

Student Enrollment Packet 2015 – 2016

Dear Family:

Congratulations on your admission to Charlotte Lab School! We are very excited to be moving into the next phase of our school planning and have prepared the attached packet as part of the enrollment process. Below is a checklist of the requirements needed to complete the enrollment process, as well as a list of dates to mark on your calendars. We understand that the attached enrollment survey is lengthy, but we intend to use it extensively during our curriculum and program planning process this spring, so we appreciate your thoughtful responses. We are excited to have your family as part of our community and look forward to getting to know you this spring and summer!

Sincerely,

Dr. Mary Moss Brown

ENROLLMENT CHECKLIST

These items should be printed, completed and delivered in-person at our Enrollment Day, next Monday, February 23rd between 11am and 8pm at our school site: 301 E. 9th Street OR can be mailed to Charlotte Lab School, PO Box 30034, Charlotte, NC 28230. This packet must be received by Charlotte Lab School by February 27th in order to secure your seat.

- Intent Form.....See Page 2
- Proof of NC Residence.....Provide Photocopy Only

Proof of Domiciliary Policy

The following examples are not exhaustive, but acceptable documentation that can be submitted to determine domiciliary:

- Copy of deed or record of most recent mortgage payment
- Copy of lease agreement
- A utility bill dated within the past 30 days, including: gas, water, electric, landline, phone, cable, or satellite
- A valid NC driver's license or NC photo identification card
- A vehicle or property tax bill (dated within the past year)
- A bank or credit card statement with a NC address (dated within the past 30 days)

Charlotte Lab School will handle instances where students classify as homeless under the McKinney-Vento Act on a case by case basis.

- Family Contact Information.....Page 3
- Student Health History Profile.....Page 4
- Parent Involvement Survey.....Page 5-6
- Student Needs & Preferences.....Page 7-12
- Media Release Form.....Page 13
- Student Records Release Form.....Page 14
- Save these Dates:
 - **February 23, 11am-8pm:** Enrollment Day and “viewing” of our facility at 301 E. 9th Street
 - **March 25 and April 29, 7pm:** Parent Focus Group Planning Sessions
 - **May 27, 5:30pm:** Family Orientation Night

Please complete 1 form per child.



Intent Form

Student Information: (Please Print Legibly)

First Name: _____ **Middle:** _____ **Last Name:** _____

Gender: Female ____ Male ____

Student's Current School: _____

Student's Primary Race/Ethnicity: (Check one only)

- | | |
|--|---|
| <input type="checkbox"/> Alaskan Native or American Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian / Middle Eastern | <input type="checkbox"/> Multi-racial: _____ |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Other: _____ |

Student is entering grade _____ in the 2015 – 2016 school year: (Check one only)

K 1 2 3 4

How many times has the student entered this grade level? (Check one only)

1st 2nd 3rd

Enrollment Decision

YES, we accept our seat; I intend to enroll this child at Charlotte Lab School.

(I understand that by accepting this seat, I must give Charlotte Lab School permission to request my child's academic record from his/her current school.)

NO, we decline this seat; my child will NOT attend Charlotte Lab School.*

(I understand that by declining this seat, my child's name will be removed from the Charlotte Lab School class list, and I will need to submit a new application for him/her in order to be eligible for enrollment in the future.)

Parent Signature: _____

Date: _____

***I have decided NOT to enroll my child at Charlotte Lab School because:** _____

***What school will your child attend during the 2015-2016 school year?**

Please complete 1 form per child.



Family Contact Information

Student Information: *(Please Print)*

First Name: _____ MI: _____ Last Name: _____

Social Security Number _____ - _____ - _____ Gender: Female _____ Male _____

Student's Date of Birth: (mm/dd/yyyy) ____/____/____ Country of Birth: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

First language student learned to speak (Check one only):

___ Arabic ___ French ___ Korean ___ Hindi ___ Spanish ___ English ___ Japanese
___ Chinese ___ Vietnamese ___ Cantonese ___ Other: _____

Primary language spoken at home (Check one only):

___ Arabic ___ French ___ Korean ___ Hindi ___ Spanish ___ English ___ Japanese
___ Chinese ___ Vietnamese ___ Cantonese ___ Other: _____

English Proficiency of the student (Check one only):

___ Native English Speaker ___ Fluent English Speaker
___ Non-English speaking ___ Redesignated as fluent English proficient
___ Status Unknown ___ Limited English proficient/English Language Learner

Please list sibling(s) who may apply to Charlotte Lab School for the 2016-2017 school year:

Name: _____ Grade Level Entering: _____
Name: _____ Grade Level Entering: _____
Name: _____ Grade Level Entering: _____

Parent/Guardian Information:

Primary Parent First Name: _____ Last Name: _____

Primary Phone #: () _____ - _____ Secondary Phone #: () _____ - _____

Email Address: _____

Preferred Method of Contact: (Circle) Phone Calls Email Postal Mail Text Message

Secondary Parent First Name: _____ Last Name: _____

Primary Phone #: () _____ - _____ Secondary Phone #: () _____ - _____

Primary Email Address: _____

Preferred Method of Contact: (Circle) Phone Calls Email Postal Mail Text Message

Please complete 1 form per child.



