

## REGISTRATION PACKET CHECKLIST

- 1\_\_\_ Enrollment Form
- 2\_\_\_ Parent Student Contract
- 3\_\_\_ Parent Consent Form
- 4\_\_\_ Home Language Survey
- 5\_\_\_ Medical Emergency Form
- 6\_\_\_ School Authorization for Medicine Dispensing (if applicable)
- 7\_\_\_ Homeless Survey
- 8\_\_\_ Permission To Release School Records Form
- 9\_\_\_ Copy of most recent report card
- 10\_\_\_ Copy of unofficial transcript (if applicable)
- 11\_\_\_ Copy of most recent LEAP or iLEAP scores (other test scores if applicable)
- 12\_\_\_ Copy of student's Birth Certificate and Social Security Card
- 13\_\_\_ Copy of photo identification of at least one parent/guardian
- 14\_\_\_ Copy of immunization record
- 15\_\_\_ Copy of proof of residency (electricity bill, etc.)
- 16\_\_\_ Copy of custody documentation (if applicable)
- 17\_\_\_ Homeless Survey



# Abramson Science & Technology Charter School

5552 Read Blvd., New Orleans, LA 70127

Ph: 504.244.4416 ♦ Fax: 504.244.4417 ♦ [www.abramsonst.org](http://www.abramsonst.org)

## STUDENT ENROLLMENT FORM

<b>For Office Use Only</b>	Docs.	Initial		
	Birth Certificate		Grade Applied For	
	Social Security Card		Date Received	
	Immunization Records		Special Ed (circle)	Yes No
	Proof of Residence		Exact Date Enrolled	

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		ETHNICITY
					<input type="checkbox"/> AMERICAN INDIAN/ALASKAN
BIRTHDATE	COUNTRY OF BIRTH	SOCIAL SECURITY #	CURRENT GRADE ENROLLED (Last Year)		<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER
MM/DD/YYYY		-----	GRADE APPLIED FOR		<input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN
STUDENT LIVES WITH: (CHECK ONE)		<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER .....			
<b>PREVIOUS SCHOOLS ATTENDED DURING THE PAST THREE YEARS (START WITH THE MOST RECENT)</b>					

SCHOOL LAST ATTENDED	YEARS ATTENDED	DATE OF LAST ATTENDANCE (MONTH/YEAR)	DISTRICT NAME	PHONE
				( ) - - - - -
PREVIOUS SCHOOL ATTENDED	YEARS ATTENDED	DATE OF LAST ATTENDANCE (MONTH/YEAR)	DISTRICT NAME	PHONE
				( ) - - - - -
PREVIOUS SCHOOL ATTENDED	YEARS ATTENDED	DATE OF LAST ATTENDANCE (MONTH/YEAR)	DISTRICT NAME	PHONE
				( ) - - - - -

HAS APPLICANT EVER SKIPPED A GRADE? (CIRCLE ONE)	YES NO	WHICH GRADE(S) AND WHY?			
HAS APPLICANT EVER BEEN RETAINED? (CIRCLE ONE)	YES NO	WHICH GRADE(S) AND WHY?			
HAS APPLICANT EVER BEEN EXPELLED, SUSPENDED, OR ASKED NOT TO RETURN TO A SCHOOL? (CIRCLE ONE)	YES NO	IF YES, PLEASE EXPLAIN:			
HAS APPLICANT APPLIED TO AST BEFORE? (CIRCLE ONE)	YES NO WHEN: _____	HAS STUDENT EVER ATTENDED AST? (CIRCLE ONE)	YES NO WHEN: _____		

PARENT(S)/GUARDIAN INFORMATION						
<b>FATHER'S INFORMATION</b>	LAST NAME	FIRST NAME	MIDDLE NAME	OCCUPATION	EMPLOYER	
	HOUSE NO.	STREET			CITY	ZIP
	PHONE: HOME	CELLULAR	PAGER	WORK	E-MAIL	
( ) - - - - -	( ) - - - - -	( ) - - - - -	( ) - - - - -			

