

**ENROLLMENT AND CONTACT INFORMATION**

Student: \_\_\_\_\_ Grade (2014-15): \_\_\_\_\_  
 Last Name First Name

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Shirt Size: \_\_\_\_\_

East Harlem Scholars Academy

East Harlem Scholars Academy II

_____ <b>Legal Parent/Guardian 1 Name</b>		_____ <b>Relationship</b>	
_____ Cell Phone	_____ Home Phone	_____ Work Phone	
_____ Address	_____ Apt.	_____ City	_____ Zip
_____ Email address			

_____ <b>Legal Parent/Guardian 2 Name</b>		_____ <b>Relationship</b>	
_____ Cell Phone	_____ Home Phone	_____ Work Phone	
_____ Address	_____ Apt.	_____ City	_____ Zip
_____ Email address			

List below the names of **5** people who can be called in case of **EMERGENCY**. The people listed will also be considered **AUTHORIZED ESCORTS** (must be at least **16 years of age**):

_____ Name	_____ Relationship	_____ Cell Phone	_____ Home Phone	_____ Work Phone
_____ Name	_____ Relationship	_____ Cell Phone	_____ Home Phone	_____ Work Phone
_____ Name	_____ Relationship	_____ Cell Phone	_____ Home Phone	_____ Work Phone
_____ Name	_____ Relationship	_____ Cell Phone	_____ Home Phone	_____ Work Phone
_____ Name	_____ Relationship	_____ Cell Phone	_____ Home Phone	_____ Work Phone

*\*Family members listed above as legal parents and guardians are automatically added to the authorized escorts list*

**The following person may NOT remove my child from the school: (Order of Protection must be on file)**

\_\_\_\_\_  
Name Relationship to child Paperwork submitted for file:  yes  no

**By signing below, I give East Harlem Scholars Academies permission to enroll my child, which will result in discharging him/her from the school in which he/she is currently enrolled:**

\_\_\_\_\_  
Signature of Legal Parent/Guardian Print Name of Legal Parent/Guardian \_\_\_\_\_  
 \_\_\_\_\_  
 Date

## MEDICAL INFORMATION

Please check off any medical conditions the student may have.

- Food Allergies (please list) \_\_\_\_\_
- Asthma
- Diabetes
- ADHD
- Seizure Disorder

Other conditions or health concerns (please list):

\_\_\_\_\_

\_\_\_\_\_

**Does/Did your child take medication?:**  Yes  No Type(s): \_\_\_\_\_

\* I understand that medication (prescription and over the counter) can only be administered once a **504 form** has been completed and accepted by the school nurse (initial here): \_\_\_\_\_

Does/Did your child wear glasses:  Yes  No

What type of medical insurance does your child have?

Private  Medicaid  HMO  Child Health Plus

Family Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **CONSENT FOR MEDICAL TREATMENT AND RELEASE OF MEDICAL INFORMATION**

I give my permission for the School Nurse to administer first aid as needed. I give my permission for the School Nurse to release medical information as appropriate, to involved school staff/faculty and to medical personnel on school related activities. In an urgent situation, every effort will be made to contact the parent and family physician IMMEDIATELY. In the event that neither can be reached promptly, I hereby give authority to the school to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I acknowledge that I must notify the school in writing of any changes to the information given on this form.

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

### **SPECIAL EDUCATION SERVICES**

Has your child previously been tested for special education services?

Yes  No

If Yes, which services were recommended?

- Speech and Language
- Counseling Services
- Physical Therapy
- Occupational Therapy
- CTT (Collaborative Team Teaching)
- Other, please specify (e.g. Hearing Services, SETSS, 12:1, 12:1:1): \_\_\_\_\_

*East Harlem Scholars Academies will not discriminate against any student, employee, or other person on the basis of national origin, ethnicity, gender, or disability or any other ground that would be unlawful if done by any other public school.*

**STUDENT RECORD RELEASE**

RELEASING/CURRENT SCHOOL

RECEIVING SCHOOL

\_\_\_\_\_  
School

**East Harlem Scholars Academies  
1573 Madison Ave.  
New York, NY 10029**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

*Parent, This form allows us to enroll your student at Scholars Academies and to transfer his or her records. **If this is your child's first school, you are not required to complete this form.***

Dear Sir or Madam:

My child will be attending East Harlem Scholars Academies in the fall. Please release the academic and health records to the above named receiving school. If applicable, please provide this school with a copy his/her special education records, including a copy of the IEP and corresponding records.

