

# TWO DIMENSIONS PREPARATORY ACADEMY CHARTER SCHOOL

**Veterans Memorial Campus**  
 12121 Veterans Memorial Dr. # 7  
 Houston, TX 77067  
 281-227-4700/ phone  
 832-232-0032/ fax

**Corsicana Campus**  
 901 East 10<sup>th</sup> Street  
 Corsicana, TX 75110  
 903-872-2858/ phone  
 903-872-2858/ fax

**Vickery Campus**  
 12330 Vickery  
 Houston, TX 77039  
 281-227-4700/ phone  
 281-987-7306/ fax

## NEW STUDENT - ENROLLMENT FORM 2018– 2019

\*\*\*\*\*Blue Ink Only\*\*\*\*\*

<b>Child's Name as it appears on the birth certificate:</b>		
Last _____	First _____	Middle _____
Grade applying for: _____		
Date of Birth: _____		Child's social security number: _____
Age by September 1, 2018: _____		Is your child a legal citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
What school district do you reside? _____		
Ethnicity- Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check All That Apply: <input type="checkbox"/> African American/ Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic/Latino		
<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White		
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

**With whom does the child reside?** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ **Home phone:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **City/State/ Zip** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Cell #:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email address:** \_\_\_\_\_@\_\_\_\_\_

**Father's name:** \_\_\_\_\_ **Home phone:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **City/State/ Zip** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Cell #:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email address:** \_\_\_\_\_@\_\_\_\_\_

**Legal guardian's name:** \_\_\_\_\_ **Home phone:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **City/State/ Zip** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work #:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Cell #:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### For School Use Only

<p><input type="checkbox"/> Date received in office: _____</p> <p><input type="checkbox"/> Birth certificate verified: _____</p> <p><input type="checkbox"/> Social security # verified from card: ____/____/____</p> <p><input type="checkbox"/> Guardianship or Custody verified    TDL/ID # _____</p> <p><input type="checkbox"/> Proof of Residency    Date: _____</p> <p><input type="checkbox"/> Corporal Punishment:    ____ Yes    ____ No</p> <p><input type="checkbox"/> Final Report Card ____ Yes    ____ No    ____ N/A</p> <p><input type="checkbox"/> Residential District Reside In: _____</p> <p><input type="checkbox"/> Lunch Application Date: _____ Complete: ____ Yes    ____ No</p> <p><input type="checkbox"/> Immunizations:    ____ Complete    ____ In Process</p> <p style="padding-left: 20px;">____ Waiver    ____ Not Provided</p> <p><input type="checkbox"/> TB Skin Test    ____ Administered    ____ Results</p> <p>Enrollment Date: _____ Grade: _____</p>	<p style="text-align: center;"><b>Homeless Status</b></p> <p>Homeless    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="text-align: center;"><b>Home Language Survey</b></p> <p>Spoken in home most of time</p> <p><input type="checkbox"/> English    <input type="checkbox"/> Spanish    <input type="checkbox"/> Other _____</p> <p>Child speak most of time</p> <p><input type="checkbox"/> English    <input type="checkbox"/> Spanish    <input type="checkbox"/> Other _____</p> <p style="text-align: center;">_____ Date sent to PEIMS Coordinator</p> <p>_____ Administrator Signature</p> <p style="text-align: right;">_____ Date</p>
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**I authorize the release of my child to the following: (in addition to those listed below)**

Name	Relation to the student	Phone Number

In case of an emergency (illness or accident) Two Dimensions is authorized to act as directed below. Please list two contact persons when a parent cannot be reached.

Emergency Contact	Address	Phone Number
1.		
2.		
Contact Family Physician:		
Daycare Provider:		

**Other Children in the family:**

Last Name	First Name	Date of Birth	School Attending

List any health concerns for your child: \_\_\_\_\_

Is your child currently taking any prescription medications?     Yes     No

Please list: \_\_\_\_\_

Are there any custody issues that the school needs to be aware of?

Yes     No    If yes, please provide legal documents.