MOTHER'S INFORMATION	LAST NAME	FIRST NAME	MIDDLE NAME	OCCUPATION	EMPLOYER	
	HOUSE NO.	STREET				ZIP
	PHONE: HOME	CELLULAR	PAGER	WORK	E-MAIL	
	( ) - - - - -	( ) - - - - -	( ) - - - - -	( ) - - - - -		
	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	NUMBER OF YEARS STUDENT HAS LIVED WITH THIS PERSON:	
	HOUSE NO.	STREET			CITY	ZIP
PHONE: HOME	CELLULAR	PAGER	WORK	E-MAIL		
( ) - - - - -	( ) - - - - -	( ) - - - - -	( ) - - - - -			
OCCUPATION			EMPLOYER:			

NAMES OF ALL BROTHERS AND SISTERS UNDER 18 YEARS OF AGE						
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	GENDER	SCHOOL	GRADE

HOW DID YOU LEARN ABOUT AST?					
<input type="checkbox"/> BROCHURE, FLYER, HANDOUT	<input type="checkbox"/> OUTDOOR SIGN	<input type="checkbox"/> FRIEND	<input type="checkbox"/> ADVERTISEMENT _____	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> INTERNET	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> NEWSPAPER _____		

PLEASE CIRCLE
I <input type="checkbox"/> AGREE / <input type="checkbox"/> DISAGREE TO ALLOW MY CHILD'S PHOTOGRAPHS/VIDEO RECORDING TAKEN AND/OR NAMES PUBLISHED TO BE USED FOR ABRAMSON SCIENCE AND TECHNOLOGY CHARTER SCHOOL PUBLICITY PURPOSES. I UNDERSTAND THAT THE PHOTOS AND THE NAMES MAY BE USED FOR DISPLAY, PUBLICATION, VIDEO, WEBSITES, OR BY OTHER MEDIA, SUCH AS LOCAL NEWSPAPERS AND/OR TELEVISION STATIONS. I ALSO AGREE THAT THIS PERMISSION WILL HAVE NO TIME LIMITATIONS.
I <input type="checkbox"/> AGREE / <input type="checkbox"/> DISAGREE TO ALLOW MY CHILD TO PARTICIPATE IN ALL ATHLETIC EVENTS AT ABRAMSON SCIENCE AND TECHNOLOGY CHARTER SCHOOL, WITH THE UNDERSTANDING THAT THE PARENT/GUARDIAN IS RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED IN THE EVENT OF AN INJURY.

SPECIAL PROGRAM INFORMATION	YES	NO	PLEASE LIST APPLICANT'S HONORS, AWARDS, OR SPECIAL ACHIEVEMENTS (IN OR OUT OF SCHOOL)
GIFTED AND TALENTED			
ESL/BILINGUAL			
SPECIAL EDUCATION			
(IF YES) DISABILITY CONDITION:			
PLEASE ATTACH STUDENT'S MOST RECENT IEP SUPPLEMENTS AND ASSESSMENTS (FIE)			

HAS THE STUDENT EVER BEEN EXPELLED, SUSPENDED, OR ASKED NOT TO RETURN TO A SCHOOL?  YES  NO  
 IF YES, WHEN and WHY?: \_\_\_\_\_

I/WE, THE UNDERSIGNED, HEREBY CERTIFY THAT, TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THE ANSWERS TO THE FOREGOING QUESTIONS AND STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE COMPLETE AND ACCURATE. I/WE UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS OF FACTS MAY RESULT IN REJECTION OF THIS APPLICATION OR FUTURE DISMISSAL OF THE APPLICANT. I AND MY CHILD AGREE TO FOLLOW THE RULES OF ABRAMSON SCIENCE AND TECHNOLOGY CHARTER SCHOOL AS STATED IN THE STUDENT HANDBOOK.