Student Health History Profile

This Health History & Medical Profile will be used to identify and assist students with health problems. Fill this form out completely and with the most up to date and accurate information as it relates directly to our ability to ensure your student's medical safety.

1. Does your child have any health problems? (✓ where appropriate)

_____ Allergies (*Please list*): _____

_____ Asthma _____ Sickle Cell Anemia _____ Chronic Skin Problems _____ Growth Issues

_____ Anemia _____ Heart Problems _____ Seizure Disorder _____ Cancer/Leukemia

_____ Behavior/Emotional (ADHD, Depression, etc.) _____ Diabetes _____ (Type) _____ Catheterization

_____ Weight Problems _____ Other (Specify): _____

2. Does your child take medication? _____ (Yes) _____ (No) – If so, Name Medication and Purpose:

Time of Day Medication Given: _____

3. Is there anything more about your child's health that you think is important for us to know in serving your child? _____

I affirm that all information given is complete and accurate.

Parent Signature: _____ Date: _____

Please complete 1 form per child.

Parent & Family Involvement Survey

1. How did you initially hear about Charlotte Lab School?

____ Letter in the mail ____ A friend ____ The news ____ Local Event ____ Facebook

____ Information Session ____ Your child's After-School program ____ Your child's Preschool/Daycare

Other: _____

2a. Charlotte Lab School will rely heavily on parent involvement. Please tell us about your skills, expertise, and passions by selecting any area(s) where your skills and expertise might be utilized best as a volunteer:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Grant Writing / Fundraising | <input type="checkbox"/> Nutrition / Cooking / Baking | <input type="checkbox"/> Education / Teaching | <input type="checkbox"/> Organization / Decorating / Design |
| <input type="checkbox"/> Carpentry / Building / Construction | <input type="checkbox"/> Child Development / Psychology | <input type="checkbox"/> PTA / PTO Experience | <input type="checkbox"/> Science / Engineering / Math |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Finance / Budgeting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Writing / Journalism | <input type="checkbox"/> History | <input type="checkbox"/> Photography | <input type="checkbox"/> Art / Music |
| <input type="checkbox"/> Fitness / Health | <input type="checkbox"/> Administrative Tasks / Office Experience | <input type="checkbox"/> Translator/Language: _____ | |

2b. Your Volunteer Interests: Please check any areas in which you are willing to lend your time and talents

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Founding PTA Leadership | <input type="checkbox"/> Grade Level Coordinator | <input type="checkbox"/> Fundraising event / activity coordinator | <input type="checkbox"/> School Beautification Committee |
| <input type="checkbox"/> Committee Head | <input type="checkbox"/> Field Trip Volunteer | <input type="checkbox"/> Morning Carpool | <input type="checkbox"/> Afternoon Carpool |
| <input type="checkbox"/> Student Activities Coordinator | <input type="checkbox"/> After School Club Leader | <input type="checkbox"/> School Store / Spirit Wear Coordinator | <input type="checkbox"/> Uniform / Used Uniform Coordinator |
| <input type="checkbox"/> School Photos / Family Directory / Yearbook | <input type="checkbox"/> Faculty Appreciation Activities | <input type="checkbox"/> Parent Activities Committee | <input type="checkbox"/> Schoolwide Events Coordinator |

Please complete 1 form per child.

