

New applications for the 2009-2010 school year will be accepted beginning Monday, March 2nd at Oak Cliff, Lancaster & McKinney and Wednesday, March 4th at Red Oak.

Student's Name _____ Grade _____

Application Check List

Life School will not accept partial applications. The Application Review Committee cannot review an application until **all** materials have been received. The following checklist is provided to help you organize your application materials.

It is the applicant's responsibility to obtain the following items (Life School is not responsible for making copies)

- Letter of Application: Answer the Question "Why I want my student to attend Life School?"
- Copy of **State Certified** Birth Certificate
(K5 students must be 5 on or before Sept. 1st of the school year of enrollment)
- Copy of Social Security Card
- Copy of updated Immunization Record/or Certified Exemption of Immunization form
- Copy of Testing – Please include last year's results **until** this year's test results become available.
 - TPRI or equivalent (entering into 1st – 3rd grade)
 - TAKS or equivalent (entering into 4th grade and up)
- Copy of student's **most recent** report card (grades 1st -12th). If applying for the next school year, you must provide a completed report card from the current school year as soon as it becomes available.
- Copies of disciplinary records if no conduct or citizenship grade is listed on the report card. If there are no discipline records, then there will need to be a letter or other documentation from the school so indicating.
- Most recent **official transcript** required for High School students (entering into grades 10th -12th). You must provide a **complete** official transcript from the current school year as soon as it becomes available.
- Copy of Home Language Survey from previous school **if English is not the primary language**
- Copies of any Specials Program Information from previous school
 - Examples – Special Ed, 504, Speech etc.



Life School

Application Form

2009-2010 School Year

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

FEES ARE NON-REFUNDABLE

Please type or print legibly in black ink.

All information must be filled out to complete enrollment.

Circle Enrolling Grade & Campus

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

(K-6th) Lancaster

(K-4th) McKinney

(K-12th) Oak Cliff

(K-11th) Red Oak

Is the enrolling student a sibling of a returning Life School Student? Yes or No (please circle)

If yes, please list name(s) _____, grade(s) _____, campus _____ of sibling(s)

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 Cell Phone # 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 Cell Phone # 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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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 you would attend if going to public school)

Name of Current School	Phone Number
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School Address	City	State	Zip Code
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Has the student ever been suspended or expelled from school or been assigned to an alternative school? Please Circle: Yes or No

Parent/Guardian Signature	Printed Name	Today's Date
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Oak Cliff Campus
4400 South R.L. Thornton Frwy.
Dallas, TX 75224
Phone: 214-413-1616
Fax: 214-371-0297

Red Oak Campus
777 South I-35E
Red Oak, TX 75154
Phone: 469-552-9200
Fax-972-576-2613

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

McKinney Campus
4045 Eldorado Parkway
McKinney, TX 75070
Phone: 972-529-8125
Fax: 214-504-0855



Life School

Application Form

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Health History

Please check illnesses or problems and explain (include dates):

Allergies to Medicine _____ Seasonal _____ Heart Disease _____
Allergic to Insect Stings _____ Kidney Problem _____
Arthritis _____ Muscular Dystrophy _____
Asthma _____ other lung disease _____ Neurological Disorder _____
Blood Disease _____ Orthopedic Problem _____
Cancer _____ Rheumatic Fever _____
Cerebral Palsy _____ Scoliosis _____
Chicken Pox _____ or Vaccine _____ Seizures _____ Medicine? _____
Diabetes _____ Tuberculosis _____
Dyslexia _____ Vision Problem _____
ADD _____ Medication? _____ Hearing Problem _____
Hyperactive _____ Medication ? _____ Other _____
Other health information that would be helpful: _____

Medication/Illness Policy

1. All student medication must be prescribed, including over-the-counter medications. Over-the-counter medications such as Tylenol, aspirin, ointments, cold tablets, cough syrups, nasal sprays, etc, will not be given unless prescribed by a licensed physician.
2. All medicines must be in a properly labeled bottle. A bottle that is properly labeled will have the label affixed by the pharmacist who filled the prescription.
3. All student medication shall be accompanied by a note from a parent or guardian requesting the time the medicine should be given at school.
4. All medication must be brought to the school nurse upon arrival at school.
5. Parents should schedule the administration of student medication in such a manner that use of medication brought to school will be kept to a minimum.
6. A student should not return to school after an illness until he/she is free of fever for 24 hours.
7. All immunization policies will be enforced.
8. It is mandatory for students who show symptoms of communicable disease to be excluded until re-admission is acceptable to school authorities.
9. When a student has a doctor's statement restricting physical activities, he/she must have a doctor's release in order to resume these activities.