NOTICE: FALSIFYING INFORMATION ON THIS FORM IS A VIOLATION OF THE LAW. VIOLATION MAY RESULT IN PROSECUTION

SIGNATURE OF MOTHER: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_ LOUISIANA DRIVER'S LICENSE NO : \_\_\_\_\_

DATE OF BIRTH OF MOTHER MONTH:\_\_\_ DAY:\_\_\_ YEAR:\_\_\_\_\_

SIGNATURE OF FATHER: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_ LOUISIANA DRIVER'S LICENSE NO : \_\_\_\_\_

DATE OF BIRTH OF FATHER MONTH:\_\_\_ DAY:\_\_\_ YEAR:\_\_\_\_\_

SIGNATURE OF LEGAL GUARDIAN: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_ LOUISIANA DRIVER'S LICENSE NO : \_\_\_\_\_

DATE OF BIRTH OF LEGAL GUARDIAN MONTH:\_\_\_ DAY:\_\_\_ YEAR:\_\_\_\_\_

Abramson Science and Technology Charter School does not discriminate in admissions based on gender, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability or the district the child would otherwise attend.

## PARENT/STUDENT CONTRACT

Because you have chosen Abramson Science & Technology (AST), we anticipate that you will accept the rights of members of our community and your responsibilities to them. We ask you carefully read over and sign the contracts on this page, and as the year unfolds, do your best to behave in ways that will enhance your own and other's ability to learn

### Student's Commitment I Promise

- I will follow the requirements of the AST Student Handbook
- I will set my goal to go to a college.
- I will come to school every day dressed appropriately in my uniform.
- I will attend 100% of each class. I am aware that missing 10% of class/school will result in a failing class/grade.
- I will come to class on time with all necessary materials.
- I will make good use of class time, asking permission to speak, doing my best on school work, turning in complete assignment and homework on time, and letting others do their work.
- I will ask for help, in a courteous way, and at an appropriate time when I need it or do not understand.
- I will show careful regard for my property and the property of others, asking permission to borrow others' things and returning them promptly in a good condition.
- I will show respect for myself and others, showing consideration for others' rights and feelings, not using profanity, intimidation, threats or uncomplimentary names for myself, fellow students, and all those who work at the school, guests, or families of AST school community.
- I will be careful not to hurt myself or others physically by walking safely, not touching others, not fighting, not bringing any contraband to school, and not leaving school grounds without permission.

### Parents/ Guardians Commitment

- I/We will provide volunteer services to the school of at least 3 hours a semester and have indicated my/our preferences of how that time will be contributed.
- I/We will see that my/our child comes to AST every day, on time, dressed appropriately in uniform
- I/We will make sure that my/our child attends after-school programs, such as tutoring or mentoring, and Saturday tutoring/detentions when assigned.
- I/We will communicate with teachers and administrators by attending parent conferences and mandatory meetings and by updating information if my/our address or phone number changes. I/We understand that, it is my/ our responsibility to get information about our child's academics, attendance, discipline points in a regular basis from the homeroom teacher. Please get your homeroom teacher's contact information from the office.
- I/We will make sure that my/our child attends 100% of each class. I am aware that missing 10% of class/school (excused or unexcused) will result in failing class/grade and be subject to truancy by State Law.
- I/We understand that our child must follow the rules, as set forth in the AST Student Handbook, so as to protect the safety, interest, and the rights of all individuals at school.
- I will attend monthly meetings of Parent Teacher Organization (PTO)
- Help my/our child to learn not to fight or bully in school, whatever the circumstances are.
- I/We will make sure that my child will be at the bus station before the school bus comes by and if he/she misses the bus, I/We will provide transportation for my/our child to the school.
- I/We will provide transportation to and from school for my child, whenever necessary such as after school tutoring, after school detention, Saturday tutoring or Saturday detention.

- I/We will purchase uniforms for my child from AST, and ensure my child abides by the Dress Code of AST.
- In order to enhance my/our child's academic growth, I/we agree to do the following:
  - A.** To read and use information sent home by the school to keep parents informed of the academic topics to be introduced and studied in the classroom.
  - B.** To provide a suitable time and place within the home for homework.
  - C.** To assist my child in obtaining and regularly using a library card at the Public Library and allow for thirty minutes of reading daily.
  - D.** To limit television and video games during the week and allow more time for reading, studying, and family time.
  - E.** To check my child's homework nightly.
  - F.** To encourage my child to research his or her academic level with deep commitment and enthusiasm for learning.

