

EXPLORE KNOWLEDGE ACADEMY 2009-2010 Enrollment Form

Home Language Survey

First language learned by student?
 English _____ Other _____

Language spoken by student with friends?
 English _____ Other _____

Language spoken in Home?
 English _____ Other _____

Student's Race (check one)

White (not of Hispanic Origin)

Black (not of Hispanic Origin)

Asian/Pacific Islander

American Indian/Alaskan Native

Hispanic

Is student 1/4 (25%) American Indian or enrolled in a tribe?

Military Dependent

Is either parent on active duty in the Military Service? (Student need not be residing with this parent.)

Yes No

How did you hear about us?

Restrict Directory Information

Yes No

NRS 392.165: STATE LAW REQUIRES ENROLLMENT OF STUDENT BY LEGAL NAME

Please Print Clearly

Student Info.	Student's Last Name		First Name		Middle Name		Grade Applying for		Gender	CCSD Student ID		
	SSN# (Last 4 digits only)	Date of Birth	Birthplace (City/State)		Student E-Mail Address			Residence Phone #		County of Residence		
	Home Address			Bldg, Apt, Unit	City		Zip Code		Major Crossroad #1		Major Crossroad #2	
	Mailing Address/P.O. Box (If Different than Residence)											
	Has student ever received Special Education Svcs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Does student have Accommodation plan (Section 504) in school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Does student have a current IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student ever been expelled?		
Has Student Ever Attended a Clark County School?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Last School Attended		Address			City/State		Date of Orientation/Tour	
School Name: _____ When? _____												

MUST BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian Info.	Relationship		Parent Name				Personal E-mail Address				
	Employer		Occupation		Employer Telephone		Work Hours		Cell Phone/Pager		Student Resides with? Yes No
	Relationship		Parent Name				Personal E-mail Address				
	Employer		Occupation		Employer Telephone		Work Hours		Cell Phone/Pager		Student Resides with? Yes No
	Relationship		Parent Name				Personal E-mail Address				
	Employer		Occupation		Employer Telephone		Work Hours		Cell Phone/Pager		Student Resides with? Yes No
Non-Custodian Parent Information - Not Necessary to complete if both natural parents are listed above.											
Relationship			Parent Name								

Contact	Local Emergency Contact: A person who may be contacted if the parent/guardian is unavailable and who is authorized to pick up the student in an emergency.											
	Emergency Contact Person			Relationship		Telephone Number		Emergency Contact Person			Relationship	

Signature of Parent/Guardian _____

Print Name: _____

Date: _____



Student Name: _____

Educational and Health Background Survey

Explore Knowledge Academy Charter School's (EKA) goal is to provide the best possible educational experience for your child. We facilitate this goal by educating children at their own ability levels. To assist us in the process, please complete the following.

As a parent/guardian, what are your expectations of EKA?

Do any of the following apply to your child? (please circle)

Current IEP?	YES	NO
Previous IEP?	YES	NO
Educational or behavioral concerns?	YES	NO
Special Education assistance in the regular classroom setting?	YES	NO
Special Education assistance in a pull out program?	YES	NO
Special Education in a self-contained program?	YES	NO
504-Accommodation plan?	YES	NO
Any Preschool program?	YES	NO
Speech/Language therapy?	YES	NO
Occupational/Physical therapy?	YES	NO
Under the care of a licensed-care provider (i.e. physician, counselor, etc.)?	YES	NO
Receive(d) school or family counseling?	YES	NO
English as a Second Language program?	YES	NO
Tested for Special Programs but did not qualify?	YES	NO

If you answered "YES" to any of the above questions, please give EKA copies of any paperwork and write a detailed description of any programs or services in which your child participated. Please include all dates and locations of services. This information is a vital part of your child's educational background and special needs. It is also instrumental in helping us to assess and plan for the best possible learning experience. Please use the space below or attach additional pages, if needed.

Parent/Guardian Signature

Date



Student Name: _____

Parent/Family Commitment

Family involvement in a student's education is essential. At Explore Knowledge Academy (EKA), parents are active participants in the learning adventure through assisting in the development of their student's goals, celebrating learning milestones and participating in parent networks and workshops. The following is provided for your information on the commitment and participation that we ask of our parents. You will receive a complete copy of the Parent/Family Commitment upon final registration with EKA.

Participate in conferences for each child, helping to create your child(ren)s' goals, and project presentations.

Monitor your child's daily progress on goals in Reading, Math, and Projects, and communicate regularly with the advisor, by email, conferences, blue folders, DTLs or phone calls.

Attend at least four parent seminars each year, organized by the staff of EKA Charter School.

Join the PTSA and attend at least 50% of regularly scheduled meetings and activities.

Actively support the school's goals with gifts of time, talents, and other resources. *(We encourage you to consider donating one-two hours per month to the school.)*

Volunteer as a mentor, tutor, or classroom helper.

Teach a seminar or after-school class.

Help supervise at lunchtime.

Assist staff with field trips.

Assist with office functions, such as preparing newsletters, answering phones, etc.

Help develop community connections or partnerships with the school.

Help with fund-raisers.

Serve on the PTSA Board or a PTSA Committee

Donate school supplies, equipment, or money.

Other: _____

I have read and understand the expectations of becoming a part of the EKA family.

Parent/Guardian Signature

Date



Student Name:

Student Information Survey

1. What I like about school:

2. What I dislike about school:

3. My Strengths and Talents:

4. My favorite subjects:

5. Anything else you would like to share about myself:

6. What I would like to learn:

7. What I can teach or share with my school community including my special interests, hobbies, and any other information about me!