Student's Name	Date of Birth	Grade level during the 2013-14 school year

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

**To be completed by receiving school personnel:**

Was this child recommended for retention at the conclusion of the 2013-14 school year?

- yes
- no
- pending summer school

Signature of School official: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**NEIGHBORHOOD TRIP FORM**

I give my permission to let my son/daughter take part in all the East Harlem Scholars Academies neighborhood trips. Neighborhood trips will include walks to the fire department, police department, library, or other locations within a five block radius from the school. This form will be used for the current school year and until he/she is discharged from East Harlem Scholars Academies.

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

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

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

## **COMPUTERS, INTERNET, AND E-MAIL CONSENT FORM**

East Harlem Scholars Academies is pleased to offer students access to a computer network for electronic mail and the Internet. To gain access to e-mail and the Internet, all students must obtain parental permission as verified by the signatures on the form below. Should a parent prefer that a student not have e-mail and Internet access, use of the computers is still possible for more traditional purposes such as word processing. This form will be used for the 2012-13 school year and until your child is discharged from East Harlem Scholars Academies.

### **What is possible?**

Access to e-mail and the Internet will enable students to explore thousands of libraries, databases, museums, and other repositories of information and to exchange personal communication with other Internet users around the world. Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive. While the purposes of the school are to use Internet resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to students from access to the Internet in the form of information resources and opportunities for collaboration exceed the disadvantages. Parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information sources. Therefore, we support and respect each family's right to decide whether or not to apply for access.

### **What is expected?**

Students are responsible for appropriate behavior on the school's computer network just as they are in a classroom or on a school playground. Communications on the network are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with district standards and the specific rules set forth below. The use of the network is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. The students are advised never to access, keep, or send anything that they would not want their parents or teachers to see.

### **What are the rules?**

**Privacy** - Network administrators may review communications to maintain system integrity will insure that students are using the system responsibly.

**Storage capacity** - Users are expected to remain within allocated disk space and delete e-mail or other material, which take up excessive storage space.

**Illegal copying** - Students should never download or install any commercial software, shareware, or freeware onto network drives or disks, unless they have written permission from the Network Administrator. Students should not copy other people's work or intrude into other people's files.

Inappropriate materials or language—No profane, abusive or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. A good rule to follow is never view, send, or access materials which you would not want your teachers and parents to see. Should students encounter such material by accident, they should report it their teacher immediately.

**PARENT’S PERMISSION**

As a parent or guardian of a student at East Harlem Scholars Academies, I have read the above information about the appropriate use of computers at the school and I understand this agreement will be kept on file at the school. (Questions should be directed to the Director of Operations for clarification.)

- Yes. My child may use the Internet while at school according to the rules outlined.
- No. I would prefer that my child not use the Internet while at school.

**Parent’s Name** (print) \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent’s Signature** \_\_\_\_\_

**PARENT’S PERMISSION FOR THE PUBLICATION OF STUDENT WORK/PICTURES**

I understand that from time-to-time the school may wish to publish examples of student projects, photographs of students, and other work on the Internet.

- Yes. My child’s work and photographs can be published on the Internet.
- No. I would prefer that my child’s work and picture not be published on the Internet.

**Parent’s Name** (print) \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent’s Signature** \_\_\_\_\_

## FERPA PARENT SIGNATURE PAGE

The Family Educational Rights & Privacy Act (FERPA) *is a Federal law designed to protect the privacy of a student's education records. FERPA gives parents certain rights with respect to their children's education records.*

I have read the FERPA law that was issued to me by East Harlem Scholars Academies.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

East Harlem Scholars Academies Parent:

***The Family Educational Rights & Privacy Act (FERPA)*** is a Federal law designed to protect the privacy of a students' education records. FERPA gives parents certain rights with respect to their children's education records. Those rights include:

- Parents or eligible students have the right to inspect and review all of the student's education records maintained by the school. For records including information on more than one student, parents will be limited only to information pertaining to his/her child. Schools are not required to provide copies of materials in education records unless, for reasons such as great distance, it is impossible for parents or eligible students to inspect the records. Schools may charge a fee for copies.
- Student records or other identifiable information are maintained in a secure location to ensure confidentiality. Records that are no longer required or need to be disposed will be done so in a manner that ensures confidentiality and security.
- Parents and eligible students have the right to request that a school correct records believed to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record commenting on the contested information in the record.
- Generally, schools must have written permission from the parent or eligible student before releasing any information from a student's record. However, the law allows schools to disclose records, without consent, to the following parties:
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may also disclose, without consent, "directory" type information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special



letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.<sup>1</sup>

**Procedure for Accessing Student Records**

1. A parent may request to review his or her child's student file. Any person requesting to review a student file must request it in writing and submit it to the main office.
2. The Office Manager will review the request and determine whether to release the information to the requester. If the requester is not a parent or legal guardian, a *Consent for Release of Student Information* letter will be sent to the parent/guardian for permission. The parent is not required to give permission.
3. Once permission is granted to review a student's file, the requester must sign the *Record of Access* form in the student folder. If a student has an IEP, the requester must also sign the *Confidential File Access Log* form in the student folder.