**I /We understand that by not fulfilling my/our contractual obligations to the School and to my child, this will result in my child being suspended or dismissal and referred to a regular Public School or a private school of the parent's choice.**

**Together we can make a difference!**

_____	_____	_____	_____
Student's Name	Grade	Student's Signature	Date
_____	_____	_____	_____
Parent/Guardian's Name	Parent/Guardian's Signature	Date	
_____	_____	_____	_____
Parent/Guardian's Name	Parent/Guardian's Signature	Date	

## PARENT CONSENT

Dear Parent(s)/Guardian(s),

Please read carefully, initial, and sign the following school requests and policies.

1.) I as parent/legal guardian authorize Abramson Science & Technology Charter School and the Louisiana State University College of Education to use photographs and audio/video recordings of my child(ren), taken during educational activities and events related to the school and LSU College of Education programs. Initial: \_\_\_\_\_

2.) SAFETY NET PROGRAM (SNP). Participation is required if assigned by a teacher. SNP includes 4-week based 8<sup>th</sup> hours, Saturday schools, Testing Summer prep (TSP), and pull outs for Math and English classes. Initial: \_\_\_\_\_

3.) Some of current 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup> and 10th graders (based on test scores) and new students in these grades are required to attend Testing Summer Preparation (TSP). If my child is chosen for the TSP, then he/she will attend and complete the TSP for this year and following years. I/We are aware that if my/our child does not attend and complete any of SNPs, he/she will loose his spot and AST will accept the next student in the waiting list. Initial: \_\_\_\_\_

4.) I/we understand that my/our child must follow the rules, as set forth in the AST Student Handbook (may be updated from time to time), so as to protect the safety, interest and the rights of all individuals at school. Initial: \_\_\_\_\_

5.) AST PTO is a parent organization that performs various functions including fundraising for AST. If you would like to be added to that directory please add your phone number below. By adding your number below you realize that you are allowing PTO officials permission to contact you for volunteer purposes or for any discussion that is PTO related, Initial: \_\_\_\_\_

6.) I/we will contribute at least 3 hours of volunteer service each semester. I am indicating below how I will contribute my time. Initial: \_\_\_\_\_

7.) I release AST of all liability concerning injury while my student is participating in recess or while waiting outside before or after school or while attending field trip.

8.) I/We understand that if my/our child fails in a State Test at the end of the academic year, my/our child will fail automatically in that particular subject regardless of her/his yearly grade.

**I can volunteer for:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> School Carnival      | <input type="checkbox"/> Lawn Garden Care                                    | <input type="checkbox"/> Transportation for field trips |
| <input type="checkbox"/> School Clean up Days | <input type="checkbox"/> Book Fair   | <input type="checkbox"/> CDL                            |
| <input type="checkbox"/> Cafeteria Server     | <input type="checkbox"/> Substituting classes (I have _____ degree in _____) |   |
| <input type="checkbox"/> Other: _____         |  |   |

I have read and understand the above requests and policies and will comply by them.

\_\_\_\_\_  
Signature of parent/ guardian 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/ guardian 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number to add AST PTO Directory

\_\_\_\_\_  
Email to add AST PTO Directory

## HOME LANGUAGE SURVEY (English)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

The Louisiana Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction to all students. Please answer the following questions.

### PART A:

1. What language is spoken in your home most of the time?  
 English     Spanish     Other (Specify) \_\_\_\_\_
  
2. What language does the student (do you) speak most of the time?  
 English     Spanish     Other (Specify) \_\_\_\_\_

Grades PK – 8

\_\_\_\_\_

(Parent or Guardian)

\_\_\_\_\_

(Date)

Grades 9 - 12

\_\_\_\_\_

(Parent or Guardian or Student)

\_\_\_\_\_

(Date)

### PART B:

Place of Birth (Country of Origin) City: _____ Country: _____	Date of initial entry into U.S. schools Month _____ Day _____ Year _____	Number of complete academic years in a U.S. school: _____
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When your child lived outside the U.S., did he or she attend school regularly? (Check one.)

