

Please complete 1 form per child.

# 2016 – 2017 Intent to Re-Enroll Packet



Dear Lab School Family:

We are excited that your family plans to stay at Charlotte Lab School for the 2016-2017 school year! Please complete this packet and submit to our Front Office a hard copy before **Wednesday June 1, 2016** in order to secure a seat for your child(ren) next school year. **Please note that if your family's home address has changed, you MUST complete a separate Address Change Form in the school's front office with Ms. Wilches.**

Sincerely,

Dr. Mary Moss Brown  
Head of School

## Updated Student Information

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Gender:**      **Female** \_\_\_\_ **Male** \_\_\_\_

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

\_\_\_\_ Alaskan Native or American Indian

\_\_\_\_ Black or African American

\_\_\_\_ Hispanic or Latino

\_\_\_\_ Hawaiian or other Pacific Islander

\_\_\_\_ Asian / Middle Eastern

\_\_\_\_ Multi-racial: \_\_\_\_\_

\_\_\_\_ White or Caucasian

\_\_\_\_ Other: \_\_\_\_\_

## Re-Enrollment Intent

\_\_\_\_\_ **YES, my child will attend Charlotte Lab School for the 2016-2017 school year!**

*(I understand that my commitment to attend Charlotte Lab School means that my child will be present during the first 20 days of school.)*

\_\_\_\_\_ **MAYBE; I am undecided at this time and will follow up with Charlotte Lab School to confirm my final decision for the 2016-2017 school year.\***

*(I understand that being undecided at this time means that my child's seat will be reserved until I provide Charlotte Lab School with written notice of our final decision, or until the deadline to notify Charlotte Lab School of my family's final decision expires.)*

\_\_\_\_\_ **NO, my child will NOT attend Charlotte Lab School for the 2016-2017 school year.\***

*(I understand that my child's name will be removed from the Charlotte Lab School roster, and I am responsible for ensuring that my child's new school requests any student records from Charlotte Lab School.)*

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*I am undecided at this time / have decided NOT to enroll my child at Charlotte Lab School because:** \_\_\_\_\_

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

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## Updated Family Information

**1. Primary Guardian First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_ **Home Address same as student?** Yes No

**Email Address:** \_\_\_\_\_

**\*Cell Phone #:** ( ) \_\_\_\_\_ - \_\_\_\_\_ *\*this number will be used as the first point of contact*

**Other Phone #:** ( ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ home phone \_\_\_\_\_ work phone

**Home Address** (ONLY if different from student): \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Current Employer** (if applicable): \_\_\_\_\_

**2. Secondary Guardian First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_ **Home Address same as student?** Yes No

**Primary Email Address:** \_\_\_\_\_

**\*Cell Phone #:** ( ) \_\_\_\_\_ - \_\_\_\_\_ *\*this number will be used as the second point of contact*

**Other Phone #:** ( ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ home phone \_\_\_\_\_ work phone

**Home Address** (ONLY if different from student): \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Current Employer** (if applicable): \_\_\_\_\_

**3. Additional Guardian First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_ **Home Address same as student?** Yes No

**Primary Email Address:** \_\_\_\_\_

**Cell Phone #:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Other Phone #:** ( ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ home phone \_\_\_\_\_ work phone

**Home Address** (ONLY if different from student): \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Current Employer** (if applicable): \_\_\_\_\_

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Please indicate if the student does NOT have access to the following items at home:

- Laptop/Computer
- Tablet/iPad/Smartphone
- Internet

### **Communication Between School & Parents:**

Charlotte Lab School communicates primarily with email in an effort to save money and paper. We ask all families who are able to be sure 1) we have current email information, and 2) parents read emails from the school. For families who do not have access to email, we will provide a hard copy of all essential school documents. Please indicate your preferred method of communication. My family will:

- Commit to reading all email communication from Charlotte Lab School
- Require a hard copy of all essential school documents
- Requieren una traducción en Español de todos los documentos esenciales de la escuela

**What NEW information you would like to share with us that will enable us to better work with your family?**

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### **Family Volunteer Interests & Opportunities**

As a start-up school, we rely heavily on parent involvement. Our volunteers enable us to make even more progress toward our goals, direct our resources toward our highest priorities, and provide critical functions for the school. We hope that each one of our families volunteers in a way that fits with your interests and schedule. There are a variety of opportunities, either during school or in the evenings. Please let us know what areas interest you the most, and we will connect you with the appropriate staff person or volunteer so that you can learn more about the opportunities.

**Please let us know if someone in your family has specific talents or expertise that you may be willing to share with the school:**

	<b>Who?</b>	<b>Details?</b>
Education/Teaching/ Substitute Teaching		
Gardening		

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Fundraising/Grant Writing		
Graphic/Web Design		
Carpentry/Building/Construction		
Technology		
Database Management		
Human Resources		
Photography		
Art/Fine Arts/Music		
Other: _____		

### Student Health History Profile

If applicable, families should complete **new/updated** copies of all **relevant** Student Health Forms for the incoming school year and submit to Charlotte Lab School **BEFORE** the first day of school. Forms can be downloaded from our school's [website](#), and includes: Student Health Assessment, Medication Administration Plan, Allergy Action Plan, Food Allergy Action Plan, Diabetes Action Plan, Asthma Action Plan, and Seizure Action Plan.

