



Enrollment Checklist

Student Name: _____ Grade: _____
Teacher: _____ Room: _____
Sibling's Name: _____ Grade: _____

Enrollment Form

Transportation Form 372

Emergency Contact

Release Form Copy of Student Records

Home Language Survey

Photograph/Video Tape Permission

Federal Ethnicity and Race Form

Volunteer Application

Parental Involvement Summary

Parent(s)/Guardian(s) must submit the following documents:

Birth Certificate

Immunization Records

Last Report Card

Proof of Residency (Lease and a Bill) (2)

Photo ID of Parent/Guardian

Received By: _____ Date: _____



Lehigh Valley Dual Language Charter School
Charter School Student Enrollment Notification Form
lvdlcs.org



Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.

For School Year 2024-2025

Name of Charter School: Lehigh Valley Dual Language Charter School

Address: 675 East Broad Street

Bethlehem, Pennsylvania 18018

Charter School Contact Person: Anabel Perez

Telephone: 484-684-8842 **Email Address:** aperez@lvdlcs.org

I. Student Information:

Last Name: _____ **First Name:** _____ **MI:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____ **Telephone:** _____

Mailing Address (If Different From Home Address) _____

City: _____ **State:** _____ **Zip Code:** _____

Date Of Birth: _____ **Age:** _____ **Gender:** _____

II. School District of Residence and Former School Information

School District of Residence: _____

Former School Information (Other Than Pre-School):
_____ **Public School** _____ **Charter School** _____ **Home School** _____ **Nonpublic School**

_____ **Student Not Enrolled in School Preceding Enrollment in Charter School Because:**
_____ **Entering Kindergarten** _____ **Re-Enrolling Dropout** _____ **Other** _____

Name of Former School: _____

Address of Former School: _____

Previous Grade: _____ **Withdrawal Date From Former School:** _____

Was Your Child Receiving Special Education Services Based On An Iep? _____ **Yes** _____ **No**

If Yes, Do You Have The Child's Special Education Records (Iep)? _____ **Yes** _____ **No**

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Charter School Student Enrollment Notification Form
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III. Parent/Guardian Information:

Child Lives With: _____ Both Parents _____ Both Parents Alternately _____ Mother Only _____ Father Only
_____ Legal Guardian _____ Foster Parents _____ Other Adult _____
Special Custodial Court Instructions:
(If Yes, Please Provide a Copy of Court Order.) _____ Yes _____ No

Complete Parent/Guardian Name and Address Information As Applicable

Father's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

Mother's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

If The Student Is Not Living With Parents, Please Complete This Section.

_____ Guardian's Name Or _____ Foster Parent's Name Or _____ Other Adult Name
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school. My signature also certifies that my child is not, and will not be enrolled in another public school, a nonpublic or a private school at the same time he or she is enrolled in this charter school.

Signature of Parent/Guardian: _____ Date: _____

IV. To Be Completed By Charter School:

Verification of Date of Birth: _____ Birth Certificate _____ Other _____
Proof of _____ Mortgage _____ Utility _____
Residency _____ Statement _____ Lease _____ Bill _____ Other _____
Official Enrollment Date: _____ Anticipated Date of Attendance: _____
Grade Student Is Entering: _____

Signature of Charter School Representative: _____



REQUEST FOR TRANSPORTATION UNDER ACT 372

Charter/Non-Public School Students

2024/2025 School Year

(Please complete a separate form for each student requiring bus transportation)

Student Name: _____	
Birthdate: _____	Grade: _____
Name of Charter/Non-Public School: _____ Lehigh Valley Dual Language Charter School	
Address of Charter/Non-Public School: _____ 675 E Broad St. Bethlehem, PA 18018	
<input type="checkbox"/> <u>Change of Home Address</u>	
Student's Home Address: _____ _____	
Guardian Information:	
<u>Guardian #1</u> Name: _____	
Home Phone: _____	Cell Phone: _____ Work Phone: _____
<u>Guardian #2</u> Name: _____	
Home Phone: _____	Cell Phone: _____ Work Phone: _____
Transportation Requested: _____ YES _____ NO _____ Emergency Only	
Daily Transportation Requested: _____ AM only _____ PM only _____ AM & PM	
Emergency Contacts: <i>(Other than Parent/Guardian)</i>	
Name: _____	Phone #: _____
Name: _____	Phone #: _____
_____	_____
Parent(s) Signature	Date

