

D'Arbonne Woods Charter School



2010-2011 Registration Packet

This packet of information must be completed and returned to *D'Arbonne Woods Charter School* for the student application to proceed. The application may be hand delivered to the school by 3:00 pm on March 25, 2010 or be postmarked by midnight of March 24, 2010.

Please complete each form in this packet in its entirety. If you have questions, we will be happy to assist you in any way possible.

Notification letters will be mailed to all parents/guardians of their child's acceptance or waiting list status. Those letters will be mailed following the April Admissions Committee Meeting. (This meeting date has not been set. Please check the website for additional information.) If students are accepted for the 2010-2011 school year, all applicable forms and records must be submitted in their entirety **BEFORE** the first day of school.

**D'Arbonne Woods Charter School
1104 Sterlington Hwy.
Farmerville, Louisiana 71241
318.368.8051 phone
318.368.8053 fax**

DWCS Student Registration Form

STUDENT INFORMATION <i>(please print clearly)</i>			
Last Name	First Name	Middle Name	
Home Address (include apt. #)	City	State	Zip Code
Social Security Number	Date of Birth	Gender	<i>Grade Entering 2010-2011</i>
Home Phone	Home Language	Ethnic Code	1 = Native American 2 = Black/African American 3 = Asian/ Pacific Islander 4 = Hispanic/Latino 5 = Caucasian/White
Student's Email Address	Country of Birth (If other than U.S.)		Date of Entry into U.S.
Student's Cell Phone (if applicable)	Last School Attended	Year	
List any Special Education Services that apply:		Parish / County of System	

PARENT/GUARDIAN INFORMATION <i>(please print clearly)</i>			
<u>Guardian 1</u> <i>Male Female</i> Last Name		First Name	
Relationship to student			
Home Address (include apt. #)	City	State	Zip Code
Home Phone	Business Phone	Cell Phone	
Email Addresses – REQUIRED INFORMATION			
<u>Guardian 2</u> <i>Male Female</i> Last Name		First Name	
Relationship to student			
Home Address (include apt. #)	City	State	Zip Code
Home Phone	Business Phone	Cell Phone	
Email Addresses – REQUIRED INFORMATION			

FOR OFFICE USE ONLY
_____ Entry Date
_____ Exit Date
_____ FARMS Status

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: _____

Birth date: _____

I give permission for my child (named above) to attend the events, field trips, and service projects associated with D'Arbonne Woods Charter School. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by D'Arbonne Woods Charter School.

Medical Release

I hereby authorize the DWCS administration and/or staff, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the administration and/or staff of DWCS to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult until such time that a parent/guardian arrives on scene. (*This is not a change in permanent custody of child.* This just allows a health facility (hospital/clinic) to release the child to DWCS staff while waiting for a parent/guardian to arrive.)

Activity Release

I further give permission for my child to participate in all supervised activities except as noted:

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s)

Street Address

City State Zip

Phone Numbers	Phone Type (Home, Mobile, etc.)

Parent(s)/Guardian(s) Email address(es)

Secondary Email address(es)

Other Emergency Contact(s)

Name(s) Relationship to Participant

Phone Numbers	Phone Type (Home, Mobile, etc.)

HEALTH CARE INFORMATION

Participant Name: _____

Physician

Dentist

Name

Name

Phone

Phone

Medical Insurance Company

Dental Insurance Company

Policy/Group Number

Policy/Group Number

Name of Policy Holder

Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in DWCS activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

Information provided on this form will be kept strictly confidential.

D'Arbonne Woods Charter School

Dear Parent/Guardian:

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: D'Arbonne Woods Charter School**

1104 Sterlington Hwy., Farmerville, LA 71241

- 2. Who can get free meals?** Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
- 3. Can homeless, runaway and migrant children get free meals?** Please call 368-8051 to see if your child(ren) qualify, if you have not been informed that they will get free meals.
- 4. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
- 5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at **368-8051** if you have questions.
- 6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 9. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Corie Williams, Executive Director DWCS, 1104 Sterlington Hwy., Farmerville, LA, 71241.**
- 10. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 11. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 12. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 13. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call 318-368-8051.

Si necesita ayuda, por favor llame al teléfono: 318-368-8051.

Si vous voudriez d'aide, contactez nous au numero: 318-368-8051].

Sincerely,

D'Arbonne Woods Charter School
Corie Williams, Executive Director

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TANF, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a Food Stamp or TANF case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].

Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay.

Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income:* List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART			
For School Year 2008-2009			
Household size	Yearly	Monthly	Weekly
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
Each additional person:	6,660	555	129

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In

accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.
 Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Social Security Number: ____ - ____ - _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities: Mark one ethnic identity:

Asian American Indian or Alaska Native Hispanic or Latino
 White Native Hawaiian or Other Pacific Islander Not Hispanic or Latino
 Black or African American Other

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____ Reason: _____

Temporary: Free ____ Reduced ____ Time Period: _____ (expires after ____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

AUTHORIZATION FORM TO RELEASE SCHOOL RECORDS

We, the undersigned, grant authority to officials of the ***D'Arbonne Woods Charter School*** to obtain our child's (or children's) school and health records. We understand that the information is confidential and is to be kept secure in cumulative folders at the D'Arbonne Woods Charter School.

Please check whether your child is a Regular Education or a Special Needs child.

Child's Name	Entering Grade	School Transferring From	Regular Ed	Special Ed

Signature of Parent or Guardian:

Parent Signature

Date

Records should be sent to the following address:

***D'Arbonne Woods Charter School
1104 Sterlington Hwy.
Farmerville, LA 71241
Phone: 318-368-8051
Fax: 318-368-8053***

Please note: If your child has been classified as a Special Needs student and has received Special Education services, the school will not usually release those records except to a Special Education Supervisor. A letter will follow this one asking your permission to release your child's Special Education records.

Published Student Information Release Form

Student Name _____

Teacher's Name/Grade _____

I give permission for the above named student's full name, photograph, and works (arts, written papers, voice, verbal statements, etc.) to appear on the D'ARBONNE WOODS CHARTER SCHOOL'S internet website, newsletter, yearbook, or bulletin boards. I also give permission for my student's full name, photograph and/or works to appear in the Gazette, Bernice Banner, and/or the News Star print copies and online newspapers.

Parent/Legal Guardian (please print) _____

Signature _____

Address _____

Phone _____

Date _____



FOR OFFICE USE ONLY

Grade: _____

Teacher: _____

Year: 2010 - 2011

Home Language Survey

In order for DWCS to provide appropriate language instructional programs for all our students, we ask that all parents complete the survey below. If you need additional help completing this survey, please contact your child's teacher and we will provide assistance.

Student's Name: _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English?

Yes No

If yes, specify language(s): _____

3. What language(s) is/are spoken in your home? _____

4. Has the student attended any United States school in any 3 years during his/her lifetime?

Name of School	State	Dates Attended
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): _____

Parent/Guardian Signature: _____

*The school has the responsibility under federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school in the future.