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

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Daisy Simpson, Superintendent ♦

Administrative Office:

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## Corporal Punishment

Yes, I the Parent of \_\_\_\_\_, give **Two Dimensions** permission to administer corporal punishment to my child whenever the administrator deems it necessary. I understand that the school may or may not call me prior to this action.

No, I the Parent of \_\_\_\_\_, do not give **Two Dimensions** permission to administer corporal punishment to my child. **I understand that I am required to contact the campus to make adjustments for my child's behavior.**

Father/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Castigo Corporal

Sí, padre de I del permiso de las Dimensiones de la elasticidad dos del \_\_\_\_\_, De administrar el castigo corporal a mi niño siempre que el administrador lo juzgue necesario. Entiendo que la escuela puede o no puede llamarme antes de esta acción.

No, padre de I del permiso de las Dimensiones de la elasticidad dos del \_\_\_\_\_, do no de administrar el castigo corporal a mi niño. **Entiendo que me requieren en contacto con el campus para hacer los ajustes para el comportamiento de mi niño.**

Padre /Guarda del: \_\_\_\_\_ Fecha del: \_\_\_\_\_

Madre/Guarda del: \_\_\_\_\_ Fecha del: \_\_\_\_\_

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## TDPACS Policy Awareness

I, \_\_\_\_\_, have been made aware by Two Dimensions Charter School staff that I must read and adhere to the following policies:

- Promotion Standards
- Acceptable Use and Internet Policy
- Pick/Up Drop-off Policy
- Attendance Policy
- Tardy Policy
- Official Uniform Policy
- Parent Involvement Policy & School-Parent Compact

These policies can be found on the school's website at [www.twodimensions.org](http://www.twodimensions.org) in the Two Dimensions Preparatory Academy Charter School Parent/Student handbook. These documents can also be requested from the campus Registrar.

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

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

\_\_\_\_\_  
**Student Name**

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## *Student Record Release Authorization*

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

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ has my consent to release the following  
(Name of previous school)  
information on the above-named student to **Two Dimensions Charter School**.

- A copy of the report card, also include withdrawal grades
- Date of entry/withdrawal from your school
- STAAR Test records/achievement scores
- Key to grading system
- Home Language Survey
- Health data/immunization records
- Other information that would be helpful in working with this student

Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

Name and Address of Previous School: \_\_\_\_\_

Phone Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE TO SENDING SCHOOL: PLEASE FORWARD RECORDS THROUGH THE TREx SYSTEM AS REQUIRED BY THE STATE OF TEXAS.**

For further information contact Mrs. Broussard at 281-227-4700 EXT 4752 or email at [dbroussard@twodimensions.org](mailto:dbroussard@twodimensions.org).

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## Home Language Survey

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What language is spoken in the home most of the time?

English     Spanish     Other (Specify) \_\_\_\_\_

2. What language does your child speak most of the time?

English     Spanish     Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## Encuesta sobre casera la Lengua

Nombre Del Estudiante: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Número de seguro social: \_\_\_\_\_ Raza del: \_\_\_\_\_ Grado del: \_\_\_\_\_

1. Cual idioma se habla en su hogar casi siempre?

Ingles     Español     Otro (favor de especificar) \_\_\_\_\_

2. Cual idioma su hijo casi siempre?

Ingles     Español     Otro (favor de especificar) \_\_\_\_\_

\_\_\_\_\_  
Firma de Padre (s) o Guardián

\_\_\_\_\_  
Fecha

# Student Services Questionnaire

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Answering the questions below will help Two Dimensions identify what additional services your child will benefit from.

