

GLOBAL LEADERSHIP ACADEMY CHARTER SCHOOL STUDENT INFORMATION PACKET ENROLLMENT FORMS & DOCUMENTS

Please submit the Required Forms and Documents described below by the listed deadline using any of the following methods:

- **Option #1:** Upload documents to the secure Online Registration Portal
- **Option #2:** Email documents to _____
- **Option #3:** Email _____ to schedule an appointment to submit documents in person

Please use the three methods above to submit enrollment documents. This process ensures the Admissions Office can track and secure student/family information.

Students selected for admission via lottery will be enrolled upon the condition that all Required Forms and Documents are submitted for the grade for which they applied and are accepted.

Global Leadership Academy Charter School also asks that the below Requested Forms & Documents be submitted by the listed deadline using the above methods. However, this submission is voluntary, and not providing the listed Requested Forms & Documents will have no impact on a student's enrollment at Global Leadership Academy Charter School.

REQUIRED FORMS & DOCUMENTS

The following five (5) *required* forms and documents must be submitted by _____ in order to complete the enrollment process. More information on required forms and documents is detailed below.

- 1. REQUIRED: Home Language Survey (form provided in this packet)
- 2. REQUIRED: Parent Registration Statement – PA Schools (form provided in this packet)
- 3. REQUIRED: Proof of Philadelphia Residency (document provided by parent/guardian)
- 4. REQUIRED: Proof of Age (document provided by parent/guardian)
- 5. REQUIRED: Proof of Immunizations (document provided by parent/guardian)

REQUESTED FORMS & DOCUMENTS

The following thirteen (13) *requested* forms and documents are requested by _____. More information on requested forms and documents is detailed below.

- 1. REQUESTED: Demographic Form (form provided in this packet)
- 2. REQUESTED: Parent/Guardian/Student Information (form provided in this packet)

- 3. REQUESTED: Transportation Form (form provided in this packet)
- 4. REQUESTED: Permission, Consent, and Acknowledgement Form (form provided in this packet)
- 5. REQUESTED: Permission to Obtain Student Records (form provided in this packet)
- 6. REQUESTED: Charter School Enrollment Notification Form (form provided in this packet)
- 7. REQUESTED: Student Current Photo (document provided by parent/guardian)
- 8. REQUESTED: Student's Most Recent Report Card (if applicable) (document provided by parent/guardian)**
- 9. REQUESTED: Student's Most Recent Standardized Test or PSSA Results (if applicable) (document provided by parent/guardian)**
- 10. REQUESTED: Student's Current IEP, 504 Plan, and/or Evaluation (if applicable) (document provided by parent/guardian)**
- 11. REQUESTED: Medical Examination Forms (form provided in this packet)
- 12. REQUESTED: Health History Form (information provided in this packet)
- 13. REQUESTED: Permission to Administer Over the Counter Medication (form provided in this packet)

****Though the student's records from his/her prior school or school district will be obtained by Global Leadership Academy Charter School, certain information and documents are requested to be provided during the enrollment period. These will enable Global Leadership Academy Charter School to ascertain a student's strengths and/or needs to facilitate development and/or adjustment of the curriculum and/or Individualized Education Programming and arrangement of related services, if applicable.**

REQUIRED FORM/DOCUMENT #1

HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. The charter school has the responsibility under Federal law to identify students who will require assessment of their English language proficiency for possible qualification for appropriate language (“English Language Learner” or “ELL”) educational programs and services. Given this responsibility, the charter school must ask for the information contained on this and other forms associated with the identification process.

This Home Language Survey is used solely to ascertain appropriate educational services, and not for determining legal or immigration status. Even if your child is identified as an ELL, you may decline the ELL program or specific EL services in the program.

