

## 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  
lvdcls.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 2023-2024

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@lvdcls.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: \_\_\_\_\_

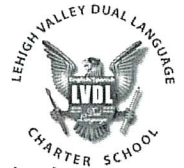
Address of Former School: \_\_\_\_\_

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

# 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.

### 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 Residency \_\_\_\_\_ Mortgage Statement \_\_\_\_\_ Lease \_\_\_\_\_ Utility Bill \_\_\_\_\_ Other \_\_\_\_\_  
Official Enrollment Date: \_\_\_\_\_ Anticipated Date of Attendance: \_\_\_\_\_  
Grade Student Is Entering: \_\_\_\_\_

Signature of Charter School Representative: \_\_\_\_\_

Dear Parent/Guardian:

SCHOOL YEAR: 2023-2024

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



ALLENTOWN SCHOOL DISTRICT TRANSPORTATION REQUEST

(Distribute to Parents of Qualifying Students Needing Transportation)

School Name: Lehigh Valley Dual Language Charter School School Year: 2023-2024
School Street Address: 675 E Broad St City: Bethlehem State: PA Zip: 18018
School Phone #: 610-419-3120 School Fax #: 610-419-3968 Email: aperez@lvdlds.org

Dear Parent,

According to Pennsylvania Law, students are entitled to transportation as follows:

- 1. Charter Schools - A District must provide transportation for resident public school students who attend charter schools and reside 1.5 miles or more walking distance from home to school for elementary students (Grades K-5) and 2.0 miles or more walking distance from home to school for secondary students (Grades 6-12).
2. Transportation for students who qualify by walking distance must be provided transportation to and from the charter school in which the student is enrolled, even if the school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries.

If you think you meet the qualifications and are requesting transportation, please complete the required information below and return this form to your school promptly. Form must be complete and signed by parents. Incomplete forms and forms without signature will not be accepted. The District will review and verify all information and will determine if the student is eligible for transportation.

\*\*\*\*\*DO NOT DETACH THE UPPER PORTION OF FORM\*\*\*\*\*

Date
Name of Child Birthdate / / Grade
Home Address
Name of public school district in which child resides Allentown School District

Mother's Information

Father's Information

Name
Home Phone #
Cell Phone #
Work Phone #
Parent(s) Signature

Emergency Contact Name and Phone Number (other than parent)

Name Phone

Administration Only

Allentown School District Approval: Date:
ASD Verify Miles from School: Address Verification: Date:

# 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: \_\_\_\_\_

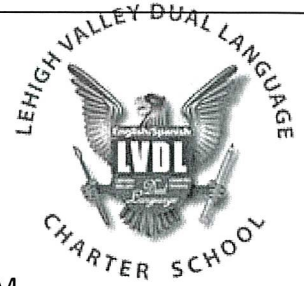
Please list medication and dosages your child takes: \_\_\_\_\_

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.

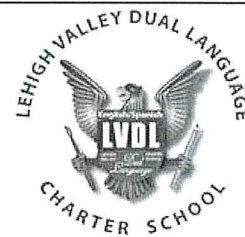
\_\_\_\_\_ **White:** A person having origins in any original peoples of Europe, the Middle East or North Africa.

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 |
|---------------------------|-------|---------|
| _____                     | _____ | _____   |
| _____                     | _____ | _____   |
| _____                     | _____ | _____   |

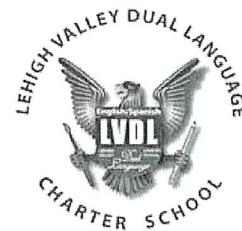
Days/Times of the week I can serve are:

\_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_



Lehigh Valley Dual Language Charter School  
675 E. Broad St Bethlehem PA 18018  
Tel. 610-419-3120 / Fax 610-419-3968



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, 2022- June 30, 2023)

| Household Size | Annual Salary |
|----------------|---------------|
| 1              | \$23,607      |
| 2              | \$31,895      |
| 3              | \$40,183      |
| 4              | \$48,471      |
| 5              | \$56,759      |
| 6              | \$65,047      |
| 7              | \$73,335      |
| 8              | \$81,623      |

Student Name: \_\_\_\_\_

Military Service: Yes \_\_\_\_\_ No \_\_\_\_\_

Lehigh Valley Dual Language Charter School  
675 E. Broad St Bethlehem PA 18018  
Tel. 610-419-3120 / Fax 610-419-3968



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?

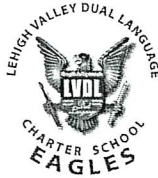
Sí: \_\_\_\_\_ No: \_\_\_\_\_

### GUIA DE ELEGIBILIDAD BASADA EN EL INGRESO (Efectivo desde 1 de julio de 2022 – 30 de junio de 2023)

| Núcleo Familiar | Salario Annual |
|-----------------|----------------|
| 1               | \$23,607       |
| 2               | \$31,895       |
| 3               | \$40,183       |
| 4               | \$48,471       |
| 5               | \$56,759       |
| 6               | \$65,047       |
| 7               | \$73,335       |
| 8               | \$81,623       |

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.

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Parent/Guardian Signature

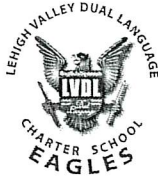
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Parent/Guardian Signature

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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).

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Firma del padre/madre/tutor

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Firma del padre/madre/tutor

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Firma del padre/madre/tutor

\*ESTE FORMULARIO DEBE SER FIRMADO Y DEVUELTO A LA ESCUELA