1. **Is there any NEW information about your child's health that you think is important for us to know in serving your child?** \_\_\_\_\_

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**I affirm that all information given is complete and accurate.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## School Transportation Plan



We are still working through our transportation plans for next school year and plan to finalize them by July 2016; however, we anticipate that families who wish to utilize school bus transportation will still be able to select from a variety of cluster stops located throughout the city. Families can view our current cluster stop locations and pick up / drop off times on our [website](#). Although these locations and times may change for the coming school year, families can use it as a guide to indicate their transportation preferences.

### 1. Is school-provided transportation **NECESSARY** in order for your child to enroll and attend Charlotte Lab

School during the 2016-2017 school year?  YES  NO

### 2. Does your family plan to use school provided transportation during the 2016-2017 school year?

- Yes, my child will ride the bus **before** school only
- Yes, my child will ride the bus **after** school only
- Yes, my child will ride the bus **before** and **after** school
- No, I will **walk** or **drive** our child daily

### 3. Charlotte Lab School does not coordinate the logistics of families interested in carpooling, but will connect interested families with one another to figure out specific details. Please indicate your level of interest:

- Yes, my family **MUST** carpool with other families in our area in order to attend Charlotte Lab School\*
- Yes, my family would be interested in carpooling with other families in our area if we could make it work\*
- No, my family does not plan to carpool

*\*By selecting YES above, I give Charlotte Lab School permission to share my name, phone number, and email address with other Lab School families interested in carpooling during the 2016-2017 school year\**

### 4. Next school year, families will submit payment for school transportation directly to the contracted bus company. It costs approximately **\$100 per month round trip OR \$50 per month one way** for a student to ride the bus for the entire school year. Please indicate your family's plans:

- We plan to use the bus and pay for the full cost
- We plan to use the bus, and we will be able to make a partial payment
- We plan to use the bus, and we are unable to pay
- We do not plan to use the bus, but we will make a tax-deductible donation to cover the cost of another student in need of school transportation

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## Income Eligibility Form

The information provided on this form will be used determine each student’s eligibility for financial assistance with school based programs including but not limited to: complimentary or reduced school lunch prices, after school care scholarships, school activity fee waivers, and state testing result reports in accordance with the federal *No Child Left Behind Act of 2001*.

Check **ONE** box below that best matches the total number of adults and children in your household **AND** the total annual income of all household members:

# of people in household	Household Annual Income					
2 people	<input type="checkbox"/>	Income less than \$20,709	<input type="checkbox"/>	Income \$20,710-\$29,471	<input type="checkbox"/>	Income greater than \$29,471
3 people	<input type="checkbox"/>	Income less than \$26,117	<input type="checkbox"/>	Income \$26,118-\$37,167	<input type="checkbox"/>	Income greater than \$37,167
4 people	<input type="checkbox"/>	Income less than \$31,525	<input type="checkbox"/>	Income \$31,526-\$44,863	<input type="checkbox"/>	Income greater than \$44,863
5 people	<input type="checkbox"/>	Income less than \$36,933	<input type="checkbox"/>	Income \$36,934-\$52,559	<input type="checkbox"/>	Income greater than \$52,559
6 people	<input type="checkbox"/>	Income less than \$42,341	<input type="checkbox"/>	Income \$42,342-\$60,625	<input type="checkbox"/>	Income greater than \$60,625
7 people	<input type="checkbox"/>	Income less than \$47,794	<input type="checkbox"/>	Income \$47,795-\$67,951	<input type="checkbox"/>	Income greater than \$67,951
8 people	<input type="checkbox"/>	Income less than \$53,157	<input type="checkbox"/>	Income \$53,157-\$75,647	<input type="checkbox"/>	Income greater than \$75,647

If more than 8 people in household, please provide \_\_\_\_\_ and \_\_\_\_\_  
(number of people in household) (total household annual income)

Do any household members (including you) currently participate in one or more of the following assistance programs? If **no**, skip this section. If **yes**, please check only one and provide the case number:

SNAP       TANF       FDPIR      **Case Number:** \_\_\_\_\_

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_,  
(parent/guardian full name) (student full name)

and certify that the above information is true and correct, and that **all** household income is reported, including, but not limited to *earnings from work, public assistance, child support, alimony, pensions, retirement or other income sources*. I understand that this information is being given in compliance with the federal *No Child Left Behind Act of 2001*, and in order to determine my child’s eligibility for financial assistance with school based programs. I agree to provide documentation, should Charlotte Lab School officials request it, in order to verify the information provided.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_