

Por Vida Academy Charter School District

1135 Mission Road
San Antonio, TX 78210

☐001: **Por Vida Academy**, 1135 Mission Road, San Antonio, TX 78210 Phone: (210) 532-9161 Fax: (210) 533-5612
 ☐002: **Corpus Christi College Prep HS**, 3501 SPID., Corpus Christi, TX 78416 Phone: (361) 225-4240 Fax: (361) 225-4021
 ☐003: **Cesar E. Chavez Academy**, 4613 SPID, Corpus Christi, TX 78411 Phone: (361) 561-5651 Fax: (361) 561-5654

2017-2018 STUDENT ENROLLMENT CHECKLISTS

Equal Opportunity

Por Vida Charter District and its educational programs do not discriminate with regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other characteristic protected by law in accordance with applicable federal laws, including, but not limited to, Title VII, Title IX Section 504, and Title VI, the Americans with Disabilities Act, 422 U.S. § 12112 (a)(b), and Section 504 of the Rehabilitation Act of 1973, in its educational programs, employment, and activities. In addition, Por Vida, Inc., complies with applicable state and local laws governing nondiscrimination. This policy applies to all terms and conditions of employment, including but not limited to, hiring, placement, promotion, termination, reduction in force, transfer, leaves of absence, compensation, training, educational programs and school activities.

We are an Academic Charter High School. The programs are designed to target the needs of students who are at least 14 years of age, however, we may accept all students who qualify to attend ninth through twelve grade.

APPLICATION INCLUDES THE FOLLOWING:

1	High School Student Enrollment Form
2	Verification of Government Issued Cards
3	Substance Abuse Subtle Screening Inventory
4	Field Trip Release
5	Pregnancy/Parenting Services
6	Parent/Guardian Volunteer Sheet
7	Request For Student Records
8	Parent/Guardian Consent Form For the Release of Information
9	Student Questionnaire
10	Home Language Survey
11	Consent for Confidential Services
12	Consent for Special Education Files
13	Free & Reduced Meal Plans (5 Pages)
14	At-Risk Student Profile
15	Student Residency Questionnaire
16	Release of Personal Info. to the Public
17	Family Survey

THE FOLLOWING MUST BE SUBMITTED:

☐	Official or Unofficial Copy of: School Transcripts, Testing Records, TAKS Scores, Special Education Records
☐	Submit Original Shot Records (This document must be current.)
☐	Submit an original Birth Certificate (The document will be returned promptly.)
☐	Show an original Social Security Card
☐	Show current Driver's License
☐	Submit Withdrawn Student Records

After **EVERYTHING** listed above has been turned in to the school secretary, an interview with the Principal will be scheduled.

To be officially enrolled in the Por Vida Charter District, all of the above MUST BE COMPLETED.

In the event of a waiting list, if the student that is on the waiting list does not respond to a second phone call for an interview, then he or she will be automatically dropped from the waiting list and the student will need to reapply for enrollment.

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HIGH SCHOOL STUDENT APPLICATION 2017-2018

Please print in black or blue ink.

*WRITE YOUR NAME AS IT APPEARS ON YOUR BIRTH CERTIFICATE.

Sibling(s): _____

*Last Name	Maiden Name	*First	*Middle	Grade	Gender
Date of Birth	Birthplace	Sex: Male__ Female__		Age Sept. 1	
Race: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black			Social Security Number		
Address		Apt No.	City/State		Zip Code
Parent/Guardian Phone		Available <input type="checkbox"/> Day <input type="checkbox"/> Evenings		Email address:	

Public School in Your District: (School Name Only) _____

Parent/Guardian	Relation	Home Phone	Cell/Page
Address	Apt No.	City/State	
Place of Employment & Dept.	Work Phone	Social Security Number	Date of Birth

Parent/Guardian	Relation	Home Phone	Cell/Page
Address	Apt No.	City/State	
Place of Employment & Dept.	Work Phone	Social Security Number	Date of Birth

Would you authorize the emergency contacts to authorize for your son/daughter to be released from school? Yes or No

EMERGENCY CONTACT NUMBERS, if you can not be reached:

