



CHARTER STUDENT ADMISSION APPLICATION

Charter School Campus Name/Charter School Name
(Nombre del campus de la escuela charter / Nombre de la escuela charter)



Student Information (Información Estudiantil)

Required Information (información requerida)*

Please enter name as shown on birth certificate
(Por favor ingrese el nombre como se muestra en el certificado de nacimiento)

Last Name
(Apellido)*

Suffix
(Sufijo)

First Name (Primer Nombre)*

Middle Initial (Inicial del segundo nombre)*

Date of Birth (Fecha de nacimiento)*

Gender
(Género)*

Grade Applying For (Grado que solicita)*



Voluntary Information (información voluntaria)

If yes, please enter the name of the student's sibling, staff, or board member.

(En caso sí, ingrese el nombre del hermano, el personal o el miembro de la junta)

Student Identification Number (if known) or
Last four (4) digits of Social Security Number (SSN)
(Número de identificación del estudiante (si se conoce) o Últimos cuatro dígitos del Número de Seguro Social)

Yes No
(Sí) (No)

I have another child attending this charter school.
(Tengo otro hijo que asiste a esta escuela charter)

Yes No
(Sí) (No)

This is a child of a staff or board member.
(Este es un hijo de un miembro del personal o de la junta)

Primary Guardian Information (Tutor Legal)

Last Name (Apellido)*

First Name (Primer Nombre)*

Street Address of Primary Residence
(Dirección de la residencia principal)*

City
(Ciudad)
*

State
(Estado)
*

Zip Code
(Código Postal)*

Contact Phone Number (Teléfono de contacto)*

Email Address (Correo Electrónico)

CERTIFICATION (Required): By checking this box, I certify to the best of my knowledge and belief that the information in this application is complete and accurate, I am the legal guardian of the child listed above, and I understand that any false information, omission, or misrepresentation of facts may result in the rejection of this application or future dismissal of the applicant.

CERTIFICACION (Requerida): Al marcar esta casilla, certifico a mi leal saber y entender que la información en esta solicitud es completa y precisa, soy el tutor legal del niño mencionado anteriormente, y entiendo que cualquier información falsa, omisión, o la tergiversación de los hechos puede resultar en el rechazo de esta solicitud o en el futuro despido del solicitante.

This school does not discriminate on the basis of sex, national origin, ethnicity, religion, disability, or academic or athletic ability.
(Esta escuela no discrimina por sexo, origen nacional, etnia, religión, discapacidad, or capacidad académica o atlética.)

Student Identification Information

First Name Middle Name Last Name Generation			
	Date Of Birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Age
Address Street City State Zip Code			
Phone Number		Email	
Please select one choice for Ethnicity AND select one or more for Race		Ethnicity Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>	
Race 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 <input type="checkbox"/>			

Enrollment Information

Date of Student Enrollment	Grade Level	Student's Home District/Campus based on Parents address	
List educational facilities during the past three years where the student has attended academic classes including summer programs, night school, juvenile justice programs, treatment facilities etc. High School Enrollees - list all schools where credit toward graduation may have been awarded.			
Last Campus/District Attended	Grade Level Attended	Has student ever been retained? Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade Retained
Previous School Attended Name Address			Date Attended
Previous School Attended Name Address			Date Attended

Please answer the following questions

Is student a military dependent? Yes <input type="checkbox"/> No <input type="checkbox"/>	What was the first year the student enrolled in grade 9?
Does student have a food allergy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain
Has student received Special Education services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student received ESL services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student received 504 services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student received dyslexia services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student been suspended or assigned to alternative school? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:

Contact Information		CPS Student	JPD Student	TYC Student
Primary Contact 1 Name		Relationship		
Primary Phone	Alternate Phone	Email	Employer	
Address Street City State Zip Code				
Primary Contact 2 Name		Relationship		
Primary Phone	Alternate Phone	Email	Employer	
Address Street City State Zip Code				

Emergency Contact (if Primary cannot be reached)

Name	Relationship	Release To Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone
Name	Relationship	Release To Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone

Parent /Guardian/Caseworker Signature _____ Date _____

For Campus Use Only

Original Enrollment Date:	Student Local ID:	Classroom:	Withdraw Date:
Re-enrollment Date:	Enrolled By:		Withdraw Date:
Re-enrollment Date:			Withdraw Date:

Exhibit 1A

**Texas Education Agency
 Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

 Student/Staff Name (please print)

 (Parent/Guardian)/(Staff) Signature

 Student/Staff Identification Number

 Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic/Latino	Race – choose 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
Observer signature:	Campus and Date:

Ki Charter Academy
 12550 W State Hwy 29
 Liberty Hill, TX 78642
 (512) 528-2100

Consent for Disclosure of Confidential Information

Student Name	Id#	Date of Birth
Medicaid#	Date of Request	<input type="checkbox"/> Request Information
		<input type="checkbox"/> Release Information

Please complete this form to authorize the person /agency named below to release/request specified records containing confidential information regarding the above-named student.