Student’s Last Name _____

Student’s First Name _____

Student's Date of Birth _____

Student’s Enrolling Grade (2023-2024) _____

Parent/Guardian Name _____

Parent/Guardian Telephone _____

1. What is the first language the student learned to speak?

2. What language does the student speak most often outside of school?

3. What language do people usually speak in the student’s home?

4. What language do you use most frequently to speak to your child?

5. In what language do you want notices sent to you from the school? *

**Parents/Guardians have a right to information about their child’s education in a language that they understand. Please indicate your language preference so that the school can provide an interpreter or translated documents, free of charge, when you need them.*

Signature of Parent/Legal Guardian

Date

REQUIRED FORM/DOCUMENT #2

**PARENT REGISTRATION STATEMENT – PA SCHOOLS
AS REQUIRED BY STATE LEGISLATION**

Pennsylvania School Code Section 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property, including conviction or delinquent adjudication related to sexual assault."

Any willful false statement made above shall be a misdemeanor of the third degree. This information will be maintained as part of the student's disciplinary record.

Student Name _____

Parent / Guardian Name _____

Street Address _____

City, State, Zip Code _____

Must complete the following:

I hereby swear or affirm that my child was _____ / was not _____ previously suspended or expelled, or is _____ / is not _____ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property, including conviction or delinquent adjudication related to sexual assault. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information, and belief.

If you checked off “was” or “is” in the statement above, please complete the following:

Name of school from which the student was/is suspended or expelled:

Dates of suspension or expulsion (mm/dd/yyyy):

Reason for suspension or expulsion (optional):

Signature of Parent/Legal Guardian

Date

REQUIRED FORM/DOCUMENT #3

PROOF OF PHILADELPHIA RESIDENCY

Must submit the following required documents by _____

1. **REQUIRED: Proof of Student's Philadelphia Residency (must provide a copy of one (1) document in the name of the parent or guardian and which indicates the Student's current address). Acceptable documentation includes:**
- Deed of home ownership
 - Current lease to rent
 - Property tax bill or receipt
 - Vehicle registration
 - Driver's license
 - Department of Transportation identification card
 - Current utility bill
 - Current credit card bill
 - IRS statement or other wage and tax statements (e.g., W2, 1040, 1099)
 - Employer pay stub
 - Bank statement
 - Voter registration card
 - Welfare card
2. **REQUIRED (ONLY IF APPLICABLE)**
- **Court of Dependency Order.** Parent/guardian must provide copy of Court or Dependency Order if it is being relied upon by a parent/guardian as the basis of enrollment.
 - **Other Resident Adult.** *For a student who is living with a resident adult who is not the parent, and who is supporting the student without personal compensation (gratis), the student may attend the public schools of that adult's school district, provided that the resident (a) makes application and applies the required enrollment information; and provides either the following to the school: (i) appropriate legal documentation to show dependency or guardianship, or (ii) a sworn and notarized statement from the resident of Philadelphia indicating that he/she is a resident of Philadelphia, that he/she is supporting the student without receiving personal compensation, that the student is living with the resident continuously and not just for the school year, and that the resident will accept all responsibilities relating to the student's schooling.*

REQUIRED FORM/DOCUMENT #4

PROOF OF STUDENT AGE

Must submit the following required documents by _____

REQUIRED: Proof of Student's Age (must provide a copy of one (1) of the following):

- Birth certificate
- Notarized copy of birth certificate
- Baptismal certificate
- Copy of the record of baptism (notarized and dually certified and showing the date of birth)
- Valid passport
- Notarized statement from the parents or guardian indicating the date of birth
- Prior school record indicating the date of birth

REQUIRED DOCUMENT/FORM #5

IMMUNIZATION REQUIREMENTS

The Pennsylvania Public School Code requires all public schools, including charter schools, to determine that a student has been immunized in accordance with state law prior to enrollment in and attendance at school. The school nurse is responsible to review each student's immunization records to ensure that he or she meets state requirements.

A student whose parent or guardian fails to provide complete and accurate immunization records to the school nurse risks exclusion from school until state immunization requirements are met.