Name	Relation	Phone
Name	Relation	Phone

Doctor Preference	Phone
Hospital Preference	Phone

The Information Above Is Needed As A Permanent School Record Of Your Child and Will Be Used By School Personnel Only.
 I, the undersigned, certify that the above information is correct and do hereby authorize Por Vida Charter District to contact the person named on this form directly, and do authorize the above named physician to render such treatment as may be deemed necessary in an emergency for the health of said child. *In the event physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation for said child.*

Parent/Guardian Signature	Date	Student Signature	Date
---------------------------	------	-------------------	------

FOR OFFICE USE ONLY

App Process By:	Interview By:	Interview Date:	Start Date:
Eligibility Code:	Re-Enroll Date:	Social Worker/Date:	Spec. Ed/Date:
PEIMS/Date:	Academic Adv/Date:	ESL/Date:	

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**Verification of Government Issued Cards
2017-2018**

Student Name: _____ Date of Birth: ____/____/____

Verification of Student's Social Security Card

I, _____, certify that the student's legal name and Social Security
(Name of School Official)
Number matches the information that was provided on the 2017-2018 Student Application.

Discrepancies: _____

Verification of Parent/Guardian's Driver License

I, _____, certify that the information on the parent/guardian
(Name of School Official)
Driver's License matches the information that was provided on the 2017-2018 Student Application.

Discrepancies: _____

Signature of School Official

Date

Signature of Parent/Guardian

Date

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**SUBSTANCE ABUSE SUBTLE SCREENING INVENTORY
2017-2018**

I understand that during the course of the school year, 2017-2018, Por Vida Charter District students will be offered individual and group services related to substance abuse. To better serve students in need of substance abuse resources, an assessment tool called The Substance Abuse Subtle Screening Inventory (SASSI) will be administered. The SASSI will be used to evaluate our students' needs, if any, for substance abuse resources. The SASSI is widely used by service providers to promote the early intervention and treatment of substance abuse disorders.

I authorize Por Vida Charter District to allow my child the opportunity to participate in the activities mentioned above.

Student Name (print)

Date of Birth

Social Security Number

My signature provides consent for my child to participate in the activities mentioned above for the school year 2017-2018.

Parent Printed Name

Parent/Guardian Signature

Date

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**Field Trip Release
2017-2018**

Por Vida Charter District offers its students educational opportunities through field trips to museums, businesses, colleges, and other places.



I, the undersigned, give my child permission to participate in said trips. I understand that Por Vida Charter District is not liable for any injury, loss, and/or damage that may occur during the trip. I am also aware that no alcohol, tobacco, illegal substances, or weapons are allowed on said trips.

Student Signature

Date

Parent/Legal Guardian Signature

Date

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Pregnancy / Parenting Services 2017-2018

Por Vida Charter District provides support services to pregnant and expectant mothers and fathers as well as for students who are parenting. We are committed to helping expectant and/or parenting students achieve their diploma.

The following services are available for expectant and or parenting students:

- **STORK CLUB LUNCH:** Meets once a week; some of the topics include prenatal care, nutrition, fetal development, pregnancy concerns, medical information, and breastfeeding; speakers of choice are provided.
- **YOUNG MOM'S SUPPORT GROUP:** meets once a week. Some of the topics include child development, discipline, family dynamics, nutrition, potty training, daycare; speakers of choice are provided (i.e., Texas Attorney General's Office – Child Support).
- **YOUNG DAD'S SUPPORT GROUP:** Meets once a week. Some of the topics include child development, daycare, family dynamics, parenting demands; speakers of choice are provided (i.e., Texas Attorney General's Office –Child Support).
- **PARENTING CLASSES:** Topics include prenatal care, child development courses, discipline and other related topics.

Name: _____

Address: _____

Phone: _____

Are you pregnant? Yes _____ No _____

Do you have a child/children? Yes _____ No _____

What are the ages? (a)____, (b)____, (c)____

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PARENT/GUARDIAN VOLUNTEER SHEET
2017-2018

Student Name: _____

At Por Vida Charter District, we want to involve students, parents, and family members as much as possible in the education process. We would like to give you an opportunity to become more involved in the students learning process. Listed below are the activities/items that volunteers are needed to accomplish.

Please check the activities/items that you feel, you would be able to volunteer for the school year.