Name of Requesting Agency Ki Charter Academy	Address 12550 State Hwy 29, Liberty Hill, TX 78642	Phone (512) 528-2100
Attention Rhonda Kimmons rhonda.kimmons@kicharter.org	Position SPED Case Manager	Fax (817) 719-9832

Request for Information sent to:

Agency to fulfill request

Contact Name/Email

Address

Phone

Records to be Released/Records Requested	Purpose of Disclosure
<input checked="" type="checkbox"/> Medical Records	<input checked="" type="checkbox"/> To assist ARD committee in educational planning. <input type="checkbox"/> To assist outside agency in providing non-educational support <input checked="" type="checkbox"/> For Educational Planning
<input checked="" type="checkbox"/> ITP, Vocational testing	
<input checked="" type="checkbox"/> Psychological evaluations	
<input checked="" type="checkbox"/> FIE, ARD, IEP, TAKS/STAAR /SDAA	
<input checked="" type="checkbox"/> Other Sp. Ed Records	
<input type="checkbox"/> Initial Consent to Placement	

I have been informed and understand the school's request for my consent, as described above. This information will be disclosed/requested upon receipt of my written consent. I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive. I give permission for the identified records to be released/disclosed to the above named agency.

Name of Parent, Guardian or Adult Student

Date

Signature of Parent, Guardian or Adult Student

Date

Return this form to Ki Charter Special Education Case Worker

KI CHARTER INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:

https://projects.esc20.net/upload/page/0084/docs/EL%20Identification_ReclassificationFlowchart%202018.pdf

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: _____

STUDENT ID#: _____

ADDRESS: _____

TELEPHONE #: _____

CAMPUS: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home **most of the time**? _____

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

Signature of Parent/Guardian

Date

Signature of Student if Grades 9-12

Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

KI CHARTER ACADEMY MIGRANT STUDENT SURVEY

Dear Parents,

In order to better serve your children, Ki Charter Academy is helping the state of Texas identify students who may qualify to receive additional educational services. This form will be evaluated and you may be contacted if additional information is required. The information provided below will be kept confidential.

Student: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

Street Address: _____ City: _____ Zip Code: _____

1. Have you or your family traveled within the last three (3) years in the USA? Has it been to seek or work in agricultural related jobs?

NO

YES

If yes, please check the appropriate items below:

Ranch or Farm

Packing or sorting in warehouses

Field work

Canneries

Weeding crops

Meat, poultry, or fish processing

Picking or harvesting crops

Other agriculture work

2. Did the children in your family travel with you or did they join you later at the worksite?

NO

YES

3. Was this move from one town/city (school district) to another in state or out-of-state?

NO

YES

Parent/Guardian Signature: _____ Date _____

Office Use Only		
If document indicates Yes on all three questions, please forward to Migrant Contact.		
Referred Date:		

Ki Charter Academy

Parent Portal Application

Parent Portal is a free web-based service that allows parents/guardians to view their child's assignments, grades and attendance, online at their convenience. We believe that strong parental involvement is a key component for students to be successful. We encourage all parents/guardians to complete this form to gain access to real-time data regarding your child's academic performance.

In order to receive Parent Portal Access, an **application** must be completed. A unique ID and password will be emailed to you by the district. The district will either have a link to Parent Portal on the school website or give you other instructions on how to login.

Please Print Clearly - Only **one** application per parent or guardian is necessary. Your login and password will allow access to all students in your family.

Parent or Legal Guardian Information

(One Parent/Guardian per form)

Parent/Guardian **Last Name**

Parent/Guardian **First Name**

Parent/Guardian **E-mail Address**

Parent/Guardian **Phone Number**

List all Students for which the applicant is the parent or Legal Guardian

Student Last Name	Student First Name	Campus/Grade

By completing the application for this account, you allow the school district to make information, confidential under the Family Educational Rights and Privacy Act, available to you by means of the Internet on a website that is secure and accessible by a unique login and password. You understand and agree that the district is not responsible for unauthorized Internet access to your student's records by persons who do not have your consent. By signing the signature line below, you confirm that you understand and accept the guidelines and conditions for access and you waive any claims or causes of action that you may have against the district by reason of such unauthorized access.

Parent/ Guardian Signature

Date

Office Use Only	ID Verified/Processed By:	Application Campus:
	Family ID#:	Date of Notification:

Parent Academic Progress Questionnaire



When a student enrolls into a Texas Public School, all student records are requested and received from the student's previous school(s). These records are used to assess the needs specific to the student. The following questions serve as an initial screening to help in student placement prior to receiving the student's official records. If there is concern regarding one of the following scenarios please request to speak with a school official so that we can ensure your student's needs are accurately met