Administration Only:

Allentown School District Approval: _____

Date: _____

Dear Parent/Guardian:

SCHOOL YEAR: 2024 - 2025

According to Pennsylvania Law, nonpublic school children are entitled to transportation to nonpublic schools as follows:

1. A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident nonpublic school students according to the nonpublic school calendar.
2. Transportation for nonpublic school students must be provided to and from the nonpublic school in which the student is enrolled, even if the nonpublic school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries. (Note: This distance may be in excess of 10 miles from student's home.)
3. A district may transport children who live along hazardous routes even though the children live within walking distance of the school.

If you think you are eligible for transportation and desire it for the next school year, please complete the request form below and return it to your child's school as soon as possible.
Thank you!

REQUEST FOR TRANSPORTATION UNDER ACT 372

(A separate form for each child must be completed annually for continued transportation services for all nonpublic school students.)

1. Name of student: _____ Date of Birth: _____

2. Address: _____ Grade Entering: _____

_____ Male or Female: _____

3. Name of Non-Public School attending: Lehigh Valley Dual Language Charter School

4. The above named student lives approx. _____ miles from the nonpublic school he/she will be attending.

EFFECTIVE ENTRANCE DATE: _____

5. Name of Public School District (in which child resides): Bethlehem Area SD

6. Please indicate the following (Check A or B):

☐ A. **I DO NOT** request transportation at this time. Student will drive or is parent transport to/from school.

☐ B. **I DO** require Transportation at this time (Please check all that apply) ☐ AM ☐ PM ☐ Both

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

Parent/Guardian 1 Information

Parent/Guardian 2 Information

Name (Please Print):

Home Phone:

Work Phone:

Cell Phone:

Email:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Emergency Contact Names & Phone Numbers (other than parents/guardians):

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

PLEASE NOTE: A child must be withdrawn from Public School and officially enrolled in NonPublic School in order for Transportation to begin. Act 372 forms are obtained at the NonPublic schools in order to initiate/verify enrollment.

Lehigh Valley Dual Language Charter School

EMERGENCY/CONTACT PERMISSION



I understand that providing current emergency contact information is critical to the safety and well-being of my child. My signature on this form certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information or myself, and my emergency contacts, within 24 hours of any change to the school administrative assistant/secretary and my child's classroom teacher(s).

Name of Child: _____ Age: _____ Date of Birth: ____ / ____ / ____

Address: _____ City: _____ State: _____ Zip: _____
Street Name and Number Apt#

Home Phone: _____ Cellular Phone: _____ Emergency Phone: _____

Mother/Guardian: _____ Phone: _____ Address: ☐ Check if same above

Address if different from above: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

Father/Guardian: _____ Phone: _____ Address: ☐ Check if same above

Address if different from above: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

Local Emergency Contacts: Adults (18 years or older) who may be contacted in the event of an emergency and to whom child may be released to:

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

I hereby give permission to the staff of the LVDL Charter School to secure emergency medical treatment for the above named child while under their supervision:

Name of Child's physician or health clinic: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ After Hours Emergency Number: _____

Hospital Preferred for Emergency Treatment: _____

Health Insurance Policy Name and Number: _____

Please list any special services your child has received in the past 3 years: _____

List any medical condition or surgery your child has: _____

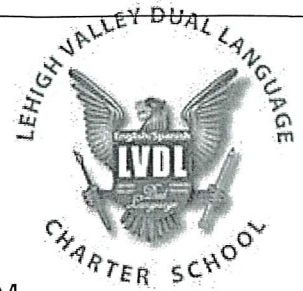
Please list medication and dosages your child takes: _____

Please list all allergies: _____

In the event that medical treatment is required, I give consent for my child to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. LVDLCS WILL NOT transport my child to the nearest medical facility. In the event that I cannot be contacted and if my designated emergency contact is not available, I understand and agree that LVDLCS will telephone 911 for emergency medical assistance.