- _____ Hall monitors
- _____ Lunch monitor
- _____ Morning duty
- _____ Afterschool duty
- _____ Teacher assistant
- _____ Field trip chaperone
- _____ Office assistant

Other: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

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**Request for Student Records
2017-2018**

Student: _____

SS#: _____ - _____ - _____

Date of Birth: ____ / ____ / ____

Current Grade: _____

Please send the following information:

- () Official Transcript of Grades
- () Standardized Achievement Test Scores
- () TAKS/STAAR Scores
- () Withdrawal Grades
- () Special Ed Records
- () Health Records
- () Copy of Last Report Card
- () Other: _____

Requesting School: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Principal's or Designee's Signature

Date

To obtain records on the above student, fill in the above information
and fax or mail this request form.

According to the final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment 99.31) dated June 17, 1976, it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll may receive a student's record without a written consent for such release.

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**PARENT/GUARDIAN CONSENT FORM
FOR THE RELEASE OF INFORMATION
2017-2018**

I understand that during the course of the school year, 2017-2018, Por Vida Charter District students may participate in audio taping, media interviews, photographing, questionnaires/surveys, and videotaping.

Beginning August 27, 2017, I authorize Por Vida Charter District to allow my child to participate in the above media mediums.

_____/_____/_____-_____-_____
Student's Name (Print) Date of Birth Social Security Number

My signature at the bottom of this document serves as an agreement to this consent, which will expire on the last day of the 2017-2018 school year.

Student Signature

Date

Parent/Legal Guardian Signature

Date

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**STUDENT QUESTIONNAIRE
2017-2018**

We would like to know you better, please complete the following.

This information will be kept confidential!

Please write in your own words a FULL PARAGRAPH,
Why you would like to attend our Charter High School?
(Must be completed by incoming student)

How did you learn about our school? _____

Do you know anyone at our school? Yes or No If yes, who? _____

Are you currently eligible to attend your former school? Yes or No If No, why? _____

Are you on probation? Yes or No If Yes, why? _____

What are the terms of your probation? _____

Who is your probation officer? _____ Phone: _____

Student Signature: _____ Date: _____

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HOME LANGUAGE SURVEY

2017-2018

Dear Parent or Guardian:

The United States Office of Civil Rights and the Texas Education Agency require that each school district conduct a survey of all students who may hear or speak a language other than English in the home. The purpose of this survey is to identify students of limited English proficiency. We offer a special program to assist these students. Please complete the survey below and return it to the school. Thank you for your cooperation.

Sincerely,

Principal Date

HOME LANGUAGE SURVEY
Grades 9-12

Name of Student: _____ Grade: _____
Name of School: _____ Country of Birth: _____

TO BE FILLED IN BY PARENT, GUARDIAN, OR THE HIGH SCHOOL STUDENT.

- 1. What language is spoken in the student's home most of the time? _____
- 2. What language does the student speak most of the time? _____

Signature of Parent, Guardian or Student at least 18 years age Date

Appreciable Padre o Guardian:

La oficina de derechos Civiles de Los Estados Unidos y la Agencia de Educacion de Tejas exigen que cada distrito conduzca un reviso de los estudiantes quienes hablan u oyen un idioma mas que ingles en su hogar. Con este reviso queremos identificar a los estudiantes limitados en el ingles para ayudarlos en un programa especial. Haga el favor de completar este cuestionario y regreselo a la escuela. Gracias por su coperacion.

Sinceramente,

Superintendente Fecha

CUESTIONARIO DE IDIOMA DEL HOGAR
Grados 9-12

Nombre del estudiante _____ Grado _____
Escuela _____ Pais de Nacimiento _____

DEBE DE COMPLETARSE POR EL PADRE, GUARDIAN O ESTUDIANTE DE GRADOS 9-12

- 1. Cual es el idioma que mas se habla en el hogar del estudiante? _____
- 2. Cual es el idioma que mas habla el estudiante: _____

Firma del padre guardian, O estudiante de 18 anos Fecha

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STUDENT HEALTH CENTER CONSENT FOR CONFIDENTIAL SERVICES 2017-2018

Name: _____

Address: _____

Telephone: _____ Date of Birth: ____/____/____ Grade: _____ Gender: M or F

Parent/Guardian Name: _____

Relationship to student: _____

Home Phone: _____ Daytime Phone (if different): _____

Doctor: _____ Office Number: _____

Dentist: _____ Office Number: _____

According to Texas Minor Consent Law, a minor (under the age of 18) has the same legal right as an adult to consent for:

- Treatment for or advice about drug abuse.
- Treatment for or advice about alcoholism.
- Treatment for or advice about sexually transmitted diseases.
- Treatment for or advice about pregnancy care.
- Treatment for or advice about birth control.

