



Frontier Charter Academy Enrollment Packet 2018-2019

Welcome to Frontier Charter Academy! Our staff is very excited about the upcoming school year and we are looking forward to having each and every one of you.

Please take the time to fill out the entire packet for each child who will be attending FCA. This information will be used for student records, transportation, and health records.

If you have any questions, please feel free to stop by the office or contact us at (719) 347-3156.

Thank you,

FCA Office Staff

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FRONTIER CHARTER ACADEMY
Student Registration
2018-2019

Section 1 Student Information

Last Name of Student	First Name	Middle Name	M / F	How long in Colorado? _____ How long in USA? _____	
Street Address/Apt. #	City	County	State	Zip	School District (Reside In)
Mailing Address (If different from above)	City	County	State	Zip	Student has an "IEP"? Yes or No
	Date of Birth	Grade Entering	Home Phone		

Section 2 Parent/Guardian Information

Father's or Guardian's Last Name	First Name	Work Phone		
Address (If different from above)				
Employer's Name & Address	City	State	Zip	
Mother's or Guardian's Last Name	First Name	Work Phone		
Address (If different from above)				
Employer's Name & Address	City	State	Zip	
Parent's E-mail Address Father: Mother:	Cellular Phone Father: Mother:	Home Phone Father: Mother:		

Section 3 Sibling Information

Sibling Name	School Attending	Grade	Age
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Section 4 Data for Colorado Department of Education Form 4 (Ethnic Group)

Place a check mark next to the statement in this section applicable to this student: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander	Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other: _____
Do you qualify for Medicaid? Y / N	Medicaid # _____
Last School attended: _____ Start Date: _____ Transfer Date: _____	Office Use Only Start Date: _____ Transfer Date: _____

AUTHORIZATION TO RELEASE PUPIL RECORDS AND INFORMATION

(Only fill this page out if you are new to FCA)

I hereby authorize _____

(Previous School)

(Address)

(City, State, Zip Code)

To release records regarding:

Name of Student _____

Date of Birth _____

Grade _____

To: Frontier Charter Academy
418 Yoder Street
Calhan, CO 80808
Fax: 719-347-3054

Please send the following information if applicable:

_____ Progress Records (grades, attendance, etc.)

_____ Attendance Records

_____ Discipline Records

_____ Health Records (including immunization records)

_____ Special Education Records (including current testing material, IEP, reports, etc.)

_____ ILP and/or ALP

_____ Psychological Tests and Reports

_____ Speech/Hearing Test

_____ 504

_____ Other: _____

School Official Signature

Title

Date

Parent or Guardian's Signature

Date

Home Language Questionnaire
2018-2019

Student's Name _____
Last First Middle

Country of Birth _____ Date of Birth _____

Parent's or Guardian's Name _____

Address _____ Phone _____

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This information is necessary for schools to provide appropriate instruction. Thank you for providing this important information.

1. What language did your child use when he/she first began to talk? _____

2. What language does your child speak with you at home? _____

3. What language do you use when you speak to your child? _____

4. Do the adults in your home speak to each other in a language other than English daily?

_____ No _____ Yes

If Yes, what language or languages do the adults in your home speak? _____

If Yes, does your child understand the conversation? _____ No _____ Yes

5. Does your child write a language other than English?

If Yes, specify _____

6. Did your child attend school in another country? _____ No _____ Yes

If Yes, how many years? _____ Which country? _____

Language used for instruction? _____

Parent or Guardian's Signature

Date

Frontier Charter Academy
Request for Bus Transportation
2018-2019

Household Information

Student name: _____ Grade _____

Parents/Guardians Names _____

Home Phone _____ Address _____
Cell Phone _____
Work Phone _____

Emergency Contact _____ Phone _____

Starting Date _____
Ending Date _____

Please note: Parents are responsible for transporting students to the closest bus stop on the route.

FCA Transportation Office Use Only

Bus Route _____

AM Pick Up _____ PM Drop Off _____

Storm Route Location _____

AM Pick Up _____ PM Drop Off _____

Date added to bus route _____

Confirmed by _____

Frontier Charter Academy
Student Information Card
2018 – 2019

Please fill out this form for each student attending FCA and return it to the school office by **AUGUST 16 , 2018**.

Student Name

Date of Birth

Home Phone Number

Alternative Phone Number

Street Address

City

State

Zip Code

Mailing Address if different from above

Transportation:

On routine school days my child will (check one):

- Ride the bus to and from school
 Parent will transport to and from school
 Walk to and from school
 Carpool will transport to and from school

Carpool adults are:

Emergency Procedure

In case of emergency, illness or accident:

Contact mother _____ at _____
Mother's name Place of work

Work Phone _____ Cell Phone _____

Contact father _____ at _____
Father's name Place of work

Work Phone _____ Cell Phone _____

In an emergency, if parents cannot be contacted please notify (local person if possible):

Name _____ Phone _____

Name _____ Phone _____

I authorize school personnel to secure medical aid and ambulance service and to consent to medical or surgical treatment when need is immediate and effort to contact me is unsuccessful.

Signature

Date

Hospital preferred

Insurance Company

Policy #

Physician's Name

Phone #

Frontier Charter Academy
Photo Permission Form
2018 – 2019

Student name: _____ Grade _____

Throughout the school year, there will be numerous situations and opportunities for photos to be taken, including candid classroom shots as well as scheduled times for the formal individual and class pictures.

Please indicate your preference for including your child in photographs.

_____ Yes, you have my permission to include my child in all photo opportunities.

_____ My child's picture may appear in newspapers.

_____ My child's picture may appear in FCA publications (newsletters, yearbook, etc.)

_____ No, I do NOT want photos of my child taken in any situation.

_____ My child's picture MAY NOT appear in newspapers.

_____ My child's picture MAY NOT appear in FCA publications (newsletters, yearbook, etc.)

_____ I ONLY want my child to have photos taken as part of the scheduled Picture Day.

Comments:

Parent's Name (Printed)

Parent's Signature

Date