Students in ALL Grades (K-8) need the following vaccines:

- 4 doses of tetanus, diphtheria and acellular pertussis (usually given as DTP or DTaP or DT or Td) (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given, but a 4th dose is unnecessary if the 3rd dose was administered at age 4 years or older and at least 6 months after the previous dose)
- 2 doses of measles (usually given as MMR)
- 2 doses of mumps (usually given as MMR)
- 2 doses of rubella (German Measles) (usually given as MMR)
- 3 doses of hepatitis B
- 2 doses of varicella (Chickenpox) or evidence of immunity

Students entering 7th Grade need the following vaccines:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade

On the FIRST DAY OF SCHOOL, unless a student has a medical or religious/philosophical exemption, a student must have had at least one dose of the above vaccinations or risk exclusion. If a student does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the student must receive that dose within the first five (5) days of school or risk exclusion. If the next dose is not the final dose of the series, the student must also provide a medical plan within the first five days of school for obtaining the required immunizations or risk exclusion. The medical plan must be followed, or the student may face exclusion from school. In the event that a student is missing the appropriate records or does not have up-to-date immunizations, the school nurse will send a letter home to notify the parent/guardian of the necessary action that must be taken within 5 days to avoid possible exclusion from school.

Acceptable documentation to prove that a student is properly immunized for enrollment or permission to attend Global Leadership Academy Charter School includes:

- his/her immunization record on a Department of Health approved Student Health Form or comparable physician form;
- a written statement from his/her prior school district or a medical office that the required immunizations have been administered;
- verbal assurances from the former school district or a medical office that the required immunizations have been completed with records to follow; or
- the Pennsylvania Department of Health Medical Certificate and Medical Plan (red card), as long as the plan is followed.

In the event that immunization is against a student's religious beliefs or a parent/guardian has a strong moral or ethical conviction against immunization, the parent/guardian must provide the school nurse with a written statement stating the reason for the objection. If immunization is not medically advisable at a particular time, a physician must sign the "Statement of Exemption to Immunization Law" form.

If a student is exempt from immunization, he or she may be excluded from school during an outbreak of a vaccine-preventable disease.

REQUESTED DOCUMENT/FORM #1

DEMOGRAPHIC FORM

STUDENT INFORMATION (please print)

Student's Last Name _____

Student's First Name _____

Student's Middle Name _____

Student's Preferred Name _____

Student's Current Age _____

Student's Date of Birth _____

Student's Current Grade (2022-2023) _____

Grade entering for 2023-2024 school year _____

Male, Female, or Non-Binary/Other _____

Place of Birth

Student's Country of Birth _____

If U.S., City and State _____

Other Countries of Residence _____

Federal Ethnicity*

Federal definition of Hispanic/Latino ethnicity: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is the student Hispanic or Latino? Yes No

The question above is about ethnicity, not race. Regardless of what you selected above, please answer the following by marking one or more boxes to indicate what you consider this student's (or your) race to be. If your student's race make-up is unknown, please complete the following section about the student's race based on your own race make-up.

*Because the school has some federal and state obligations to report race and ethnicity data about students enrolled in the school, this information is requested, but not required for enrollment. Your student will not be

prevented from enrolling even if you choose not to provide your child's race or ethnicity.

Student's Race (Check all that apply)

Use the following definitions:

- **American Indian or Alaska 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 of 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 of the original peoples of Europe, the Middle East, or North Africa.

What do you consider to be your student's "primary" race?* _____

**For the purposes of aligning to the information that must be provided in our Student Information System, we ask that you fill in a "primary" race even if you consider your student not to have a single primary race. If your student is considered multi-racial, you will be able to select additional races below, in which case your student will be reported as multi-racial.

In addition to the primary race indicated, select as many other races from the check box options below that you consider to be part of your student's race make-up:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian or other Pacific Islander
- White

Support Services (Check all that apply)***

Does your student receive any of the following support services?

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Learning Support | <input type="checkbox"/> Life Skills | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Emotional Support | <input type="checkbox"/> Gifted | <input type="checkbox"/> ESL |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Autistic Support | <input type="checkbox"/> 504 |

***The information above is requested but not required for enrollment. However, not providing this information may delay arrangement by the school's Special Education Department of appropriate support services if the student has an IEP or a 504 plan.