Parent/Guardian Signature

Printed Name

Today's Date

Life School does not discriminate on the basis of sex, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability. We reserve the right to deny admission to a student who has a documented history of a criminal offense, a juvenile court adjudication, or disciplinary problems under TEA Chapter 37, Subchapter A.



Life School

Application Form

2009-2010 School Year

Medication Request and Authorization

Student's Name _____ Grade _____

Medication _____ Dose _____ Times per Day _____

Condition for which medication is to be given and/or instructions:

Physician/Dentist Signature

Date

Office Number

Fax Number

Valid for one school year. Physician/Dentist must be licensed to practice in the United States.

I request and authorize Life School to administer the above medication as prescribed. I understand that the school administrator may designate any qualified person or persons to administer this medication. I also understand that although a reasonable attempt will be made to remind the student, it is expected that the student will be responsible in most situations to get his/her medicine. Medication doses that could be taken at home will not usually be administered at school.

I also authorize the school's nurse to consult with the prescribing physician to clarify this medication order, or in the interest of the student's health, to discuss his/her response to the prescribed medication as required by Texas' Nurse Practice Act. It is expected that the school nurse will first attempt to notify a parent/guardian should such a contact become necessary. The privacy of information received will be respected.

Parent/Guardian Signature

Printed Name

Today's Date

A separate authorization is required for each medication.



Life School

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2009-2010 School Year

Home Language Survey

Name of Child _____

TO BE FILLED IN BY PARENT OR GUARDIAN

1. What language is spoken in your home most of the time? _____
2. What language does your child speak most of the time? _____
3. Was your child born in the United States? Yes/No
If not when did they enter the United States? _____

Signature of Parent or Guardian

Date

Questionario de Idioma del Hogar

Nombre del niño (a) _____

DEBE DE SER COMPLETADO POR EL PADRE O GUARDIAN

1. ¿Cuál es el idioma que más se habla en su hogar? _____
2. ¿Cuál es el idioma que más habla su hijo(a)? _____
3. ¿Nació su hijo(a) en los Estados Unidos? Si/No.
Si no, cuando entró su hijo(a) a los Estados Unidos? _____

Firma del Padre o Guardián

Fecha



Life School

Application Form

2009-2010 School Year

Acceptable Computer, Network, and Internet Use Agreement

Access to computers and the Internet is provided for the purposes of educational research and learning. The purpose of this policy is to provide rules for appropriate use of these facilities. Students and parents are asked to carefully read and then sign the following agreement:

I understand that the use of computers and access to the Internet from Life School must be in support of educational research and learning and I agree to the following:

- I will not bring food or drink into the computer lab or near any computer.
- I will abide by log-on procedures to access the computer network and only use my own personal user account and password.
- I will not damage computers, computer systems, or networks. This includes unplugging / swapping mice, keyboards, etc.
- I will respect equipment in all computer areas, such as classrooms, the computer lab and the library.
- I will not use the computers to send anonymous letters or forward chain letters.
- I will not access the Internet or use personal e-mail without prior permission from a member of staff.
- I will access only web sites approved by my instructor.
- I will refrain from accessing any web pages or producing work that would be inappropriate or considered offensive because of pornographic, racist, violent, or illegal content.
- I will report any security problems to a teacher or the Administration without demonstrating the problem for student users.
- I will not use valuable computer / Internet time to play non-educational games.
- I accept responsibility to respect copyrighted material.
- I will not download software or attempt to install software on school computers.
- Plagiarism is unacceptable. Therefore, any information I access on the Internet will be used in an appropriate manner in assignments by listing it in a bibliography and clearly citing any directly quoted material.

Student Agreement:

I understand and will abide by the above Acceptable Use Policy. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action.