<input type="checkbox"/> Yes <input type="checkbox"/> NO	<b>Is English the primary language spoken in the home?</b>  If no, what language is spoken in the home? _____
<input type="checkbox"/> Yes <input type="checkbox"/> NO	<b>Does the student and parents of the student temporarily reside with another individual who is responsible for rent, mortgage and other household utilities?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> NO	<b>Does the student and parents of the student currently reside in a hotel or motel?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> NO	<b>Does the student reside, or has resided in the previous school year in a residential placement facility, substance abuse treatment facility, emergency shelter, psychiatric hospital, halfway house, or foster group home?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> NO	<b>Has the student repeated one or more grade level?</b>  If yes, what grade level and school year?
<input type="checkbox"/> Yes <input type="checkbox"/> NO	<b>Has the student performed poorly on an assessment instrument (state tests, STAAR, local benchmark, TPRI, etc.) in the current and previous school year?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> NO	<b>Is the student in Pre-Kinder, Kindergarten, or grade 1, 2, or 3, and did not perform satisfactorily on a readiness test or assessment instrument administered during the current school year?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> NO	<b>Has the Student been placed in an alternative education program during the previous or current school year?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> NO	<b>Has the student been expelled during the previous or current school year?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> NO	<b>Has the student received Special Services during the previous or current school year? (Speech Therapy, Gifted and Talented, or Special Needs)?</b>

Receiving Staff Signature:

Date Sent to PEIMS:

\_\_\_\_\_

\_\_\_\_\_

**Two Dimensions Preparatory Academy Charter School  
Emergency Medical Treatment Form**

In the event of a medical emergency at any Two Dimensions Preparatory Academy Charter School campuses, the school will first try to contact the child's parents. If the parent cannot be reached, and the child needs immediate medical treatment, the form below would be given to the hospital or clinic. The purpose of the Emergency Medical Treatment Form is to obtain medical treatment for your child in the event you cannot be contacted.

*Please complete form below and sign*

I hereby authorize the staff at Two Dimensions Preparatory Academy Charter School \_\_\_\_\_ Campus to consent to emergency medical treatment for:

Student's First/Middle/Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Parent Name \_\_\_\_\_

Home Phone# (include area code) \_\_\_\_\_ Cell Phone # (include area code) \_\_\_\_\_

Work Phone # (include area code) \_\_\_\_\_ Other # \_\_\_\_\_

**I understand in granting this authorization that:**

- My child will be taken to a hospital or clinic located nearest to the school or activity he/she is attending so that emergency medical treatment can be obtained.
- School staff will attempt to contact me before consenting to emergency medical treatment for my child.
- I will be responsible for all expenses incurred by desirable quality of the emergency medical treatment of my child and for the transportation to the emergency medical treatment facility.
- I release Two Dimensions Preparatory Academy Charter School staff members and Board of Directors from any and all claims or actions from liabilities for the injuries that occur to my child as a result of his/her receipt of emergency medical care.
- The staff of Two Dimensions Preparatory Academy Charter School, its Board of Directors and agents is not waiving any sovereign or governmental immunity by requesting the execution of this document.
- I understand the provisions of this document and execute it voluntarily.

\_\_\_\_\_  
Print Name of Parent or Guardian

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**Important Medical Information (PLEASE FILL OUT INFORMATION BELOW)**

List any medical problems your child has which medical personnel need to be aware of in an emergency:  
Diabetes  Asthma  Seizures  Heart problems  ADD/ADHD  Headaches   
Hearing Loss  Nose Bleeds  Seizures/Epilepsy  Other  (Specify) \_\_\_\_\_  
Explain any checked boxes: \_\_\_\_\_

**Glasses/Contact Lens Yes  No  Last Eye Exam: \_\_\_\_\_**

List medication(s), dosage and frequency your child takes daily (either at home or school)  
\_\_\_\_\_ Dose: \_\_\_\_\_ Frequency \_\_\_\_\_  
\_\_\_\_\_ Dose: \_\_\_\_\_ Frequency \_\_\_\_\_

List allergies (Food allergens required a doctor statement for food/drink substitutions)  
To foods No  Yes  Please List: \_\_\_\_\_  
To drugs No  Yes  Please List: \_\_\_\_\_  
To insects No  Yes  Please List: \_\_\_\_\_

List any other items(s) not mention above: \_\_\_\_\_  
If yes, what treatment is given? \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_  
Health insurance company name: \_\_\_\_\_ Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_