REQUESTED FORM/DOCUMENT #2

PARENT/GUARDIAN/STUDENT INFORMATION

Student resides with (please check one):

- Both Parents (biological and/or adoptive) _____
- Mother Only _____
- Father Only _____
- Parent & Stepparent _____
- Legal Guardian(s) _____

Please provide up to four (4) parent/ guardian contacts to have on record for the student.

(1) PARENT/ GUARDIAN CONTACT #1

Parent/ Guardian Last Name _____

Parent/ Guardian First Name _____

Relationship to Student _____

Address _____

Does the student reside with this parent/guardian? Yes No

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Email Address _____

Does this parent/guardian have custody (legal guardianship) of the student?

Yes No

Is this parent/guardian allowed to pick up the student from school?

Yes No

Should this contact receive communications from the school (communications include newsletters, school announcements/info, emergency alerts, report cards)?*

Yes No

**At least one of the parent/legal guardian contacts needs to be able to receive communications from the school.*

Should the school contact this parent/guardian first, second, third or fourth?

- 1st 2nd 3rd 4th

(2) PARENT/ GUARDIAN CONTACT #2

Parent/ Guardian Last Name _____

Parent/ Guardian First Name _____

Relationship to Student _____

Address _____

Does the student reside with this parent/guardian? Yes No

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Email Address _____

Does this parent/guardian have custody (legal guardianship) of the student?

- Yes No

Is this parent/guardian allowed to pick up the student from school?

- Yes No

Should this contact receive communications from the school (communications include newsletters, school announcements/info, emergency alerts, report cards)?*

- Yes No

**At least one of the parent/legal guardian contacts needs to be able to receive communications from the school.*

Should the school contact this parent/guardian first, second, third or fourth?

- 1st 2nd 3rd 4th

(3) PARENT/ GUARDIAN CONTACT #3

Parent/ Guardian Last Name _____

Parent/ Guardian First Name _____

Relationship to Student _____

Address _____

Does the student reside with this parent/guardian? Yes No

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Email Address _____

Does this parent/guardian have custody (legal guardianship) of the student?

Yes No

Is this parent/guardian allowed to pick up the student from school?

Yes No

Should this contact receive communications from the school (communications include newsletters, school announcements/info, emergency alerts, report cards)?*

Yes No

**At least one of the parent/legal guardian contacts needs to be able to receive communications from the school.*

Should the school contact this parent/guardian first, second, third or fourth?

1st 2nd 3rd 4th

(4) PARENT/ GUARDIAN CONTACT #4

Parent/ Guardian Last Name _____

Parent/ Guardian First Name _____

Relationship to Student _____

Address _____

Does the student reside with this parent/guardian? Yes No

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Email Address _____

Does this parent/guardian have custody (legal guardianship) of the student?

- Yes No

Is this parent/guardian allowed to pick up the student from school?

- Yes No

Should this contact receive communications from the school (communications include newsletters, school announcements/info, emergency alerts, report cards)?*

- Yes No

**At least one of the parent/legal guardian contacts needs to be able to receive communications from the school.*

Should the school contact this parent/guardian first, second, third or fourth?

- 1st 2nd 3rd 4th

(4) MILITARY DEPENDENT

Are any parents/guardians listed above currently a full-time active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corps, Coast Guard) including the Reserve or National Guard?*

- Yes No

If “Yes,” please provide the name(s) of such parent(s)/guardian(s):

*In order to comply with the federal Every Student Succeeds Act (ESSA), the school must identify students who are military dependents in the Pennsylvania Information Management System (PIMS) of the Pennsylvania Department of Education (PDE). This information is requested, but not required, to help the school evaluate specific educational needs of military students and to ensure that programs are effective to meet their needs.

EMERGENCY CONTACT INFORMATION

In case of an emergency regarding this student, the school will always call the mother, father and/or legal guardian(s) first. If the school cannot reach the mother, father or legal guardian(s), who are the **OTHER** family members or friends the school may contact?

Note: The school will reach out to the contacts in the order listed after the school reaches out to the parents/guardians listed under Parent/Guardian Information.