1. I grant permission for my child _____ to enroll in the Student Health Center at Por Vida Charter District. I consent for my child to receive health services, which can include physical examinations, treatment for chronic and acute health problems, health education, and limited diagnostic tests.
2. I understand school personnel will not have access to any of my child's medical records and the results of all examinations and counseling are strictly confidential.
3. I understand that Texas law allows a minor to give consent for treatment or advice about drug abuse, alcoholism, sexually transmitted disease, pregnancy, and treatment or advice about birth control.

Parent signature _____ Date _____

Student signature _____ Date _____

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**Consent for Special Education Files
2017-2018**

Student's Name: _____ Date of Birth: __/__/____

To Whom It May Concern:

The above named student is applying for enrollment within the Por Vida Charter District. In order to complete the student's application, we request the student's complete Special Education file to include the Comprehensive Individual Assessment (CIA).

Thank you,

Co-Administrator

Date

Parent/Guardian Signature
(If the student is younger than 18 years old.)

Date

Student Signature
(If the student is 18 years old.)

Date

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Free and Reduced-Price Meal Plans

2017-2018

Dear Parent/Guardian:

Children need healthy meals to learn. Por Vida, Inc. School District offers healthy meals every school day. Breakfast costs \$1.00; lunch costs \$2.00. Your children may qualify for free meals or for reduced-price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.

- 1. Do I need to fill out an application for each child?** No. Complete one application to apply for free or reduced-price meals. Use one Free and Reduced-Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: Food Director, 3701 Mueller, Corpus Christi, Texas**
- 2. Who can get free meals?** Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or TANF can get free meals regardless of your income. Your benefit letter from the Texas Health and Human Services Commission (HHSC) is your documentation for free meals. If you have not already received a letter from your school stating that your household is eligible for free meals, you may take your HHSC benefit letter to your child nutrition office to be certified for free meals. If a member of your household is directly certified due to receiving SNAP or TANF benefits, all members of your household are eligible for free meals. Call the school at **(361)-225-4240** if you have questions.
- 3. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced-price meals?** In most cases no, however read the letter you got carefully and follow the instructions. Call the school at **(361) 225-4240** if you have questions or a member of your household is not listed on the letter. If your household does not receive SNAP or TANF, your children may still be eligible to receive free meals if your household income is less than the amounts listed on the federal Income Eligibility Guidelines. Please complete the application and submit it to your child nutrition office. Head Start students and most foster children may also qualify for free meals.
- 4. Can homeless, runaway and migrant children get free meals?** Yes. If you have not been notified of free status under these categories, please call **Food Director**, to see if your child(ren) qualify.
- 5. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced-price limits on the Federal Income Chart.
- 6. I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please fill out an application.
- 7. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 8. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting SNAP, TANF or other benefits.
- 9. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: CCCPHS, Principal, Attn: **Stephen Mora**. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced-price meals.
- 11. Who should I include as members of my household?** You must include yourself and all people living in your household, related or not (such as children, grandparents, other relatives or friends).
- 12. What if my income is not always the same?** List the amount that you normally receive. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime pay, include that amount as income. If you do not normally get overtime pay, do not include it as income.
- 13. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **(361)-225-4240** Si necesita ayuda, por favor llame al teléfono: **(361) 225-4240**.
Si vous voudriez d'aide, contactez nous au numero: **(361) 225-4240**.

Sincerely,

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Release of Personal Information to the Public
2017-2018

Most of Por Vida Charter School District's records including student directory must be released upon request under the Open Records Act. However, directory information such as: student name, address, telephone number, date and place of birth may be withheld. Parents/Guardians and adult students may choose not to allow public access by submitting a written request to the school district. Please complete, sign, and return this form to your high school office. This form will be used to determine what, if any, information will be released about your student(s). Please ensure to complete, sign, and return this form within 14 days of enrollment.

Student(s) Name(s):

Name		
Address		
Telephone Number		
Date of Birth		
Place of Birth		

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

(ONLY IF 18 OR OLDER)