



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

Kinder to Fourth 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: \_\_\_\_\_

<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic/Latino	<b>History:</b>	<b>Please circle "Y" for yes and "N" for no.</b>
	<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)? _____
<b>Race:</b>	<input type="checkbox"/> American Indian/Alaskan		Y/N Has the student ever been suspended from school, or been assigned to an alternative school? _____
	<input type="checkbox"/> Asian		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"/> Black or African American		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"/> Native Hawaiian/Pacific		Y/N Is the student currently taking any medication? If so, which one(s)? _____
	<input type="checkbox"/> White		<b>Please list any illnesses or health problems that your child may have:</b> _____ _____
<b>Place of Birth:</b>	City: _____		Is this student the subject of a court or custody order? _____ (Y/N)
	State: _____		<b>If YES, please provide a copy of the order to the school.</b>

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: \_\_\_\_\_

**Qualifications:** Kinder - 5 years old by September 1, 2019.

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

- 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 1<sup>st</sup>-12<sup>th</sup>)

**For Office Use Only:**

*Date Received Enrollment Application:* \_\_\_\_\_  
*Time:* \_\_\_\_\_  
*Int's:* \_\_\_\_\_  
*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.