(1) EMERGENCY CONTACT #1

Last Name _____

First Name _____

Relationship to Student _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Email Address _____

(2) EMERGENCY CONTACT #2

Last Name _____

First Name _____

Relationship to Student _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Email Address _____

(3) EMERGENCY CONTACT #3

Last Name _____

First Name _____

Relationship to Student _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Email Address _____

(4) EMERGENCY CONTACT #4

Last Name _____

First Name _____

Relationship to Student _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Email Address _____

STUDENT SIBLING INFORMATION

Please provide the name(s) of any and all siblings of the student who are currently attending and enrolled in either *Global Leadership Academy Charter School* or *Global Leadership Academy Charter School Southwest at Huey*.

(1) Sibling Name _____

Sibling Date of Birth _____

Relationship to Applicant _____

School _____

(2) Sibling Name _____

Sibling Date of Birth _____

Relationship to Applicant _____

School _____

(3) Sibling Name _____

Sibling Date of Birth _____

Relationship to Applicant _____

School _____

(4) Sibling Name _____

Sibling Date of Birth _____

Relationship to Applicant _____

School _____

(5) Sibling Name _____

Sibling Date of Birth _____

Relationship to Applicant _____

School _____

STUDENT EDUCATION HISTORY

Has the student previously attended school? Yes No

If yes, then please provide information on the school the student attends or attended for the 2022-2023 school year.

School Name _____

School Address (include zip code) _____

Student Grade (2022-2023) _____

Dates Attended (mm/yyyy - mm/yyyy) _____

Type of school (please check all that apply):

- District
Student District ID Number _____
- Charter
- Private
- Parochial
- Home Schooled

Has the student previously been enrolled in Global Leadership Academy Charter School or Global Leadership Academy Charter School Southwest at Huey?

Yes No

REQUESTED DOCUMENT/FORM #3

TRANSPORTATION INFORMATION FORM

Please select the method(s) of transportation your student will use to get to and from school.

- SEPTA
- Walk
- Car
- Private Bus

Please list any person legally NOT ALLOWED to pick up the student from school. Please attach supporting legal documentation.

Name: _____

Name: _____

Name: _____

REQUESTED DOCUMENT/FORM #4

PERMISSION, CONSENT, AND ACKNOWLEDGEMENT FORM

Permission to Walk to Places of Interest

I, _____ (parent/guardian name) hereby give permission for the student, _____ (student name) to accompany the class under the supervision of the teacher on walks to places of interest in the neighborhood at any time during the 2023-2024 school year.

Consent to be Photographed

Your consent will allow the school to include the student in publications that highlight our school.

- Student has permission to be photographed during school activities
- Student may not be photographed

Media Release Consent

- I hereby (a) consent to have the voice, image, likeness, name, biographical information, and sounds filmed, photographed, videotaped, interviewed, or otherwise recorded of my child and (b) irrevocably grant to Global Leadership Academy Charter School, its licensees and assignees, the right and permission to reproduce, display, publish, broadcast, distribute and/or otherwise use and reuse in any manner, in whole, or in part, in any media now known or hereinafter known, throughout the world, in perpetuity (collectively the "Materials").
- I hereby do not consent to the media release as stated above.

Permission to View Movies in Class

- Student has permission to view movies rated PG
- Student has permission to view movies rated PG-13

Student-Parent/Guardian Handbook and Student Code of Conduct

Together with my child, I have read the Student-Parent/Guardian Handbook containing the school's policies, expectations, and the Student Code of Conduct received with this enrollment packet. Upon notification, I agree to review with my child any updates to the Student-Parent/Guardian Handbook and school policies.

- I agree

Signature of Parent/Legal Guardian

Date

REQUESTED DOCUMENT/FORM #5

PERMISSION TO OBTAIN STUDENT RECORDS

Though the student’s records from their prior school or school district will be obtained by Global Leadership Academy Charter School, certain information and records are requested to be provided during the enrollment period. This will enable the School to ascertain a student’s strengths and/or needs to facilitate development and/or adjustment of the curriculum and/or Individualized Education Program and arrangement of related services, if applicable.