- Yes, my child attended school regularly in all previous grades outside the U.S.
- No, my child missed significant portions of one or more school years, as specified:  
 Specify grade and time period, including month and year (example: Grade2, Jan. 2002 through May 2002). Do not include periods of absence that lasted less than one month. Do not include regularly scheduled school holidays or vacations.

\_\_\_\_\_

Has your family worked in either the AGRICULTURE or FISHING industry in the last 3 years?

- Yes                       No

Allergies \_\_\_\_\_

# Emergency Information

Phone numbers must be valid

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Parent/Guardian:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (O) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (O) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_

List anyone authorized to pick up your child in case of illness or injury and you cannot be reached at the above numbers. **Only those persons listed will be allowed to pick up your child without additional approval from you.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (O) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (O) \_\_\_\_\_

### Health History

Does your child have any serious allergies? Yes / No (if yes, please list) \_\_\_\_\_

Has your child had any serious childhood illnesses or accidents? Yes / No (if yes, please explain) \_\_\_\_\_

Has your child had any surgeries? Yes / No (if yes, please explain) \_\_\_\_\_

Does your child have any specific medical problems or physical limitations we should know about? Yes / No (if yes, please explain) \_\_\_\_\_

Does your child currently take any medications? Yes / No (if yes, please list) \_\_\_\_\_

### Authorization to Administer Non-Prescription Medication

I hereby authorize the school nurse or persons designated to administer medication to administer the following non-prescription items as needed by my child. **(Please initial in blanks for authorized medications.)**

\_\_\_\_ Acetaminophen (Tylenol)      \_\_\_\_ Ibuprofen      \_\_\_\_ Antacid

Topical and/or first aid items may be utilized by school personnel unless there is a specific objection by the parent/guardian. Please list any topical or first aid items that are **not** to be used. \_\_\_\_\_

**Students in grades 6-8:** Do you wish to be notified prior to administration of the above medicines? **Yes / No**  
(Yes means that if you cannot be reached your child will not receive medication. No means that your child will receive the above medication(s) at the discretion of school personnel..)

**Students in grades 9-12:** Students will receive the above medication(s) at the discretion of school personnel.

I hereby authorize the physician, surgeon or dentist to administer any emergency treatment, procedure or medicine necessary and advisable. I also authorize the use of an ambulance, if necessary, to transport my child. I further agree to pay for all services provided for my child. If this is not satisfactory, please list specific emergency instructions in the event that you cannot be reached. \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Louisiana Student Residency Questionnaire Form

Louisiana School District \_\_\_\_\_ School \_\_\_\_\_

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Where are you and your family currently staying? Check one box.

<b>Section A</b> <input type="checkbox"/> Rent/own my own home. <b>STOP:</b> If you rent/own your own home, sign under item 5 and submit form to school personnel.	
<b>Section B</b> <input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing. <input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult. <input type="checkbox"/> In a hotel/motel. <input type="checkbox"/> In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing. <input type="checkbox"/> In an emergency/transitional shelter. <input type="checkbox"/> Other <b>CONTINUE:</b> If you checked a box in Section B, complete the remainder of this form.	<b>For School Use Only:</b> <input type="checkbox"/> Doubled-Up <input type="checkbox"/> Doubled-Up/ Unaccompanied Youth <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Unsheltered <input type="checkbox"/> Sheltered <input type="checkbox"/> Unknown

2. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check One)  Yes  No

3. If you checked a box in Section B, your child/children may be eligible for additional educational services through Title I, Part A, Title I Part C-Migrant, or Title X, Part C- Federal McKinney-Vento Assistance Act.

Student(s) Name		S.S.#	M/F	D.O.B.	Grade	School Name
First	Last					

4. Would you like to be contacted by a member of the school system's Education for Homeless Children and Youth program staff?  Yes  No

5. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Area Code) Phone number \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*\*\*

**School Use Only**

- Free or Reduced Price Meals Form submitted/signed
- Referral Form completed/submitted

Print School Contact \_\_\_\_\_ Title \_\_\_\_\_ Signature (required) \_\_\_\_\_ Date \_\_\_\_\_ (Revised 4/06)