Parent/Guardian Signature: _____ Today's Date: ____ / ____ / ____

Lehigh Valley Dual Language Charter School
Release Form for Copy of Students Records



Child's Name: _____ Date of Birth: _____ Sex ☐ F ☐ M

Parent/Guardian's Name: _____ Telephone Number _____

I hereby give permission a copy of my child's cumulative record to be sent from:

Name of Former School

Street Address of Former School

City _____ State _____ Zip _____

Phone Number of Former School

Send a copy of the cumulative record including the following student files

- Most recent report card
- Assessment Records
- Evaluation Reports
- Individualized Education Plan (IEP if applicable)
- Behavior Management Plan (if applicable)
- Immunization Records
- ESL Records (WIDA, W-APT, Monitoring if Applicable)

Please send copies via mail or fax to:
Lehigh Valley Dual Language Charter School
675 E Broad St
Bethlehem, PA 18018
Telephone Number: 610-419-3120
Fax Number: 610-419-3968

Parent Signature _____ Date _____

Lehigh Valley Dual Language Charter School
HOME LANGUAGE SURVEY*



The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: *Bethlehem Area School District* Date: _____
School: *Lehigh Valley Dual Language Charter School*
Student's Name: _____ Grade: _____ District: _____
Students' Date of Birth: _____

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

2. Does the student speak a language(s) other than English?
(Do not include languages learned in school.) _____ Yes No

If yes, specify the 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? Yes No

If YES, complete the following:

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

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

Parent/Guardian signature: _____

LVDLCS PERSONNEL must complete this section

If any answer indicates a language other than English this student *MUST* be referred to the CLA Office, Principal or Designee must call CLA at 610-865-7880 for an appointment for language assessment and/or to clarify any questionable responses.

Child referred for English Language Assessment ____ Yes ____ No Test Date/Time

Comments:

Form completed by: _____

Lehigh Valley Dual Language Charter School
Photography/Videotape Permission



Dear Parent:

From time to time the school records student activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and/or videotapes may be used for advertising purposes to promote enrollment at our school or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following:

☐ I do give permission for my child to be photographed/videotaped and the resulting photograph/videotape to be used and displayed within the school as well as, to be used for public display and/or published for the benefit of the school.

☐ I do not give permission for my child to be photographed/videotaped and the photographs/videotape to be publicity displayed and/or published.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally and or externally as explained in the example above.

Please Print:

Students Name: _____ Grade: _____

Parent/Guardian Name: _____

Sign Below:

_____/_____/_____
Parent/Guardian Signature Date Signed

Lehigh Valley Dual Language Charter School

FEDERAL ETHNICITY AND RACE FORM



675 E Broad Street, Bethlehem PA, 18018 / Phone 610-419-3120 / Fax 610-419-3968

Each year the Pennsylvania Department of Education (PDE) requires the School District to complete a report which sorts data on all students by grade, homeroom, age and ethnic/race categories. Under the new guidelines provided by the U.S. Department of Education schools are required to collect the race/ethnic data by using the following two question format. Please answer the first question by choosing a Yes or No answer, the second question asks you to select an ethnic/racial group that best describes your child's ethnic/racial background.

Student's Name: _____ Grade: _____ Date of Birth: _____

1) Is the child Hispanic/Latino/Spanish? _____ Yes _____ No

(Hispanic Latino means a person of Cuban, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

_____ The federal government considers "Hispanic/Latino" to be an ethnicity, not a race. That is why Hispanic/Latino is not listed as a race identification category.

2) If applicable, please select one or more races from the following five racial groups that would best describe your child's ethnic/racial background:

_____ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.

_____ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **Black or African American:** A person having origins in any of the black racial groups in Africa.