Please complete the top half only and return with enrollment forms/documents to the Admissions Office.

Student’s Name: _____

Date of Birth: _____

Current Grade (2022-2023): _____

Name of Current School: _____

Address of Current School: _____

Parent/Legal Guardian Signature: _____

Date: _____

.....

The above-named student has enrolled in Global Leadership Academy Charter School for the 2023-2024 school year. Please make a copy of the Student’s File, including the following information, and submit to our Admissions Office:

Address:

Email:

- | | |
|---|--|
| <input type="checkbox"/> PA Secure ID Number | <input type="checkbox"/> Student Portfolio |
| <input type="checkbox"/> Transcript/Permanent Record | <input type="checkbox"/> Report Cards |
| <input type="checkbox"/> Grades in Progress | <input type="checkbox"/> Standardized Test Results |
| <input type="checkbox"/> Attendance Reports | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Immunization, Health, and Dental Records | |

If Applicable:

- Special Custody/Guardianship Documentation
 - Special Education Complete File, including but not limited to Evaluation, IEP, NOREP, Invitations, Permissions to Evaluate, Functional Behavioral Assessments and Positive Behavior Support Plans
 - 504 Service Agreement: Medical Diagnosis, Evaluation Report, 504 Plan
- ELL: ACCESS, WIDA, Progress Monitoring
- Intervention Plan (RtII)

Under 24 P.S. §13-1301 – §13-1306 and the Pennsylvania Department of Education’s “Enrollment of Students” Basic Education Circular, schools are LEGALLY REQUIRED to transmit all student records within ten (10) days of this request

REQUESTED DOCUMENT/FORM #6

Charter School Student Enrollment Notification Form

For School Year _____

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: _____

Address: _____

Charter School

Contact Person: _____

Telephone: _____ 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 Withdrawal Date From Former
 Grade: _____ 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 _____ Mother _____ Father
 _____ Parents _____ Alternately _____ Only _____ Only
 _____ Legal _____ Foster _____
 _____ Guardian _____ 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: _____

REQUESTED DOCUMENT/FORM #11

MEDICAL EXAMINATION FORMS

State law requires students to have updated physical and dental examinations at the following intervals:

- **Updated health/physical assessments:**
 - upon **original entry** into school
 - when starting 6th grade

- **Updated dental assessments:**
 - Upon **original entry** into school
 - when starting 3rd grade
 - when starting 7th grade

Required medical and dental examinations and immunizations are oftentimes performed by the student's primary care provider. If so, the provider may use the school-provided evaluation forms in this packet, which are PA Department of Health (DOH)-approved. The charter school will accept the provider's own form, as long as comparable to the DOH-approved form. **IT IS REQUESTED, BUT NOT REQUIRED, THAT IF SUCH ASSESSMENTS HAVE BEEN PERFORMED BY THE STUDENT'S PRIMARY CARE PROVIDER THAT THEY BE SUBMITTED TO THE SCHOOL.**

If assistance is needed to fulfill medical requirements assessments for enrollment and continued attendance, then it is the responsibility of the parent/guardian to notify the Principal of such need. If no assessments are submitted to the school, the school shall facilitate such assessments.

It is also recommended that Parents/Guardians submit a copy of updated health and dental assessments every year after their students are seen by their physician and/or dentist, so that the school nurse will have current information.

The physical and dental examinations of the student may be completed during the summer or any time within one year prior to the start of the school year, using the Physical and Dental Examination Forms.

REQUESTED DOCUMENT/FORM # 12

HEALTH HISTORY FORM

STUDENT INFORMATION

Student's Full Name _____

Student's Date of Birth _____

Parent/Guardian Full Name _____

STUDENT MEDICAL CONTACTS

Doctor's Practice Name _____

Doctor's Phone Number _____

Dentist's Practice Name _____

Dentist's Phone Number _____

Preferred Hospital _____

Hospital Phone Number _____

STUDENT HEALTH HISTORY

Has the student had or currently have any of the following conditions?

