



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

Pre-K4 Full Day
 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:	<input type="checkbox"/> Hispanic/Latino	History:	Please circle "Y" for yes and "N" for no.
	<input type="checkbox"/> Not Hispanic/Latino		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)? _____
Race:	<input type="checkbox"/> American Indian/Alaskan	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.
	<input type="checkbox"/> Asian	Y/N Has the student ever received Speech Therapy and/or Occupational Therapy? _____	<input type="checkbox"/> Private <input type="checkbox"/> School/Child Find
	<input type="checkbox"/> Black or African American	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: _____ _____
	<input type="checkbox"/> Native Hawaiian/Pacific	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.
	<input type="checkbox"/> White		
Place of Birth:	City: _____ State: _____		

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? _____ Is your child currently in a bilingual classroom? _____

If yes, do you authorize Vanguard Academy to request student's records? _____

Last school attended:

School Name: _____ District _____

City: _____ State: _____ Zip: _____

Campus of Residence: _____

Qualifications: Pre-Kinder – 4 years old by September 1, 2019.

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

For Office Use Only:

- Admission & Enrollment applications
- Birth Certificate & Social Security card
- Proof of Residence
(Utility bill/property tax records)
- Immunization's record (two copies)
- Meal Application
- Current Income Proof (Pay Stub, SNAP)
- Home Language Survey

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.