_____ **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **White:** A person having origins in any original peoples of Europe, the Middle East or North Africa.

Parent's Signature: _____ Date: _____

Lehigh Valley Dual Language Charter School

675 E Broad St - Bethlehem, PA 18018 - 610-419-3120 - Office Fax 610-419-3968

Lehigh Valley Dual Language Charter School

Volunteer Application
(25 HOURS REQUIRED PER FAMILY)



Parent Name: _____
First Middle Last

Date of Birth: _____ Gender: _____ Male _____ Female

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Evening Phone: _____ E-mail: _____

Please check one:

____ Parent/Guardian ____ Grandparent/Relative ____ Community Member

____ School Student ____ Other (Specify) _____

If you have children attending LVDLCS please list below:

Child (rens) full name(s)	Grade	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____

Days/Times of the week I can serve are:

State Required Clearances to Volunteer:

1. FBI Clearance

2. Child Abuse Clearance

3. Finger Printing Clearance – This clearance is needed if you have NOT been a resident of the state of Pennsylvania for the last ten years.

Signature: _____ Date: _____

Lehigh Valley Dual Language Charter School

Parental Involvement Summary



Childs Name _____

Date of Birth (mm/dd/yyyy) _____

Grade Level _____

☐ M ☐ F

Parent/Guardian's Name _____

Telephone Number _____

Please indicate how you wish to support the school's effort so that your child will succeed:

- ☐ I will read to my child every day.
- ☐ I will sign and make sure that all homework is completed.
- ☐ I will send my child to school on time and prepared to learn.
- ☐ I will come to see my child's teacher on Open School Conference days to pick up and discuss my child's report card.
- ☐ I will immediately communicate any concerns I may have regarding my child's report card.
- ☐ I will respond promptly to any school communication and I will notify the school immediately, in writing, if my address or telephone change.
- ☐ I will establish a reasonably limited schedule of television viewing for my child.
- ☐ I will attend as many meetings as I possibly can.
- ☐ I am interested in being a member of the Executive Board of the Parent Association.
- ☐ I will volunteer at least 25 hours to the school in the following areas:

- | | |
|---|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Class Assistant | <input type="checkbox"/> PTA |
| <input type="checkbox"/> Reading to a Class | <input type="checkbox"/> Making Books |
| <input type="checkbox"/> Discuss my Cultural Heritage | <input type="checkbox"/> Bus Stop ___AM ___PM |
| <input type="checkbox"/> Talking about Job/Career | <input type="checkbox"/> Chaperoning Class Trips |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Extended Day Program |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Wellness Committee |

Days I prefer to volunteer: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Hours I prefer to volunteer: _____

Parent/Guardian Signature _____

Date _____



Please complete the survey below. This information is required for our Title I program. This survey does not affect your child's participation in our school-wide free lunch program. Thank you in advanced for your cooperation.

Family Survey

1. Using your household size- Is your family's income the same or less than the amount shown below?

Yes _____ No _____

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2024- June 30, 2025)

Household Size	Annual Salary
1	\$27, 861
2	\$37, 814
3	\$47, 767
4	\$57, 720
5	\$67, 673
6	\$77, 626
7	\$87, 579
8	\$97, 532

Student Name: _____

Military Service: Yes _____ No _____



Favor de completar la siguiente encuesta. Esta información es requerida por el Programa de Título I. Esta encuesta no afecta la participación de su hijo en nuestro programa de almuerzo gratis para toda la escuela.

