



VANGUARD ACADEMY CHARTER SCHOOL
 Student **Enrollment** Application
 2019-2020

Fifth to Eighth Grade

Use Black ink only.

Student's Legal Name:

Last: _____ First: _____ Middle: _____

Date of Birth: ____/____/____ Sex: _____ (M or F) Social Security Number: ____/____/____

Student's Address: _____ City: _____ State: _____ Zip Code: _____

Grade Enrolling for 2019-2020: _____ Siblings Currently Enrolled: _____

Ethnicity: _____ Hispanic/Latino _____ Not Hispanic/Latino	Race: _____ American Indian/Alaskan _____ Asian _____ Black or African American _____ Native Hawaiian/Pacific _____ White	History: _____ Please circle "Y" for yes and "N" for no. Y/N Has the student been placed in a Gifted & Talented Program? Y/N Has the student ever repeated a grade? If so, which one(s)? _____ Y/N Has the student ever been suspended from school, or been assigned to an alternative school? _____ Y/N Has the student ever been placed in a special education/Resource/504 class? If so, where? _____ When? (Be Specific) _____ Please provide the documentation. Y/N Has the student ever received Speech Therapy and/or Occupational Therapy? _____ <input type="checkbox"/> Private <input type="checkbox"/> School/Child Find Y/N Is the student currently taking any medication? If so, which one(s)? _____ Please list any illnesses or health problems that your child may have: _____ _____ Is this student the subject of a court or custody order? _____ (Y/N) If YES, please provide a copy of the order to the school.

Have you applied at another Vanguard Academy campus? _____ (Y/N) If yes, for what school year? _____

Has the student ever attended Vanguard Academy? _____ (Y/N) If yes, during what school year? _____

Has the student ever attended school in Texas? _____

Last school attended:

School Name: _____ District _____

City: _____ State: _____ Zip: _____

Campus of Residence: _____

Parent/Guardian Information: Primary Contact Last Name: _____ First Name: _____ Relation: _____ Address: _____ Apt. _____ City: _____ State: _____ Zip Code: _____ Home Phone #: _____ Cell Phone #: _____ Email: _____ Place of Employment: _____ Work Phone #: _____	Language Preference: English <input type="checkbox"/> Spanish <input type="checkbox"/> (For SchoolMessenger)
Secondary Contact Last Name: _____ First Name: _____ Relation: _____ Address: _____ Apt. _____ City: _____ State: _____ Zip Code: _____ Home Phone #: _____ Cell Phone #: _____ Email: _____ Place of Employment: _____ Work Phone #: _____	

Emergency Contacts:

Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____

Student's Doctor/Clinic: _____ Phone: _____
Hospital of Choice: _____

Migrant Information: Employment Survey

Has your family left the school district to search for work in the last three years? _____ Yes _____ No

Date: _____

If yes, from _____ to _____
City, State or Country City, State or Country

Directory Information:

Schools regularly receive requests for directory information on students enrolled. This information includes, but is not limited to, information such as student name, address, telephone number, date and place of birth, photographs, participation in sports, grade level, dates of attendance, enrollment status and e-mail address.

_____ I Give _____ I DO NOT GIVE permission to release student directory information.

STUDENT'S NAME: _____

I attest that all of the above information is true and correct to be the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

How did you hear about Vanguard Academy? _____

****Upon acceptance, a Student Withdrawal form from the previous school must be presented before a student may be registered.**

Select Campus of Choice:

- Rembrandt Elem. & Secondary (Pharr)
- Picasso Elementary (Pharr)
- Mozart Elementary (Alamo)
- Mozart Secondary (Alamo)
- Beethoven Elementary (Edinburg)
- Beethoven Secondary (Edinburg)

For Office Use Only:

- Enrollment application
- Birth Certificate & Social Security card
- Proof of Residence (Utility bill/property tax records)
- Immunization's record
- Home Language Survey. (If never been in a public school before).
- Copy of Student's most recent report card/transcript. (Grades 1st-12th)

For Office Use Only:

Date Received Enrollment Application: _____
Time: _____
Int's: _____
Int's: _____

For Nurse Use Only:

I have personally reviewed the student's Immunization and Health Record.
Date: _____
School Nurse's Signature: _____

Vanguard Academy prohibits discrimination in admission policy on the basis of sex, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend. It does not discriminate on the basis of gender, race, color, and national and ethnic origin in administration of its education policies, scholarships, and/or administrated programs.