Parent Agreement:

I hereby acknowledge that I have read the agreement of the student use of computers and the Internet and have discussed it with my child. I understand that the use of the computers and Internet at Life School is designed for educational purposes. I recognize it is impossible for Life School to restrict access to all controversial materials and I will not hold the school responsible for materials acquired on the internet or network. Use of computers and the Internet connection at Life School require that the user take full responsibility for his or her own actions. Life School and its faculty and staff, along with organizations sponsoring the Internet linkup, will NOT be held liable for the actions of anyone connecting to the Internet through this hookup. All users shall assume full liability – legal, financial, or otherwise – for their actions. Due to the ever-changing nature of the technology involved with the Internet, Life School reserves the right to modify or change this policy as deemed necessary.

Life School reserves the right to examine or delete any files that may be held on its computer system, and to monitor any Internet sites visited.

Student Name – Printed

Parent Name – Printed

Student Signature (4th grade or above)

Parent Signature

Date

Oak Cliff Campus
4400 South R.L. Thornton Frwy.
Dallas, TX 75224
Phone: 214-413-1616
Fax: 214-371-0297

Red Oak Campus
777 South I-35E
Red Oak, TX 75154
Phone: 469-552-9200
Fax-972-576-2613

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

McKinney Campus
4045 Eldorado Parkway
McKinney, TX 75070
Phone: 972-529-8125
Fax: 214-504-0855



Life School

Application Form 2009-2010 School Year

FAMILY SURVEY



Date _____

Dear Parents,

In order to better serve your children, the Life School _____ school district would like to identify students who may qualify to receive additional educational services. **The information provided below will be kept confidential.** Please answer the following questions and return this survey form to your child's school.

Or, if you prefer, for more information, call: 214-376-8200

1. Did you seek or obtain employment in agricultural or fishing related activities within the last three years? (e.g., field work, canneries, lumbering, dairy work, meat processing)

Yes _____ No _____



2. Have you moved within the last 3 years to find this type of work?

Yes _____ No _____

3. Is this type of work an important source of income for your family?

Yes _____ No _____

If you answered "yes" to some or all of the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:

Name of child _____ Age _____ Grade _____

Parent/Guardian Name: _____

Telephone Number: _____

Best Time to Contact You: _____



Life School

Application Form

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ENCUESTA DE FAMILIA



Fecha _____

Estimados padres,

Para mejorar los servicios educativos de sus hijos, el distrito escolar de **Life School** quisiera identificar estudiantes que puedan calificar para recibir servicios educativos adicionales. **Toda la información proporcionada será mantenida confidencial.** Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su niño/a.

O, si prefiere, para más información, llame a: 214-376-8200

1. ¿Trabaja usted en la agricultura o en la pesca? (por ejemplo, la labor, fábrica de conservas, explotación de bosques, trabajo en la lechería, el proceso de carne)

Sí _____ No _____



2. ¿Ha viajado usted o alguien en su familia para encontrar este tipo de trabajo?

Sí _____ No _____

3. ¿Es este tipo de trabajo necesario para cubrir las necesidades básicas de la familia?

Sí _____ No _____

Si usted contestó "Sí," en algunas o todas de las preguntas anteriores, un representante del distrito escolar quizás se vaya a comunicar con usted para averiguar si su niño/a califica para servicios educativos adicionales. Favor de completar la siguiente información:

Nombre de su Niño/a: _____ Edad _____ Grado _____

Nombre del Padre/Guardián: _____

Número de teléfono: _____

La mejor hora para localizarlo: _____



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Certification of Enrollment Information

I, _____, enrolling parent/guardian for my child, _____,

hereby certify that I have provided complete and accurate educational records to Life School for my child.

I understand that failure and/or refusal to provide complete and accurate educational records may jeopardize my child's continued enrollment at Life School or may affect my child's grade or course placement, or awarding of course credit.

Life School reserves the right to determine the child's grade placement or high school classification.

Student Name – Printed

Parent Name – Printed

Student Signature (4th grade or above)

Parent Signature

Date

Date



Life School

Application Form

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Student & Parent Handbook Agreement

Life School was founded on the premise that parents are a child's primary teachers and should be involved in their ongoing formal education. Therefore, parents agree to participate in the following areas:

Please initial each of the lines below.