2b. Your Volunteer Interests Continued:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Physical Activity Leader (oversee sports games & recess) | <input type="checkbox"/> Front Office Helper (answering phones, helping visitors, making copies) | <input type="checkbox"/> Box Tops for Education Coordinator | <input type="checkbox"/> Admissions Tours / Prospective Parent Committee |
| <input type="checkbox"/> Room Parent | <input type="checkbox"/> Classroom Volunteer | <input type="checkbox"/> Book Fair Coordinator | <input type="checkbox"/> Annual Giving Campaign Support |
| <input type="checkbox"/> Capital Campaign Support | <input type="checkbox"/> Parent Volunteer Coordinator | <input type="checkbox"/> Take – Home Projects as needed | <input type="checkbox"/> I am unable to volunteer at this time |

2c. 2015 Summer Volunteer Opportunities:

Please let us know which of the following activities you would be able to assist with during this upcoming summer:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Compiling summer mailing | <input type="checkbox"/> Framing art for school decorations | <input type="checkbox"/> Decorating the school building | <input type="checkbox"/> Putting together school furniture |
| <input type="checkbox"/> Organizing supplies for classrooms | <input type="checkbox"/> Collecting, sorting, and organizing books | <input type="checkbox"/> Making phone calls to families | <input type="checkbox"/> Setting up front office, making copies, etc. |
| <input type="checkbox"/> Organizing Fundraisers | <input type="checkbox"/> Decorating Bulletin Boards & Classrooms | <input type="checkbox"/> Painting | <input type="checkbox"/> Other: _____ |

3. What else would you like to share with us to help us better work with you and your child?

Please complete 1 form per child.



Student Needs and Services Information

1. Has your child ever been tested for Special Education Services? _____ Yes _____ No

If so, please describe the type of testing performed and the specific diagnosis (if applicable) below:

2. Does your child currently have an IEP (Individualized Education Plan)? _____ Yes _____ No

If so, please describe the nature of the student's needs and specific services that Charlotte Lab School would need to provide in order to meet those needs.

3. Is your child protected by the McKinney-Vento Homeless Act? _____ Yes _____ No

4. Please check any / all services which your student currently receives:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Talent Development / Catalyst | <input type="checkbox"/> Speech Services | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Resource room / pull out services |
| <input type="checkbox"/> One-to-one Aide | <input type="checkbox"/> Self-Contained Special Education | | |

5. Is your child up to date with immunizations?

_____ Yes, my child has received all immunizations
_____ No, but my child will complete immunizations prior to August 2015

_____ No, my family has religious objections to immunizations, and I will provide a letter to the school stating this

Parent / Guardian Signature: _____ Date: _____

Please complete 1 form per child.



Advisory Preference

It is our desire to match your child with a faculty Advisor who will best meet your child’s needs. Please be honest and descriptive.

1. Please check any / all that apply about your preferences for your child’s Advisor and Advisory group:

- Male Advisor
- Female Advisor
- Spanish speaking Advisor
- No specific preference
- All girls advisory group
- All boys advisory group
- Co-ed advisory group

2. When considering what your child needs in an Advisor, please describe the personality / approach that you feel would be the best possible match for your child. Some preferences might include: an advisor who is structured, nurturing, active/energetic, calm, able to work well with a shy/outgoing/easily distracted child, etc.

3. Is there any other information you think would be helpful to let us know about your student as we consider his/her program and general school decisions?

Foreign Language Preference

1. What foreign language would you like for your child to learn?

_____ Spanish _____ Mandarin

2. Please indicate your child’s experience level with this language:

_____ Native Speaker _____ Some Language Exposure _____ Beginner

Please complete 1 form per child.



Transportation Preference

1. What do you plan to do for transportation to Charlotte Lab School?

- We plan to ride the bus **before** school only We plan to ride the bus **after** school only
- We plan to ride the bus **before** and **after** school We plan to **walk** or take the light rail
- We would like to find a neighborhood **carpool** We plan to **drive** our child daily

2. In order to help us make transportation arrangements:

- It's okay to share my contact information with other families interested in carpooling
- I plan to use a separate after school program/day care center and would like to arrange transportation from Charlotte Lab School to this organization. Please provide:
- Organization Name: _____
- Location: _____
- Contact Person: _____
- Contact Phone Number: _____

3. It will cost Charlotte Lab School approximately \$500 per student to provide bus services for the entire school year. Are you willing/able to make a contribution to help cover this cost?

- We would like to contribute \$500 We would like to contribute \$250
- We would like to contribute \$50 per month I am unable/unwilling to donate at this time
- We would like to donate (provide specific amount and frequency): _____

Please complete 1 form per child.



Meal Preference

1. What do you plan to do for lunch at Charlotte Lab School?

_____ We plan to purchase lunch daily, and would be interested in a meal plan

_____ We plan to purchase lunch occasionally

_____ We plan to bring lunch from home daily

2. Does your child qualify for free or reduced price lunch?

_____ My child qualifies for free lunch prices

_____ My child qualifies for reduced lunch prices

_____ No, our family does not qualify

_____ I'm not sure; my child is not yet school age but we currently qualify for some type of state or federal assistance

3. Please tell us about any allergies or nutrition preferences:

-
- No allergies / preferences Peanut Allergy Tree Nut Allergy Gluten Free
- Vegetarian Vegan Lactose Intolerant Other: _____

4. If you selected any allergies or dietary restrictions, please describe the severity of the allergies and any special precautions the school should take to accommodate this student. _____

Please complete 1 form per child.

