

**LUMIN EDUCATION
ENROLLMENT PACKET CHECKLIST**

Welcome to Lumin Education! As you begin the process to register your child for the 2018-2019 school year, there are a number of forms that must be completed and documents to be provided. The following list is for your information as you plan for attending the enrollment meeting. The forms should be completed either prior to or at the enrollment meeting. (Note: those forms marked with * will be completed at the meeting.) If you have questions about the forms, they can be addressed at the enrollment meeting.

- 1. Student Information – 18-19 School Year [Child and family Information; contact information; persons authorized to pick up child, etc.]
- 2. Academic History Information
- 3. Child Development Questionnaire – Prekindergarten
- 4. Medical Information and Authorization for Emergency Medical Treatment
- 5. FERPA – Student Directory Information Release
- 6. Media Permission and Release
- 7. Authorization to Send Text Messages and Automated Phone Calls
- 8. Transportation Permission and Release
- 9. Military and Foster Care Status
- 10. Prekindergarten Qualification Application*
- 11. Parent/School Compact*
- 12. Parent Involvement Agreement*
- 13. Home Language Survey*
- 14. Student Residency Questionnaire (Homeless)*
- 15. Migrant Family Survey*
- 16. Ethnicity/Race Questionnaire*
- 17. Tuition & Fees Agreement*

Required Documents:

- Birth certificate (or other acceptable form of ID)
- Social Security Card (if available)
- Proof of Residence – Utility bill, lease agreement, deed
- Parent/Guardian Driver’s license or other picture ID
- Shot record (immunization record)
- Educational records from prior school, if any.
- Pre-K eligibility documentation – see separate page for required documentation
- Custody or guardianship legal documents, if any.

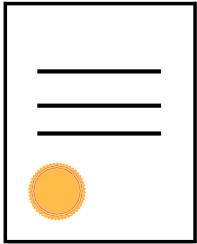
For school use:

Packet reviewed: _____ Missing forms noted: _____ (initials/date)

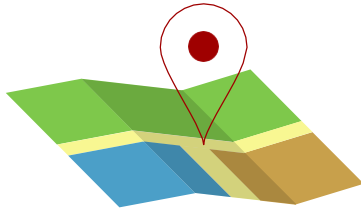
Documents needed: _____ Copy to parent: _____

documentation needed for pre-k registration

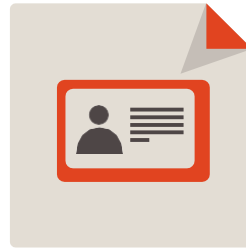
All Qualifiers:



Birth Certificate



Proof of Address



Parent ID



Immunization Record

Income Qualifiers:

One of the following:

- paycheck stub
- Current tax return if self-employed
- Current TANF or SNAP eligibility letter

Language Qualifiers:

- Fill out Home Language Survey Current (provided by school)
- Language test will be administered to the child

Military Qualifiers:

One of the following:

- Verification of U.S. Department of Defense photo I.D.
- Statement of service Copy of death certificate
- Copy of Purple Heart orders Copy of official letter from commander
- Copy of a letter from US Dept. of Veteran's Affairs Documentation that service member is MIA

Foster Care Qualifiers:

- Verification Letter of Prekindergarten Eligibility from DFPS

Star of Texas Award Qualifiers:

- Copy of the resolution (certificate) awarded to parent of child



LUMIN EDUCATION- STUDENT INFORMATION
2018-2019 SCHOOL YEAR

Student's Full Name Date of Birth Grade

Gender: Male Female SS# (if available)

Home Address (street) City Zip Code

Name of Person enrolling student in Lumin Education:

Parent/Guardian Information:

Parent #1: Last Name First Name Home phone/cell

Work phone Email

Is parent #1's address different from the student's home address? No, Yes If yes, please list Parent #1's address:

Parent #2: Last Name First Name Home phone/cell

Work phone Email

Is parent #2's address different from the student's home address? No, Yes If yes, please list Parent #2's address:

Persons who may be contacted in an emergency when parent (or guardian) cannot be reached:

Name: Phone Number:

Name: Phone Number:

Medical Contact Information: In the event of a medical emergency involving my child, if parent or other persons listed above cannot be contacted, the following doctor or clinic may be contacted:

Doctor or clinic: Phone number:

Address:

Persons allowed to pick up student from school (other than parents or guardian):

<u>Name</u>	<u>Relationship to student</u>	<u>Phone number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Custody orders: Are there any custody or other court orders that may limit access to your child or to his/her school information? _____ Yes _____ No If yes, please provide a copy to the school director.

I certify that the information provided above is correct as of the date of my signature.