Student Information

Last Name	First Name	MI
DOB	Grade	School Year

Please mark the answer that best identifies your student

1. Has the student ever not performed satisfactorily on a reading readiness test given sometimes between pre-ki dergarten and 3 rd grade?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has the student made below a 70 average in any two or more courses during a single year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Has the student ever been retained or repeated a grade level?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Has the student ever not performed satisfactorily on a state assessment (i.e.: TAKS, STAAR, End of Course)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Does the student have a child or ever been pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Has the student ever been assigned to an Alternative Education Placement (AEP)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. During the current or previous school year, has your student ever been expelled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Is the student currently on parole, probation deferred prosecution or other conditional release?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Has the student ever been previously reported through PEIMS to have dropped out?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Does the student qualify for Limited English Proficiency (LEP) or received English Language Learner (ELL) s rvices?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Has the student ever been referred to or is currently in Custody of the Department of Protective and Regulatory Services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. During the current school year, has the student ever been homeless or participated in the McKinney-Vento Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Has the student resided in a Residential Placement Facility during the current or previous school year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Has been incarcerated or has a parent or guardian who has been incarcerated, within the lifetime of the student, in a penal institution as defined by Section 1.07, Penal Code, or, regardless of the student's age, each student who participates in an adult education program provided under a high school diploma and industry certification charter school program under Section 29.259.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Additional information or comments

Confidential Information

Confidential Information

KI Charter School
Form for Compensatory Education Funding
Qualification School Year 2021-2022

1. Child's name: (Last Name) (First Name) (Middle Initial)
Child's grade: School: SSN or student ID: (Optional)

2. Is the child a foster child? If this is a foster child, check here [] and list the child's monthly personal use income: \$ SKIP sections #3 and #4 and GO TO section #5.

3. Are you receiving food stamps or TANF benefits for your child? If you are receiving food stamps or TANF benefits for this child, check here [] list the case number, and then SKIP section #4 and GO TO section #5.
Food stamp case number: TANF case number:

4. All other households. Complete this section if the child is not a foster child and you are not receiving food stamps or TANF benefits for the child (you did not complete sections #2 or #3). (If you have more than one child attending school and you are completing a separate form for each, you may complete this section only once.)

List all household members including the child listed above. Show all income. Then GO TO section #5.

Table with 6 columns: NAMES, Check if \$0 income, Monthly earnings (before deductions) Job #1, Monthly welfare, child support, alimony, Monthly payments from pensions, retirement, social security, Monthly earnings from job #2 or any other monthly income. Rows 1-10.

5. Signature and social security number. I certify that all of the above information is true and correct and that the food stamp or TANF case number is current and correct or that all income is reported. I understand that this information is being given in order for the school to receive additional state funding and that school officials may verify the information.

Signature of adult Social security number

Printed name Home phone Work phone
Mailing address City State Zip Date

6. Consent for release of information to Texas Education Agency for program audit purposes. I consent to the release of the above information by the school district/charter school to the Texas Education Agency for the purposes of auditing compensatory education funding reports. I understand that the Texas Education Agency will not share the information with any other entity or program. I also understand that the failure to sign this consent does not affect my child's eligibility for free or reduced price meals or free milk.

Signature of adult Date

FOR OFFICIAL USE ONLY: Food Stamp or TANF Eligible []
Total Monthly Income \$ Household Size Income Eligible []
Determining Official Signature Date

Instructions for Completing the Compensatory Education Funding Qualification Form

Please complete the **Compensatory Education Funding Qualification Form** using the instructions below. Sign, date and return the form to Ki Charter Academy 12550 State Hwy 29, Liberty Hill, TX 78666 or Fax to (512) 515-5875 or email Jerry.Lager@k charter.org . If you need assistance, call (512) 528-2100. Complete a separate form for each child in your household that attends public school.

1. Child information. Print your child's name, grade, and the name of the school.

2. Foster child. Complete this section if this is a foster child. List the foster child's monthly "personal use" income. Put "0" if the foster child does not receive "personal use" income. A foster parent or other official representing the child must sign the form in section #5. You are not required to list a social security number.

3. Food stamps or Temporary Assistance for Needy Families (TANF) benefits. If you are receiving food stamps or TANF benefits for the child, complete this section of the form. List the current food stamp or TANF case number for the child. An adult household member must sign the form in section #5. You are not required to list a social security number.

4. All other households. Complete this section of the form if the child is not a foster child and you are not receiving food stamps or TANF benefits for the child. (If you have more than one child attending public school and you are filling out a separate form for each one, you only need to complete this section once.)

List the name of everyone in your household even if they do not have an income. Include yourself, your spouse, the child, and all other household members.

List the amount of income each person received last month before taxes or any other payroll deductions. List the income source, such as earnings, welfare, pensions, and other income. (See examples below for types of income to report.) Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.

If anyone is self-employed, write the amount of income the person earns from self-employment. For example, self-employment income could be from operating a farm or a business such as a day care center.

Sign the form in section #5 and list your social security number. If you do not have a social security number, write "none."

5. Signature and social security number. The form must have the signature of an adult household member. Unless you have a food stamp or TANF case number or the child is a foster child, the social security number of the adult who signs the form must be included. If the person who signs the form does not have a social security number, put "none."

6. Consent. The adult household member whose signature appears in 5 should sign and date the consent.

Examples of Income to Report

Earnings from work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned
business such as day care
center, farm or other

Pensions/Retirement/Social Security

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Other Monthly Income/Self-Employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not
living in the household
Net royalties/annuities/net rental income
Military allowance for off-basehousing
Any other income

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

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