Before & After School Preferences



1. Do you plan to utilize before school care? Early drop off runs from 7:45am – 8:15am

- _____ Yes, we will drop off early every day
- _____ Maybe, we might drop off early occasionally
- _____ No, we do not plan to drop off early

2. Do you plan to utilize after school care? After school programs run from 3:45pm – 5:30pm

- _____ Yes, we plan to use after school care daily
- _____ Maybe, we might use after school care occasionally
- _____ No, we do not plan to use after school care

3. If your child plans to participate in our after school program, please indicate the classes he/she would likely take. (Please check no more than 5 options; Note: these are just a list of possible offerings).

-
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Drama Class | <input type="checkbox"/> Art Class | <input type="checkbox"/> Maker Lab | <input type="checkbox"/> Lego Robotics |
| <input type="checkbox"/> Coding | <input type="checkbox"/> Chess | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Instrumental Music Lessons | <input type="checkbox"/> Music: Chorus / Band/ Orchestra | <input type="checkbox"/> Additional Foreign Language | <input type="checkbox"/> Homework Help or Tutoring |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Girls on the Run | <input type="checkbox"/> Let Us Run |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Dance | <input type="checkbox"/> Book Club | <input type="checkbox"/> Other: _____ |

Please complete 1 form per child.

Physical Activity Preferences

1. Which daily physical activity would your student prefer?

(NOTE: These are some of the options we are considering; we do NOT guarantee that all of these options will be available.)

	Yoga	Dance / Movement	Organized Sports*	Martial Arts*	CrossFit Kids*	Games & PE activities*
<i>First Choice</i>						
<i>Second Choice</i>						
<i>Third Choice</i>						
<i>Fourth Choice</i>						
<i>Fifth Choice</i>						

*Note: Organized Sports will include Basketball, Soccer, Kickball; Martial Arts: Karate or JiuJitsu; CrossFit Kids will include a variety of strength building activities; Games & PE Activities: tag, jump-rope, and various games

2. Please provide any general comments about your child's physical needs that we should know about:

Please complete 1 form per child.



**CONSENT TO PHOTOGRAPH, FILM, OR VIDEO-TAPE
A STUDENT FOR NON-PROFIT USE**

Student's Full Name: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above.

I also grant to Charlotte Lab School, Inc., and its designees, the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Charlotte Lab School, Inc. and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: _____ Date: _____

Address of Parent/Guardian:

Please complete 1 form per child.

STUDENT RECORDS RELEASE FORM



School Name: Charlotte Lab School
School Phone Number: 980-277-4522

School Address: 301 E. 9th St., Charlotte, NC 28202
School Email Address: info@charlottelabschool.org

ATTENTION: GUIDANCE / RECORDS DEPARTMENT

To: _____

From: _____ **Date:** _____

Phone Number: _____ **Email Address:** _____

This email transmission may contain material which is confidential under North Carolina Statutes and is intended to be delivered only to the named addressee. Unauthorized dissemination of this information may be a violation of criminal statutes. If this information is received by anyone other than the named addressee, the recipient should immediately notify us at the address or telephone number shown above and obtain instructions as to the disposal of this transmission. Under no circumstances should this material be read, retained or copied by anyone other than the named addressee. Thank you.

Permission for Release of Student Records

Name of current/previous school attended: _____

Address of School: _____
Street/P.O. Box City State Zip

I hereby give my permission to release the following information the educational records of:

Student Name: _____

Student Address: _____
Street/P.O. Box City State Zip

Grade: _____ Date of Birth: _____

Please release the following:

- Exceptional Student Education Records
- Cumulative Student Records Folder
- Most Recent IEP
- Student Achievement Test Scores
- Staffing, eligibility documentation (all)
- Transfer Grades for Current Courses
- Most recent evaluation information
- Official Transcript
- Most recent psychological evaluation
- Immunization Records
- Documentation of parent permission for evaluation, placement
- Proof of Physical
- School Profile (including grading scale)
- LEP/ESL documentation
- 504 documentation

I authorize the release of the above information to the institution named. I understand that I have a right to review all records being forwarded prior to their release. I have also been informed that I have a right to a hearing to contest any information contained in these records prior to their release.

Date

Signature of Parent / Guardian

(FOR SCHOOL USE ONLY)

First Request Sent/Emailed

Second Request Sent/Emailed