



# Tekoa Academy of Accelerated Studies T-STEM School Enrollment Checklist

Please remember to print all information and sign the necessary forms  
Return this sheet with forms

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

\_\_\_\_\_ Proof of Residency:

- Rental/lease agreement, mortgage document or current real property assessment document in the parent/guardian's name.
- Utility bill for water, electric, gas or telephone that indicates that the billing is in the parent/guardian's name and is being sent to the house

\_\_\_\_\_ Birth Certificate (*original certificate for verification*)

\_\_\_\_\_ Social Security Card

\_\_\_\_\_ Driver License or other identification of the person completing enrollment (per Senate bill 1432)

\_\_\_\_\_ Student Registration and Information Form (*1 for each student*)

**Was the student displaced due to any of the following natural disasters?**

- \_\_\_\_\_ Hurricane Harvey
- \_\_\_\_\_ Hurricane Irma
- \_\_\_\_\_ Hurricane Maria
- \_\_\_\_\_ California Wildfires

\_\_\_\_\_ Annual Student Health Update

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Home Language Survey

\_\_\_\_\_ Student Academic Records

- last report card, STARR Scores, Transcript, etc.

**Transportation** Student Name: \_\_\_\_\_

How will your child get to and from school?

A.M.: Bus Personal Transportation Other: \_\_\_\_\_

P.M.: Bus Personal Transportation Other: \_\_\_\_\_

What is the pick up and drop off address?

Pick Up: \_\_\_\_\_

**Office use only:**

1. Student (has) (has not) been previously enrolled in the Tekoa Academy of Accelerated Studies STEM School
2. Student (has) (has not) been previously expelled AND (is) (is not) currently under an expulsion order.

**OFFICE USE ONLY:**

Student ID #: \_\_\_\_\_

Entrance Date: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Immunizations: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_

Proof of Residency: \_\_\_\_\_ Special Residency: \_\_\_\_\_ OE: \_\_\_\_\_

**TEKOA ACADEMY OF ACCELERATED STUDIES T-S.T.E.M SCHOOL STUDENT ENROLLMENT FORM**

<b>Student's Legal Name (Last, First, Middle):</b>		<b>Gender:</b>	<b>Grade Entering:</b>
<b>Date of Birth (MM/DD/YEAR):</b>	<b>Place of Birth in US (City, State, County):</b>	<b>Birth Outside US (City, Country):</b>	
<b>Student Address:</b>		<b>City, State:</b>	
<b>Home Phone:</b>		<b>Zip:</b>	
<b>Ethnicity (You <u>must</u> answer <u>both</u> questions):</b>			
1. Is the student Hispanic or Latino? (check one)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. What is the student's race? (check one or more)		<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	

**Student Lives With:**

<b>Student Lives With:</b>	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother only	<input type="checkbox"/> Father only	<input type="checkbox"/> Both parents (alternately)*	<input type="checkbox"/> Parent/Stepparent
<input type="checkbox"/> Legal Guardian*	<input type="checkbox"/> Foster*	<input type="checkbox"/> Relative**	*Guardianship/Court papers required		**Special Residency required
<b>Primary Parent/Guardian Name:</b>			<b>Secondary Parent/Guardian Name:</b>		
Relationship:			Relationship:		
Address:			Address:		
City, State, Zip:			City, State, Zip:		
Home Phone: ( ) ( ) ( )	Cell Phone: ( ) ( ) ( )	Home Phone: ( ) ( ) ( )		Cell Phone: ( ) ( ) ( )	
Work Phone: ( ) ( ) ( )			Work Phone: ( ) ( ) ( )		
Email:			Email:		

**Emergency Contact (non-parent/guardian contacts to call in case school cannot reach parent)**

<b>Non-Parent/Guardian Contact #1 Name:</b>	
Relationship:	
Home Phone: ( ) ( ) ( )	Cell Phone: ( ) ( ) ( )
Work Phone (include extension): ( ) ( ) ( )	
<b>Non-Parent/Guardian Contact #2 Name:</b>	
Relationship:	
Home Phone: ( ) ( ) ( )	Cell Phone: ( ) ( ) ( )
Work Phone: (include extension) ( ) ( ) ( )	
<b>Non-Parent/Guardian Contact #3 Name:</b>	
Relationship:	
Home Phone: ( ) ( ) ( )	Cell Phone: ( ) ( ) ( )
Work Phone: (include extension) ( ) ( ) ( )	

**Siblings:** *(List only those under the age of 18 living with student listed on previous page)*

Name	Primary (P) or Secondary (S) Household	Relationship to student	Gender (M/F)	Date of Birth (MM/DD/YYYY)	Current Grade	Current School