Encuesta Familiar

1. Utilizando el tamaño de su núcleo familiar; ¿es el ingreso en su casa igual o menor que la cantidad reflejada abajo?

Sí: _____

No: _____

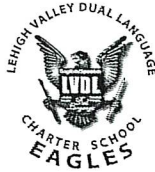
GUIA DE ELEGIBILIDAD BASADA EN EL INGRESO

(Efectivo desde 1 de julio de 2024 – 30 de junio de 2025)

Núcleo Familiar	Salario Annual
1	\$27, 861
2	\$37, 814
3	\$47, 767
4	\$57, 720
5	\$67, 673
6	\$77, 626
7	\$87, 579
8	\$97, 532

Nombre del Estudiante: _____

Servicio Militar: Si _____ No _____



Student Name: _____

Date: _____

Parent / Guardian Code of Conduct

Purpose and Scope

The purpose of the Parent/Guardian Code of Conduct is to provide a mutual understanding to all parents/guardians and visitors to our school about conduct expectations while on school property, at school district events and when interacting with school employees and/or students. The Parent/Guardian Code of Conduct also applies to off-campus/virtual learning and after-hours (including weekends) behavior if the incident impacts the school community.

General Propositions

We expect parents/guardians and visitors to have a fundamental understanding and commitment to the following general propositions:

- Teachers, administrators and parents/guardians want all children to succeed
- Teachers, administrators and parents/guardians must work together for the benefit of the community
- All parents/guardians and visitors, as well as all members of the school community, deserve to be treated with respect
- The school requests it be provided an opportunity to resolve issues of concern before public criticism

Prohibited Behaviors

In order to provide a peaceful and safe school environment, the school prohibits the following behaviors by parents/guardians and visitors:

- Abusive, threatening, profane or harassing communication, either in person, by e-mail or text/voicemail/phone or other written or verbal communication
- Disruptive behavior that interferes or threatens to interfere with school operations, including the effective operation of a classroom, an employee's office or duty station, school lobby, or school grounds, including parking lots and car-pickup
- Threatening to do bodily harm to a student, school employee, visitor, fellow parent/guardian or
- Threatening to damage the property of a student, school employee, visitor, fellow parent/guardian or student.
- Damaging or destruction of school property
- Violation of any federal or state statute, local ordinance, or Board policy while on school property or while at a school function
- Excessive unscheduled campus visits, e-mails, text/voicemail/phone messages or other written or oral communications
 - School staff and administration may not always be immediately available to speak with you. The only way to *ensure* that you are able to speak with a staff member or administrator is to schedule an appointment. Staff and administrators have a practice of attempting to return all phone calls/e-mails within 24 hours



with great success. Your calls and visits will be responded to consistently with this practice if someone is not immediately available to speak with you.

- False and offensive or derogatory comments regarding the school or school staff made publicly to others.
- We request that any concerns that you may have regarding School matters be brought to the Administration so they can be dealt with fairly, appropriately, and effectively for all
- This includes use of any social media medium, including but not limited to: websites, blogs, wikis, social networking sites such as Google+, Facebook, Instagram, Snapchat, LinkedIn, and Twitter

Consequences

Depending upon the severity of the incident, parents/guardians or visitors may be ejected from or otherwise banned from campus and participation in school sponsored events. School Administration may decide, in situations involving lesser infractions or where remediation is viable, a warning will be provided, either verbal or in writing, prior to the filing of trespass and issuance of a formal ban. Should a parent/guardian or visitor fail to heed the direction issued in the warning, a ban or other restrictions designed to deter the conduct will follow. No restriction, however, will prevent the parent/guardian from working collaboratively with the school to meet the child's educational needs, nor will a parent/guardian be excluded from a child's IEP meeting.

Parent/Guardian Signature

Parent/Guardian Signature

Parent/Guardian Signature



Nombre del estudiante: _____ Fecha: _____

Código de conducta para padres/madres/tutores

Propósito

El propósito del Código de Conducta para padres/madres/tutores es ofrecer información específica que les proporcione entendimiento sobre las expectativas de conducta de nuestra escuela mientras están en la propiedad de esta, en los eventos del distrito escolar y al interactuar con los empleados y / o estudiantes de la escuela. El Código de Conducta para padres/madres/tutores también se aplica al aprendizaje fuera del campus / virtual y al comportamiento fuera del horario de atención (incluidos los fines de semana) si el incidente afecta a la comunidad escolar.

