



Life School

Application Form

2011-2012 School Year

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

Student's Name: _____ Gender: _____ Grade: _____

Admitted Student Information

Congratulations! Your child has been admitted to attend Life School for the 2011-2012 school year. ***If there are more admitted students than open seats available, final admissions and enrollment must be determined by a lottery.*** Because of these charter school lottery laws, your child's enrollment in Life School cannot be finalized until the admissions period ends.

The following information requested of admitted students assists Life School in preparing for new student enrollments.

It is the admitted applicant's responsibility to obtain the following items (Life School is not responsible for making copies). The following checklist can help you organize these materials.

- Letter of Application: Answer the Question "Why do I want my student to attend Life School?"
- Copy of **State Certified** Birth Certificate. **K5 students must be five (5) years of age 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 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 (1st–12th grades). 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 the conduct or citizenship grade is not listed on the report card. If there are not any discipline records, there will need to be a letter or other documentation from the former school so indicating.
- Most recent **official transcript** required for High School students (entering 10th–12th grades). 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 Special Program Information from previous school.
 - Examples – Special Ed, 504, Speech, etc.



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

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)			

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



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Health History

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

Student Name _____ **Grade** _____

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, disciplinary problems under TEA Chapter 37, Subchapter A or the district the child would otherwise attend according to TEC Chapter 12.



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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.

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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



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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

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2011-2012 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 slaughter house</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> <hr/>		

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.

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, disciplinary problems under TEA Chapter 37, Subchapter A or the district the child would otherwise attend according to TEC Chapter 12.



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2011-2012 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: Casa: _____ Celular/Trabajo: _____	Dirección permanente:	Ciudad:	Código Postal

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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 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, disciplinary problems under TEA Chapter 37, Subchapter A or the district the child would otherwise attend according to TEC Chapter 12.



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2011-2012 School

Kindergarten Applicants Only

Bilingual Education – Two-Way Dual Language Program Survey

For the 2011-2012 school year, the **Life School Oak Cliff** campus will continue to offer bilingual education. The Two-Way Dual Language 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

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Para Solicitantes del Jardín de Niños Solamente

Educación Bilingüe-Encuesta del Programa de Dos Lenguas

Para el año escolar de 2011-2012 la escuela **Life School Oak Cliff** continuara ofreciendo educación bilingüe. 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 más oportunidades?			
Si Life School ofreciera un programa que le permitiera a su hijo/a aprender otro idioma, ¿le interesaría?			
¿Le interesaría saber más acerca de estos programas?			

Student Name – Printed

Parent Name – Printed

Parent Signature



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Student and Parent Handbook Acknowledgment

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, you as parents, legal guardian or other legally responsible adult for a child attending LIFE SCHOOL acknowledge the following:

Please initial each of the lines below.

- _____ 1. I have read the Student Handbook and the listed guidelines.
- _____ 2. I acknowledge that I may be asked and am expected to come to the school for a conference regarding my child if requested.
- _____ 3. I acknowledge the philosophy of LIFE SCHOOL: Parents are the primary teachers of their children, and the School and the home must join hands to teach children the way to live and learn.
- _____ 4. I have read and understand the uniform dress code for LIFE SCHOOL. My child may be subject to discipline for failing to follow policy. If I am unable to provide the required uniform for my child, I may contact campus administration for possible assistance.
- _____ 5. I have read and understand the general LIFE SCHOOL complaint procedure requirement that teachers will be a parent's first contact before bringing a complaint to the administration.
- _____ 6. I have read and understand the Directory Information Policy as presented in the Student Handbook.
- _____ 7. I have read and understand LIFE SCHOOL policy regarding cell phones on campus and/or their prohibited use during all Texas Student Assessment Program testing.
- _____ 8. 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 these are the statements of philosophy, policies, procedures, and discipline of Life School.
- _____ 9. I understand that the above check list and that the LIFE SCHOOL Student/Parent Handbook and Student Code of Conduct may not include all requirements and responsibilities of the School and that for additional information or clarification of material, I should contact my child's campus principal's office.

Please visit <http://www.lifeschools.net/> to access our Student/Parent Handbook.

Student Name – Printed

Parent Name – Printed

Student Signature (4th grade or above)

Parent Signature

Date

Date

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