Asthma	<input type="checkbox"/> Yes Explain: <input type="checkbox"/> Check if student carries an inhaler <input type="checkbox"/> Check if student carries a nebulizer	<input type="checkbox"/> No
Allergies (Physician Documented)	<input type="checkbox"/> Yes Specify type(s) and reaction(s):	<input type="checkbox"/> No
Bronchitis	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes Specify year:	<input type="checkbox"/> No
Dietary Need	<input type="checkbox"/> Yes (Please submit physician's substantiating documentation with accommodations needed, if applicable)	<input type="checkbox"/> No

	Explain:	
Food Allergy as a Disability	<input type="checkbox"/> Yes (Please submit physician's substantiating documentation with accommodations needed, if applicable) Explain:	<input type="checkbox"/> No
German Measles	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Hernia (Rupture)	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Operation	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Pneumonia	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Poliomyelitis	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Rheumatic Fever	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Seizures	<input type="checkbox"/> Yes Date of last seizure (mm/dd/yyyy): Type of seizure: Explain:	<input type="checkbox"/> No
TB (Self)	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
TB (Family)	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Tonsillitis	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Typhoid	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No
Whooping Cough	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No

Other	<input type="checkbox"/> Yes Explain:	<input type="checkbox"/> No

MEDICATIONS

Does the student currently take any medications? Yes No

If “Yes,” please complete the following information regarding the medication(s). If more than two (2) medications need to be listed, please use the back of the form.

Medication #1

Name of Medication _____

Reason for Medication _____

Time _____

Dose _____

Needs to be administered during school?

- Yes (Please submit the attached *Request for Administration of Medication* form to be completed by your family’s physician)
- No

Medication #2

Name of Medication _____

Reason for Medication _____

Time _____

Dose _____

Needs to be administered during school?

- Yes (Please submit the attached *Request for Administration of Medication* form to be completed by your family’s physician)
- No

Medication During School Hours

Before any medication, prescribed or over-the-counter, may be administered to or by a student during school hours, the school has required a signed written order from the prescribing physician and the written request of the parent/guardian, giving permission for such administration.

To provide a safe environment for all students, every medication must be brought to school by a parent or guardian and taken to the Nurse's Office immediately upon entering the building. All medication, whether prescribed or over-the-counter, must be received in the original container in which it was dispensed.

Signature of Parent/Legal Guardian

Date

REQUESTED DOCUMENT/FORM #13

PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATION

The administration of medication during the school day is sometimes unavoidable. In accordance with Global Leadership Academy Charter School's Student-Parent/Guardian Handbook, school supplied Brand Named or Generic Tylenol, Ibuprofen, and Cough Drops may be administered to students in grades 5-8 with signed parental permission. Students who are at least 12 years of age may be administered Brand Name or Generic Maalox with signed parental permission. Cough drops, Cepacol, Brand Name or Generic Orajel/Anbesol, eye drops, and topical solutions may be administered to students in grades K-8 with signed parental permission.

Accidents and injuries occasionally occur during the course of the day. In order to provide the best possible care for your child, permission is requested to administer first aid care and treatment.

If you list your student as having any medical conditions, you must supply the school with the supporting medical documentation from a physician. If your student has any chronic health problems, you must update his/her health status yearly. Contact the school in order to reach the nurse if you have any questions.

Please indicate if you give authorized personnel of Global Leadership Academy Charter School the permission to administer the following medications if and when necessary:

Cough Drop or Cepacol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Topical Solutions (<i>Orajel, Anbesol, Anti-Itch, Antibiotic Cream, Eye Drops</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Benadryl Elixir (<i>for allergic reactions</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Generic Tylenol/Acetaminophen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Generic Ibuprofen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Generic Maalox (<i>Tums/Antacid</i>) Age 12+	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Administration of these drugs will occur ONLY if the parent/guardian has consented and this information is on file in the health room.

- I agree to hold the school's staff harmless in any event arising from the administration of any of the consented medications.

Signature of Parent/Legal Guardian

Date