authorize clinic personnel to contact my child's physician when necessary to obtain information concerning my child. I understand that I am responsible for any and all medical expenses including transportation incurred for my child during school hours or extracurricular activities.

In case of emergency where the parents cannot be reached, the following persons may be called:

Name & Relation to Student	Home Phone	Work Phone	Cell Phone
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Name & Relation to Student	Home Phone	Work Phone	Cell Phone
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Preferred Doctor	Address	Phone
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Preferred Hospital/Clinic	Address	Phone
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Insurance Company	Phone Number	Name of Insured
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Employer	Group Number	Individual Policy Number
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School Information

Campus ID of Residency (*The neighborhood school your child would attend if going to public school*)

Parent Name- Printed

Name of Child's Current Homeroom Teacher

Parent Signature

FEES ARE NON-REFUNDABLE

Cedar Hill Campus
129 W. Wintergreen
Cedar Hill, TX 75104
Phone # 972-293-2825
Fax # 972-291-2877

Lancaster Campus
950 S. I-35E
Lancaster, TX 75146
Phone # 972-274-7950
Fax # 972-274-7991

Oak Cliff Campus
4400 South R.L. Thornton Freeway
Dallas, TX 75224
Phone # 214-376-8200
Fax # 214-371-0297

Red Oak Campus
777 South I-35E
Red Oak, TX 75154
Phone # 469-552-9200
Fax # 972-617-5767

Waxahachie Campus
3295 US Hwy 77
Waxahachie, TX 75165
Phone # 972-938-1001
Fax # 972-937-0503

Board Approved 1/11/12



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(Nurse's Office Use Only)

Health History

Student Name _____ **Grade** _____

Pick up person: _____ Daycare _____ Powerhouse _____

Birthdate: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Emergency Contact: _____

Mother/Guardian: _____ Primary Phone: _____

Father/Guardian: _____ Primary Phone: _____

Other Children at Life School: _____

Does Student Have: (Please Circle/Answer)

Allergies Yes No

Severe Yes No

If yes: Pollen? Drugs? Foods? Insects?

Other: (Explain) _____

Has Emergency care been needed in the past for allergic reaction? Yes No

If Yes: Hospitalization _____ Medication Only _____

Asthma Yes No Triggered by: _____ Treat With _____

Diabetes Yes No Controlled by: _____ Diet _____

Emotional Disorders Yes No Controlled by: _____

Seizures Yes No Any Restrictions? _____

Heart Condition Yes No Any Restrictions? _____

Bone/Joint Disorders Yes No Any Restrictions? _____

Frequent Headaches Yes No

Vision/Hearing Problems Yes No Glasses Yes No

Contacts Yes No Hearing Aids Yes No

List any other serious illness or condition not mentioned above: _____

Daily Medications Yes No At Home _____ At School _____

Name of Medication _____ Reason _____

I AGREE THAT THE TEACHER & PERTINENT PERSONNEL BE ALLOWED TO KNOW THE ABOVE INFORMATION.

Signature _____ Date _____



2012-2013 Family Survey

District:	Campus:	
Student Name:	Age:	Grade Level:

Dear Parents,



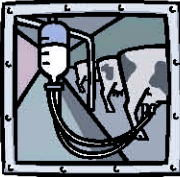





In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services.

The information provided below will be kept confidential. Please answer the following question and return this form to your child's school.

Within the past 3 years have you moved from one city or state to another so that you or your family could work or look for work in agriculture or fishing?

NO (STOP here and return survey to your child's school.)

YES (Please check all that apply below and fill out the information requested at the bottom of this form.)

 <p>Working with fruits, vegetables, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms or ranches, fields & vineyards</p> <input type="checkbox"/>	 <p>Working in a cannery</p> <input type="checkbox"/>	 <p>Working in a dairy farm</p> <input type="checkbox"/>	 <p>Working in a fishery</p> <input type="checkbox"/>	 <p>Working in a slaughterhouse</p> <input type="checkbox"/>
 <p>Working on a poultry farm</p> <input type="checkbox"/>	 <p>Working in a plant nursery, orchard, tree growing or harvesting</p> <input type="checkbox"/>	 <p>Other similar work, please explain:</p> <p>_____</p> <p>_____</p>		

Please complete the following information: (Please print)		Best time to contact you: _____	
Parent/Guardian Name:	Home Address/Apt Name:	City:	Zip Code:
Telephone Number:	Mailing Address:	City:	Zip Code:
Home: _____			
Cellular/Work: _____			

For School Use Only: School Personnel, please follow district guidelines regarding survey. Program Contacts, please fax surveys with a "YES" response to Region 10 ESC at (972) 348-1413.



2012-2013 Encuesta de Familia

Distrito:	Escuela:	
Nombre del estudiante:	Edad:	Grado:









Estimados Padres,

Para mejorar los servicios educativos de sus hijos, el distrito está colaborando con el estado de Texas para identificar a los estudiantes que pueden calificar para recibir servicios educativos adicionales.

Toda la información proporcionada será mantenida confidencial. Favor de responder a la siguiente pregunta y devolver esta forma a la escuela de su niño/a.

¿Durante los últimos tres años se ha cambiado su familia de ciudad o estado para buscar o encontrar trabajo relacionado con la agricultura o la pesca?

- NO** (PARE aquí y envíe la encuesta a la escuela.)
- SI** (Seleccione así todo lo que aplica y llene la información al pie de este formulario.)

 <p>Trabajando con/en frutas, verduras, soya, girasol, algodón, trigo, betabel, ranchos grandes, granja de agriculturas, campos y viñedos</p> <input type="checkbox"/>	 <p>Trabajando enlatando frutas o verduras</p> <input type="checkbox"/>	 <p>Trabajando en una lechería</p> <input type="checkbox"/>	 <p>Trabajando en la pesca</p> <input type="checkbox"/>	 <p>Trabajando en un matadero</p> <input type="checkbox"/>
 <p>Trabajando en granjas avícolas</p> <input type="checkbox"/>	 <p>Trabajando en un vivero de plantas, plantando o cosechando árboles</p> <input type="checkbox"/>	 <p>Otro trabajo similar, favor de explicar:</p> <p>_____</p> <p>_____</p>		

Favor de llenar la siguiente información:		Mejor hora para llamarle: _____	
Nombre del Padre/Guardián:	Dirección y Apartamentos:	Ciudad:	Código Postal:
Número de teléfono:	Dirección permanente:	Ciudad:	Código Postal:
Casa: _____			
Celular/Trabajo: _____			

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