**Primary Home Language: (What is the primary language spoken at home?)**

English       Arabic       Chinese-Mandarin       Hmong       Punjabi  
 Serbian       Spanish       Urdu       Vietnamese       Other: \_\_\_\_\_

**Does this student receive special programming?**

Special Education       Speech & Language       Remedial Assistance  
 English as a Second Language (ESL)       Gifted & Talented       504       Dyslexia

**Previously Attended School:**

School/School District:

---

Address:

---

City, State, Zip:

---

Phone:

---

Fax:

---

**Has your child ever been suspended or expelled?**  Yes     No

**If yes, date, school and district:**      \_\_\_\_\_      \_\_\_\_\_  
    Expulsion Date                     School and District

**Migrant Information**

Have you, or anyone in your family, moved within the past three years for the purpose of finding seasonal or temporary agricultural employment directly related to producing or processing crops or livestock, or dairy farm employment, planting or harvesting trees, or catching shell fish or fish in natural waters within the United States?  Yes       No

**I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION FURNISHED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND TEKOA ACADEMY OF ACCELERATED STUIDES S.T.E.M. SCHOOL MAY RELY ON THIS INFORMATION TO DETERMINE THE RESIDENCY OF THE STUDENT.**

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

\_\_\_\_\_  
 Date

## WAIVER AGREEMENT

I hereby permit TEKOA ACADEMY OF ACCELERATED STUDIES T-S.T.E.M. SCHOOL and/or its agents to take my child \_\_\_\_\_ to functions, lunches, sports outings and other field trips beyond the school grounds. I understand I will be given prior notification of such field trips and *I have the right to accept or deny the opportunity of each individual field trip*. In your transport of my child to and from these activities I shall hold Tekoa Charter School, Inc., its employees, agents and representatives harmless release them from any and all liability in the event my child is injured during an accident associated with the School or its agents.

\_\_\_\_\_( please initial)

In case of **illness or accident**, I give the School permission to provide any emergency care for my child deemed necessary, including, but without limitation, treatment by public or private facilities or personnel. It is understood that a conscientious effort will be made to locate me (or the emergency contact persons designated by me) before any action is taken. I accept and agree to pay any charges incurred by TEKOA ACADEMY OF ACCELERATED STUDIES T-S.T.E.M. SCHOOL for such care.

\_\_\_\_\_(please initial)

I hereby permit the School to receive any information necessary from the child's doctor to provide proper school guidance and academic instruction. I further understand it may be necessary for the School to communicate about my child's health (which, otherwise, will be kept confidential) directly to appropriate teaching staff and administration, in which case I permit the School to use its discretion in communicating about my child's health to his/her teachers. I also agree to provide complete immunization records pertinent to schooling.

\_\_\_\_\_(Please initial.)

I hereby permit Tekoa to allow my child to view television and videos within reasonable limits as deemed beneficial by the School. Viewing will be done in accordance with the curriculum, with a specific learning purpose and/or as recreation. I understand videos shown to my child will primarily be rated "G".

\_\_\_\_\_( Please initial)

During computer class, I understand my child may have supervised access to the Internet for educational purposes and will be given instruction and admonition as to what is appropriate to view online. Any child who fails to use the Internet in a responsible, ethical, efficient and legal manner will have his or her access revoked.

\_\_\_\_\_(Please initial)

I hereby permit the School to use pictures taken at Tekoa in which my child may appear for the purposes of public relations (i.e., newspaper articles, films, slide presentations, and Tekoa Academy of Accelerated Studies web site). I understand that all necessary precautions will be made to preserve the privacy and protection of my child's identity when appropriate.

\_\_\_\_\_(Please initial)

I have read and understand this Waiver and Indemnity Agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein. I further attest that I have full authority as parent or legal guardian of the above child to enter this agreement.

Parent or legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Tekoa Academy of Accelerated  
 Studies T-S.T.E.M School  
 326 Thomas Blvd  
 Port Arthur, TX 77630  
 Phone: 409-982-5400  
 Fax: 409-982-8498**

**CONFIDENTIAL**

**CONFIDENTIAL**

**ANNUAL STUDENT HEALTH UPDATE**

---

Student's Name	Grade/Room #	School Year	School
----------------	--------------	-------------	--------

- Please check here if your child has no existing health condition.
- Please check here if your child wears glasses or contacts.

**Please check the appropriate box if your child's physician has diagnosed him/her with any of the following conditions:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Arthritis</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Attention Deficit Disorder (ADD, ADHD)</li> <li><input type="checkbox"/> Bleeding Disorder</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Seizure/Epilepsy (last seizure was _____)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Other health conditions: _____<br/>_____</li> <li><input type="checkbox"/> Surgery in the last 12 months: List: _____<br/>_____</li> </ul> |
|---|--|

Parents may be asked to complete a Health Care Plan for their child.