Expectativas Generales

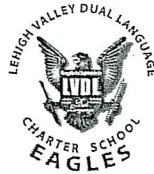
Esperamos que los padres/madres/tutores y visitantes tengan una comprensión fundamental y un compromiso con las siguientes proposiciones generales:

- Los maestros, administradores y padres/madres/tutores quieren que todos los estudiantes tengan éxito.
- Los maestros, administradores y padres/madres/tutores deben trabajar juntos para el beneficio de la comunidad.
- Todos los padres/tutores y visitantes, así como todos los miembros de la comunidad escolar, merecen ser tratados con respeto.
- La escuela solicita que se le brinde la oportunidad de resolver temas de preocupación ante la crítica pública.

Comportamientos No Aceptados

Con el fin de proporcionar un ambiente escolar pacífico y seguro, la escuela prohíbe los siguientes comportamientos por parte de los padres /madres/ tutores y visitantes:

- Comunicación abusiva, amenazante, profana o acosadora, ya sea en persona, por correo electrónico o texto / correo de voz / teléfono u otra comunicación escrita o verbal.
- Comportamiento perturbador que interfiere o amenaza con interferir con las operaciones de la escuela, incluido el funcionamiento efectivo de un aula, la oficina o el lugar de destino de un empleado, el vestíbulo de la escuela o los terrenos de la escuela, incluidos los estacionamientos y la recogida de automóviles.
- Amenazar con causar daño corporal a un estudiante, empleado de la escuela, visitante, compañero de padre/madre/tutor.
- Amenazar con dañar la propiedad de un estudiante, empleado de la escuela, visitante, compañero padre/madre/tutor o estudiante.
- Daño o destrucción de la propiedad escolar.
- Violación de cualquier estatuto federal o estatal, ordenanza local o política de la Junta mientras se encuentra en la propiedad de la escuela o mientras está en una función escolar



- Visitas excesivas no programadas al campus, correos electrónicos, mensajes de texto / correo de voz / teléfono u otras comunicaciones escritas u orales.
 - Es posible que el personal y la administración de la escuela no siempre estén disponibles de inmediato para hablar con usted. La única manera *de asegurarse* de que puede hablar con un miembro del personal o administrador es programar una cita. El personal y los administradores tienen la práctica de intentar devolver todas las llamadas telefónicas / correos electrónicos dentro de las 24 horas con gran éxito. Sus llamadas y visitas serán respondidas de manera consistente con esta práctica si alguien no está disponible de inmediato para hablar con usted.
- Comentarios falsos y ofensivos o despectivos con respecto a la escuela o el personal de la escuela hechos públicamente a otros.
- Solicitamos que cualquier inquietud que pueda tener con respecto a los asuntos escolares se presente a la Administración para que puedan tratarse de manera justa, apropiada y efectiva para todos.
- Esto incluye el uso de cualquier medio de redes sociales, incluidos, entre otros: sitios web, blogs, wikis, sitios de redes sociales como Google, Facebook, Instagram, Snapchat, LinkedIn y Twitter.

Consecuencias

Según la gravedad del incidente, los padres/ madres/ tutores o visitantes pueden ser expulsados del campus y quedar prohibida la participación en eventos patrocinados por la escuela. La Administración Escolar puede decidir, en situaciones que involucren infracciones menores o donde la remediación sea viable, se proporcionará una advertencia verbal o por escrito, antes de la presentación de la instrucción y la emisión de una prohibición formal. Si un padre/madre/tutor o visitante no presta atención a la instrucción emitida en la advertencia, se aplicará una prohibición u otras restricciones diseñadas para disuadir la conducta. Sin embargo, ninguna restricción impedirá que el padre/tutor trabaje en colaboración con la escuela para satisfacer las necesidades educativas del estudiante, ni se excluirá a un padre/madre/tutor de la reunión del IEP de su niño (a).

Firma del padre/madre/tutor

Firma del padre/madre/tutor

Firma del padre/madre/tutor

*ESTE FORMULARIO DEBE SER FIRMADO Y DEVUELTO A LA ESCUELA