

Laboratory Charter School

Kindergarten Enrollment Packet

2017-2018

Due: June 20, 2017



An award winning multi-lingual education for every child!

The Laboratory Charter School of Communication and Languages



Administrative Office 5901 Woodbine Avenue, Philadelphia, Pa 19131

◆Phone: 215-879-1800 ◆Fax: 215-452-5588

Student Checklist: 2017-2018
Required items for entering school

Student Name _____ Grade: _____ Start Date: _____

MEDICAL:

_____ IMMUNIZATION RECORDS
_____ PHYSICAL FORM

NOTES:

ENROLLMENT:

_____ Admission Application
_____ Birth Certificate
_____ Emergency Form
_____ Home & Language Survey
_____ Enrollment Form (State)

PROOF OF RESIDENCY:

_____ Deed or Real Estate Tax Bill
_____ Lease (check name and address Signature)
_____ Driver License
_____ Photo ID
_____ Utility Bill
_____ Bank Statement
_____ Residency Affidavit Notarized
(if applicable)

MISCELLANEOUS:

_____ Custody Order (if any)
_____ Protection from Abuse (if any)

COMMENTS:

Charter School Student Enrollment Notification Form

For School Year 2017-2018

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

Name of Charter School: The Laboratory Charter School
Address: 5901 Woodbine Ave.
Philadelphia, PA 19131
Charter School Contact Person: _____
Telephone: 215-452-5580 Email Address: _____

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: _____

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

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 school 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: _____

LABORATORY CHARTER SCHOOL OF COMMUNICATION AND LANGUAGES

Emergency Information Form

Formulario de informacion de emergencia

Student Name/Nombre del estudiante: _____ D.O.B. _____

Home Address/ Domicilio: _____
House Number Street City State Zip Code

Home Number/Numero de la casa: _____ Cell Number/El numero de celulas: _____

Father's Name/El nombre del padre: _____ Employer's #/Numero de empleador: _____

Employer's Name/El nombre del empleador: _____ Occupation/Ocupación: _____

Employer's Address/Dirección de empleador: _____

Mother's Name/Nombre de madre: _____ Employer's #/Numero de empleador: _____

Employer's Name/Nombre de empleador: _____ Occupation/Ocupación: _____

Employer's Address/Dirección de empleador: _____

Student's Physician/El médico del estudiante: _____ Phone#/Numero: _____

Emergency Contact #1/Contacto de emergencia 1: _____

Relationship to Child/Relación con el niño: _____ Phone #/Numero: _____

Emergency Contact #2/Contacto de emergencia 2: _____

Relationship to Child/Relación con el niño: _____ Phone #/Numero: _____

Emergency Contact #3/Contacto de emergencia 3: _____

Relationship to Child/Relación con el niño: _____ Phone #/Numero: _____

***Note: Children will be released only to parents/guardians listed above and to the identified Emergency Contacts. Please be certain that your Emergency Contacts can pick up your child in the event of a snow closing or other emergency. Los niños solo se liberara a los padres/tutores que aparecen en este forma. Por favor, estar seguros de que sus contactos de emergencia pueden recoger a su hijo en el caso de un día de nieve o de otra emergencia.**

Type of Medication Child Takes/Medicamentos niño toma: _____

Special Conditions/Condiciones especiales _____
(asthma, allergies/asma, alergias)

If emergency treatment is required, may the school authorities use their judgment in securing the services of the doctor most accessible, providing none of the above people can be reached? Yes ___ No ___

Ambulance cost is the responsibility of the parents. Parents/Guardians must be at hospital to assure medical treatment. Hospital preferred if there is an option? _____

Signature of Parent/Guardian _____ Date/Fecha _____
(La firma de padre/tutor)

**If you have Custody Stipulation for your child, please attach to this form. Estipulacion de custodia debe adjuntar a este formulario.*

LABORATORY CHARTER SCHOOL OF COMMUNICATION AND LANGUAGES

ADMINISTRATIVE OFFICE: 5901 WOODBINE AVENUE, PHILADELPHIA, PA 19131

TELEPHONE: 215-879-1800 FAX: 215-473-2617

Home Language Survey*

encuesta idioma del hogar

The Civil Rights Law of 1964, Title VI requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

Date/Fecha: _____

School/Escuela: _____

Student Name/Nombre del estudiante: _____ Grade/Grado: _____

1. What was the student's first language?
2. Does the student speak a language other than English? (Do not include languages learned in school.)

If yes, indicate the language/ _____

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

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

Parent/Guardian Signature: _____

* The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter 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 district/charter school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.



Uniforms



Every Laboratory Charter School student **MUST** have on the proper school uniform. It is expected that your child's uniform is appropriate, should not be tight fitting or baggy. Students are expected to wear their shirts tucked in at all times.

Uniforms	Boys	Girls
Bottoms	Navy Blue Pants or Navy Blue Knee Length Shorts	Navy Blue Pants, Navy Blue Knee Length Shorts, Skirt/Skort
Shirts	Long or Short Sleeve Light Blue Polo Shirt with School Monogram	Long or Short Sleeve Light Blue Polo Shirt with school Monogram
Sweater	Navy Blue Cardigan with School Monogram	Navy Blue Cardigan with School Monogram
Shoes	Oxfords or Bucks (Black, Blue, or Brown)	Oxfords, Bucks or Mary Jane(Black, Blue, or Brown)
Gym	Navy Blue Sweatpants or shorts with School Monogram Navy Blue Sweatshirt or Navy Blue T-Shirt with School Monogram	

***All sweaters MUST be purchased from Cramer's Uniform Store ***

Uniforms and shoes can be purchased from Cramer's Uniform Stores. We will receive 10% of sales and FREE LAYAWAY until July 4th. Also \$5.00 off school shoes.

Store Locations:

- 5226 Market Street, Phila. PA 19139
- 4533 Frankford Ave, Phila. PA 19124

School Monograms can be added to school uniforms at the below stores

WE CARE SCREEN PRINTING

888 North Lex Street

Phila. PA 19104

215-477-3996

TRIPLE SPORTS

827 South 9th Street

Phila. PA 19147

215-923-5466