**Procedure to Amend or Appeal Student Records**

1. If a parent or legal guardian believes the education records relating to the student contain information that's inaccurate, misleading, or in violation of the student's right to privacy, he or she may ask that the record be amended. Parents or legal guardian may express the appeal in writing to the director containing the following information:
  - a. Information that's claimed to be inaccurate, misleading, or in violation of the student's privacy rights;
  - b. Records in which the parent/legal guardian believes the information is contained;
  - c. Basis for the claim (i.e., why he/she believes the information is inaccurate, etc.);
  - d. The parent's/guardian's proposed change.
2. The Principal will review the request and make a determination within fifteen school days of receiving the letter. The Head of School will provide the parent/legal guardian with a written response to the request and explain the reason for his/her decision. If the action is warranted, the school may decide to remove, modify, or expunge the information in the record. Removing, modifying, or expunging an entry isn't an admission that the entry was improper or that any person acted improperly by including the entry on the record.
3. If the request is denied or no ruling is made in allotted time, the parent or guardian has the right to appeal the decision to the Board of Directors within twenty school days from the adverse ruling or failure to rule.
4. A hearing officer will be appointed by the Board of Directors. A hearing will be held within twenty school days after the parent/guardian files the request with the Board, and the parent will be given notice of date, place, and time of the hearing with sufficient advance notice.
5. A parent/guardian will be given the opportunity to present their appeal and may be assisted or represented by individuals of his or her choice or own expense. The hearing officer's decision must be based solely on the evidence presented at the hearing.
6. A written report containing a summary of the evidence and the reasons for the decision will be issued fourteen calendar days from the conclusion of the hearing. If necessary, the hearing officer will direct the principal to amend the records accordingly and inform the parent in

<sup>1</sup> For additional information or technical assistance, you may call (202) 260-3887 or TDD (202) 260-8956 or contact: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202-4605

writing. The hearing officer's decision will be final. If the parent doesn't agree with the decision, the parent has the right to place a statement in the record commenting on the contested information or stating why he/she disagrees with the decision of the hearing officer, or both.

If you have any questions regarding the procedure for accessing student records, please contact the school office at 212-348-2518

## TRANSPORTATION REQUEST FORM



**Please be advised:**

- You may only request **one** service. The Department of Education does not allow students to receive both Metrocards and yellow bus service.
- You must reside in **Manhattan** to be eligible for yellow bus service.
- You must live at least one half mile from East Harlem Scholars Academies to be eligible for transportation services
- Yellow bus often serves multiple schools on one route, so your scholar will likely be on a bus with other (much older) students from other schools.
- **East Harlem Scholars Academies only accommodates morning bus service. Students may not take the bus home in the evening.**
- Metrocard and yellow bus service are provided at the discretion of the Department of Education, and East Harlem Scholars Academies has little control over the routes that are created each year.

- I would like to request **yellow bus** service for my child.
- I would like to request a **Metrocard** for my child.
- I do not need** yellow bus service nor a Metrocard for my child.

Name of the Student \_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Date \_\_\_\_\_





## Residency Questionnaire

**Parent/Guardian/Student:**

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

**Note to schools/Temporary Housing Liaisons:** Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

Student Name			
Last	First	Middle	
OSIS #	Date of Birth MM/DD/YY	Gender	School

Please identify the student's current living arrangements. Please check one box:

Check (✓)	Residency Questionnaire Choice	School Use Only ATS Code
<input type="checkbox"/>	<b>Doubled-Up</b> With another family or other person because of loss of housing or as a result of economic hardship	<b>D</b>
<input type="checkbox"/>	<b>Shelter</b> Emergency or transitional shelter	<b>S</b>
<input type="checkbox"/>	<b>Awaiting Foster Care Placement</b>	<b>A</b>
<input type="checkbox"/>	<b>Hotel / Motel</b> Living in what is NOT an emergency or transitional shelter <b>and</b> involves payment	<b>H</b>
<input type="checkbox"/>	<b>Other Temporary Living Situation</b> Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	<b>T</b>
<input type="checkbox"/>	<b>Permanent Housing</b> Student who is living in a fixed, regular, and adequate housing situation	<b>P</b>

If the student is NOT living in permanent housing, also indicate if the below applies:

	School Use Only
<input type="checkbox"/>	<b>Unaccompanied Youth</b> Youth who is not in the physical custody of a parent or guardian
<b>Enter "Y" if applicable</b>	

\_\_\_\_\_  
Parent/Guardian Name (print)

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

\_\_\_\_\_  
Date

**Please return this form to your child's school as requested.**

**Note:** The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH) Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780.