- Takes prescription medications \*
- 

*\*When medications are to be given to your child at school, a Tekoa Academy of Accelerated Studies S.T.E.M School Medication Administration Consent Form must be completed by parent/guardian.*

- No     Yes    **Does your child have severe or life-threatening allergies?**  
 (If yes, please check the appropriate box(s) and list.)
- Food Allergy: \_\_\_\_\_
  - Medication Allergy: \_\_\_\_\_
  - Insect (Bite/Sting) Allergy: \_\_\_\_\_
  - Other: \_\_\_\_\_

- No     Yes    **Does your child have an Epi-pen?\*\*\***

*\*\*\*When an Epi-pen is required, a Tekoa Academy of Accelerated Studies S.T.E.M School Medication Administration Consent Form must be completed and an Epi-pen sent to school.*

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The above information will be shared with the appropriate school staff to meet the educational and safety needs of your child. If you have any concerns regarding the health of your child, please contact the School Nurse at 409-982-5400 #233.

\_\_\_\_\_ **PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_ **DATE**



**Family Survey**  
**Tekoa Academy of Accelerated Studies**  
**T-S.T.E.M School**

Please complete this form

Student's Campus \_\_\_\_\_ Grade Level \_\_\_\_\_

Please Print

Last Name of Child \_\_\_\_\_ First Name of Child \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State ZIP

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_

**IMPORTANT: Please complete the survey below and *return it to your school office.***

1. Is anyone in your family involved in the production of crops, poultry, livestock, shrimping, crabbing or fishing for commercial purposes? \_\_\_\_ Yes \_\_\_\_ No
2. Within the past three (3) years has your child(ren) traveled or moved alone, with a parent, relative, guardian, or a spouse so that a family member could look for or do temporary or seasonal agricultural work? \_\_\_\_ Yes \_\_\_\_ No
3. Did you or your family move to this Charter School District or any nearby districts with the intention of obtaining any of the related types of jobs although you are not doing this kind of job now? \_\_\_\_ Yes \_\_\_\_ No
4. If YES to any one of the above questions, please read below and circle the type of work:
  - a. Production of crops      b. Ranching      c. Dairy farming      d. Fishing
  - e. Chicken farming      f. Fish farms      g. Clearing land      h. Plant nursery
  - i. Milk production      j. Plant cultivation      k. Crabbing      l. Shrimping
  - m. Shearing of sheep      n. Picking pecans      o. Honey bees      p. Goat farms
  - q. Cotton farming/ginning      r. Hay bailing or harvesting      s. Hog farms or feedlots

\_\_\_\_\_  
Signature of Parent, Guardian or Student

# Home Language Survey

## Tekoa Academy of Accelerated Studies T-S.T.E.M School

\*\*Complete this form ONLY if you are new to the Tekoa Academy of Accelerated Studies S.T.E.M School\*\*

	<b>PARENT/GUARDIAN HOME LANGUAGE SURVEY</b>	
Student's Name <span style="float: right;"><input type="checkbox"/></span>		Grade
<input type="checkbox"/> Relationship of Person Completing Survey Mother      Father      Guardian      Other <i>Specify</i>		
<b>Directions:</b> Answer questions #1-5.		
1. What is the <b>first date</b> your child enrolled in a school in the United States? <u>      </u> / <u>      </u> / <u>      </u> <div style="text-align: right; margin-right: 100px;">Month/ Day /Year</div>		
	<b>English</b>	<b>Other</b>
	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Other language(s)</b>
2. What language did your child speak when he or she first began to talk?	<input type="checkbox"/>	<input type="checkbox"/>
3. What language do you use most of the time when talking to your child?	<input type="checkbox"/>	<input type="checkbox"/>
4. What language does your child speak most of the time at home?	<input type="checkbox"/>	<input type="checkbox"/>
5. What is your preferred language for home/school communication?		
<b>SIGNATURE</b>		
Signature of Person Completing Survey		Date Signed
➤		
<b>FOR STAFF COMPLETION TO BE COMPLETED FOR ALL NEW STUDENTS</b>		
ELL File Opened	ELL Evaluator	Today's Date
<input type="checkbox"/> Yes <input type="checkbox"/> No		



**Tekoa Academy of Accelerated Studies T-S.T.E.M School**  
**EMERGENCY MEDICAL AUTHORIZATION FORM**

Please type or print using a ballpoint pen when completing this form. This form must be completed annually and returned to the school as soon as possible.