- _____ 1. I have read the Student Handbook and agree to adhere to the listed guidelines.
- _____ 2. I agree to come for a conference and to administer discipline if called to do so (according to discipline guidelines.)
- _____ 3. I agree to observe one half hour per semester in the classroom.
- _____ 4. I agree to attend required parenting events:
_____ All Parent Orientation
_____ Parenting Classes
- _____ 5. I agree with the philosophy of LIFE SCHOOL that parents are the primary teachers of their children. The school and home join hands to teach children the way to live and learn.
- _____ 6. I understand the uniform dress code for LIFE SCHOOL and agree to adhere to this policy.
- _____ 7. I understand the complaint procedure of LIFE SCHOOL and I agree to adhere to this policy. (The teacher will be contacted first before any complaint is brought to administration.)
- _____ 8. I have read and understand the directory information policy as presented in the Student Handbook.
- _____ 9. I understand that failure to comply with these guidelines may jeopardize the continued enrollment of my child at Life School.

I agree to adhere to the statement of philosophy, policies and procedures, discipline system, and parenting guidelines of LIFE SCHOOL. I understand that LIFE SCHOOL is a school of choice and is not under the jurisdiction of any local I.S.D. I understand that LIFE SCHOOL reserves the right to exclude a student and family which does not abide by the policies and guidelines of the school.

The Student/Parent Handbook and Student Code of Conduct may not include all requirements and responsibilities which may exist on campus. For additional information or clarification of material, parents may contact the campus principal's office.

Student Name – Printed

Parent Name – Printed

Student Signature (4th grade or above)

Parent Signature

Date

Date

Oak Cliff Campus
4400 South R.L. Thornton Frwy.
Dallas, TX 75224
Phone: 214-413-1616
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Life School

Application Form

2009-2010 School Year

Kindergarten Applicants Only

Bilingual Education – Dual Language Program Survey

Beginning in kindergarten for the 2009 – 10 school year, the Life School Oak Cliff campus will offer bilingual education. Your response to our survey will help us determine which bilingual education program model to adopt for our school district.

The Dual Language Two-Way Bilingual Program Model will create a wonderful opportunity for integrated language and academic instruction for native English speakers as well as for native Spanish speakers with the goals of bilingualism and high academic achievement.

	Yes	No	Neutral
Do you think it's important to know and learn another language?			
Do you enjoy listening to or meeting people who speak another language?			
If so, what language(s)?			
Do you know anyone who speaks another language?			
Do you think knowing and learning two languages opens more job opportunities?			
If Life School offered your child a school program that would allow him/her to learn another language, would you be interested?			
Are you interested in learning more about these types of programs?			

Student Name – Printed

Parent Name – Printed

Parent Signature

Life School does not discriminate on the basis of sex, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability. We reserve the right to deny admission to a student who has a documented history of a criminal offense, a juvenile court adjudication, or disciplinary problems under TEA Chapter 37, Subchapter A.



Life School

Application Form

2009-2010 School Year

Para Solicitantes del Jardín de Niños Solamente

Educación Bilingüe-Estudio del Programa de Dos Lenguas

En el año 2009, comenzando en el Jardín de Niños – el 10 año de la escuela. La escuela Life de Oak Cliff ofrecerá educación bilingüe. Su respuesta a nuestro estudio nos ayudara a determinar cual modelo de programa adoptaremos para nuestro distrito escolar.

El Modelo Bilingüe de Dos Lenguas ayudara a crear maravillosas oportunidades para lenguaje integrado e instrucción académica para personas de habla inglesa así como para personas de habla española con el objetivo de bilingualismo y altos logros académicos.

	Si	No	Neutral
¿Cree usted que es importante saber o aprender otro idioma?			
¿Le agrada escuchar o conocer gente que hable otro idioma?			
¿Si es así, cual es el idioma?			
¿Conoce usted a alguien que hable otro idioma?			
¿Cree que saber y aprender dos idiomas abriera mas oportunidades?			
Si Life School ofreciera un programa que le permitiera a su hijo/a aprender otro idioma, ¿le interesaría?			
¿Le interesaría saber mas acerca de estos programas?			

Student Name – Printed

Parent Name – Printed

Parent Signature