**This form is accompanied by a one-page attachment titled,  
"McKinney-Vento Homeless Assistance Act – Students in Temporary Housing Guide for Parents & Youth."**

## The New York City Department of Education Parent/Guardian Home Language Identification Survey

*Dear Parent or Guardian,*

*In order to provide your child with the best education possible, we need to determine how well he or she understands, speaks, reads, and writes English. In order to keep you informed, we would also like to know your language preference when receiving important information from the school. Your assistance in answering the questions below is greatly appreciated.*

*Thank You*

TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL		
District:	Date:	
School:	Name of Student:	
Grade:	Class:	Student ID No.:
Relationship of person providing information for survey (check one):		
Mother <input type="checkbox"/>	Guardian <input type="checkbox"/>	
Father <input type="checkbox"/>	Other <input type="checkbox"/> (specify):	
If an interview is conducted, list interviewer's name and title or relationship.		
In what language?		
If an interpreter is provided, list name and position/relationship:		
Is the interpreter trained/qualified (e.g., bilingual teacher, Translation & Interpretation Unit staff)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Eligible for LAB-R testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Person determining LAB eligibility and signature:		
Lab Coordinator name and signature:		
OTELE ALPHA CODE:		
Program Placement: Transitional Bilingual Education <input type="checkbox"/>		
(Is this a transfer? Yes <input type="checkbox"/> No <input type="checkbox"/> )		
Dual Language <input type="checkbox"/>		
Freestanding ESL <input type="checkbox"/>		

**PART 1. LAB-R ELIGIBILITY:** This information will establish eligibility for the English Language Assessment Battery-Revised (LAB-R). (✓) the box that applies. If another language is used, please specify.

1. What language does the child <b>understand</b> ?		
English <input type="checkbox"/>	Other <input type="checkbox"/>	
2. What language does the child <b>speak</b> ?		
English <input type="checkbox"/>	Other <input type="checkbox"/>	
3. What language does the child <b>read</b> ?		
English <input type="checkbox"/>	Other <input type="checkbox"/>	Does not read <input type="checkbox"/>
4. What language does the child <b>write</b> ?		
English <input type="checkbox"/>	Other <input type="checkbox"/>	Does not write <input type="checkbox"/>

## The New York City Department of Education Parent/Guardian Home Language Identification Survey

5. What language is spoken in the child's home or residence <b>most of the time</b> ?	
English <input type="checkbox"/>	Other <input type="checkbox"/> :
6. What language does the child speak with parents/guardians <b>most of the time</b> ?	
English <input type="checkbox"/>	Other <input type="checkbox"/> :
7. What language does the child speak with brothers, sisters, or friends <b>most of the time</b> ?	
English <input type="checkbox"/>	Other <input type="checkbox"/> :
8. What language does the child speak with other relatives or caregivers (e.g., babysitters) <b>most of the time</b> ?	
English <input type="checkbox"/>	Other <input type="checkbox"/> :

**PART 2. INSTRUCTIONAL PLANNING:** Responses to these supplementary questions will be used for instructional planning. Enter the correct response for each of the following questions concerning your child.

1. Is this the first time the child has attended a school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF NO:	
Where did he/she go to school?	
How long did he/she attend school?	
Which language was used for instruction?	
2. Has the child attended school in <u>another country</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES:	
Where did he/she go to school?	
How long did he/she attend school?	
Which language was used for instruction?	
3. Did the child participate in any group experience prior to entering school (e.g., daycare, pre-school)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES: What language was used?	
4. Does the child use any other form(s) of communication, such as American Sign Language or Augmentative Communication Device (e.g., Communication Board-manual/electronic)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES: Which ones?	

**PART 3. PARENT INFORMATION:** Responses to these supplementary questions will be used so that the NYC Department of Education can communicate with you in the language of your choice.

1. In what language would you like to receive written information from the school?	
2. In what language would you prefer to communicate orally with school staff?	
Parent Signature	Date