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Purpose:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Other's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name of Relative or Childcare Provider \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Custody Restrictions: (May require identification from these individuals).**

Adults who have permission to pick up your child:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

The following individuals may not pick up my child:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

**PART 1: TO GRANT CONSENT:**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Emergency Room \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of surgery.

**IMPORTANT:** Facts concerning the child's medical history, including allergies, medications being taken, any physical impairments to which a physician should be alerted:

\_\_\_\_\_

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

**PART 2: TO REFUSE CONSENT:**

I **do not give** my consent for emergency medical treatment to my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

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

**Tekoa Academy of Accelerated Studies T STEM School**  
**Parent Permission**  
**Automated Calling System**

I agree that Tekoa Academy of Accelerated STEM School, through their authorized vendor(s) (i.e. School Messenger, School Reach, etc.), may call or text me at the telephone number or numbers I have provided on this form, including any wireless/cell numbers I provided. Permission given allows your son/daughter(s) school to send message information regarding school district or school building news that includes but is not limited to individual student attendance calls, school information, activity schedules, and special meetings and occasions. Such calls will be made using an automated telephone dialing system and may involve voice calls or text messages and may be delivered by artificial or prerecorded voice message.

Name of Child \_\_\_\_\_ School \_\_\_\_\_

**Please Circle Grade of Child:**

<b>Pre K - 3</b>	<b>Pre K - 4</b>	<b>K</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>
<b>6<sup>th</sup></b>	<b>7<sup>th</sup></b>	<b>8<sup>th</sup></b>	<b>9<sup>th</sup></b>	<b>10<sup>th</sup></b>	<b>11<sup>th</sup></b>	<b>12<sup>th</sup></b>	<b>HS Diploma</b>

- YES** (automated system is allowed to call)  
 **NO** (automated system is not allowed to call)

**List of Phone numbers**


\_\_\_\_\_  
**Parent/Guardian Signature**

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

**To be in compliance with the law, a permission form must be completed for EACH child.**

# CONFIDENTIAL

## McKinney-Vento

### Enrollment Packet Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Act, 42 U.S.C. 11435. Your answers will help the administrator determine residency documents necessary for enrollment as well as the services the student may be eligible to receive.

**Part I:** If you are the **Parent or Legal Guardian** of the student enrolling, complete these questions.

1. Is your current address a *temporary* living arrangement? \_\_\_\_\_ YES or \_\_\_\_\_ NO
2. Is this *temporary* living arrangement due to loss of housing or economic hardship?  
\_\_\_\_\_ YES or \_\_\_\_\_ NO

If you answered YES to BOTH questions, **complete Part III and please notify the person enrolling you.**  
(You will be asked to complete an additional form)

If you answered NO to either/both questions, you may **stop** here.

---

**Part II:** If you are **NOT** the **Parent or Legal Guardian** of the student enrolling, complete these questions.

1. Is the current address for the student enrolling a *temporary* living arrangement?  
\_\_\_\_\_ YES or \_\_\_\_\_ NO
2. Is this *temporary* living arrangement due to abandonment, denied housing by family or a runaway?  
\_\_\_\_\_ YES or \_\_\_\_\_ NO

If you answered YES to BOTH questions, **complete Part III and please notify the person enrolling you.**  
(You must complete additional forms)

If you answered NO to either/both questions, you may **stop** here.

---

**Part III:** Name of student: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F  
Last First Middle

Presenting a false record of falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Tekoa Academy of Accelerated Studies T-STEM School

## Transportation Service Request Form

Please Print in Ink or Type

**Return to:** Tekoa Academy  
Transportation Services  
326 Thomas Blvd  
Port Arthur, Texas 77640

**Purpose of Request:** \_\_\_\_\_ Unsafe Stop  
(Check One) \_\_\_\_\_ No Stop  
\_\_\_\_\_ New Student  
\_\_\_\_\_ Address Change  
\_\_\_\_\_ Stop Change  
\_\_\_\_\_ Other: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

Date Completed by Parent: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Student(s) Involved: \_\_\_\_\_

Age: \_\_\_\_\_

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

Route Number/Color/Name : \_\_\_\_\_

\_\_\_\_\_

Present Stop Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Stop Location: \_\_\_\_\_

\_\_\_\_\_

If available, please include a map of areas affected.

Reason For Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*PLEASE ALLOW 3-4 BUSINESS DAYS FOR RESPONSE\*\***

-----  
**Transportation Use Only (Do Not Write Below Line)**

Transportation Comments: \_\_\_\_\_

New Stop Location: \_\_\_\_\_ Beginning Date & Time: \_\_\_\_\_

Request Approved: \_\_\_\_\_

Request Denied: \_\_\_\_\_

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