Parent/Guardian Signature

Date

Please keep all information on this form updated. If changes need to be made, contact the front office staff.

For office use only:

Data entered into Skyward: _____(date) _____(initials)

ADA eligibility code: _____

**LUMIN EDUCATION
ACADEMIC HISTORY INFORMATION**

Child's Name: _____ Date of Birth: _____

The following information is requested for state reporting purposes and to help Lumin Education prepare for your child's academic experience at Lumin.

1. Campus of residence: What is the name of the public school your child would attend if not attending Lumin Education (e.g., Mt. Auburn Elementary School, etc.)? This would not be a private school or other charter school. If you live outside of Dallas ISD, please indicate school district your child would attend. (e.g., Austin Elementary, Grand Prairie ISD).

Public school: _____

2. Special Programs: Please check if your child has ever been in any of the following programs or received any of the listed services:

- Home visiting program (Parents as Teachers)
- Early Head Start or Head Start
- Preschool, daycare, or mother's day out program (Name: _____)
- Early childhood intervention (ECI). (Name of program: _____)
- Special Education
- Gifted and Talented
- 504 Plan Services
- Bilingual or ESL services
- Other: _____

3. Has your child ever attended a public school? ___ Yes, ___ No, If yes, please list the name of the school & district:

Parent name – printed

Parent Signature

Date: _____

Admin use only:

Forwarded to student services: _____ (date) _____ (initials)

School of residence code: _____

Prekindergarten – Child Development Questionnaire

In order that we may better plan for and assist your child as a student at Lumin Education, we ask for some additional information about your child's development. Please answer these questions as completely as you can. If you have any questions about this form, please contact the school director.

Child's Name: _____ Date of Birth: _____

1. Does your child have other siblings? ___ Yes ___ No, If yes, please list their names and date of birth.

<u>Name</u>	<u>Date of Birth</u>	<u>School Grade, if attending school.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Does your child dress or undress him/herself independently? ___ Yes ___ No
3. Is your child able to do what you ask him/her to do? ___ Yes ___ No
4. Does your child use the toilet independently? ___ Yes ___ No, If no, please tell us where your child needs help: _____
5. What is your child's normal bedtime? _____ Does he/she usually fall asleep in his/her own bed? ___ Yes, ___ No. If not, where does he/she fall usually asleep? _____
6. Does your child feed him/herself? ___ Yes ___ No
7. How does your child communicate? (Please check all that apply.) ___ pointing/gestures, ___ single words, ___ phrases (2-3 words together), ___ sentences
8. Does your child speak so that he/she can be understood by others? ___ Yes ___ No
9. How much time does your child spend in front of a screen (TV, phone, tablet, computer) per day? _____

10. Please tell us about your approach to discipline (time out, spanking, redirecting,...)?

11. Does your child have any specific fears? ____Yes ____No, If yes, please describe her/her fears. _____

12. Is there any other information regarding your child's development that you would like to share with us, including any concerns about his/her development?

Parent Signature: _____

Date: _____

**MEDICAL INFORMATION AND AUTHORIZATION
FOR EMERGENCY MEDICAL TREATMENT**

Student's name: _____ Date of Birth: _____

Medical contact information:

Primary doctor:* _____ Phone number: _____

Address: _____ City: _____

[*If no primary doctor, list clinic or local hospital]

Medical insurance provider, if any:

Does your child currently take any medications? ____ Yes ____ No; If yes, please list the medications taken below and indicate whether any will be taken at school. [Note: Any medications to be taken at school must comply with Lumin's procedures as set out in the parent handbook.]

Does your child have any medical conditions or needs that the school should know about, such as allergies (drug, food, environment), assistive devices (hearing aids, wheelchair, etc.) or other medical issues? If so, please list below. [Note: Food allergies and dietary requirements will also be collected on the Child Nutrition Department forms sent out in August.]

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In the case of a medical emergency involving my child, I authorize Lumin Education staff to seek medical care and execute any documents necessary for the emergency medical treatment of my child if I cannot be reached, including any consents, authorizations and waivers necessary to secure such emergency medical care, including obtaining physicians' services, hospital services, and authorizing the use of anesthesia, injections and surgery for my child. I understand that Lumin Education staff will attempt to contact me first before seeking medical care. I also understand that I will be responsible for the cost of any such emergency medical treatment, including the cost of ambulance services.

Parent Name Printed

Parent Signature

Date: _____

School admin use only: Form received _____ (initials) _____ (date)

Forwarded to student services: _____ (date) _____ (initials)

Family Educational Rights and Privacy Act (FERPA)

Release of Directory Information – General Public

Certain information about Lumin Education students is considered directory information and will be released to anyone who follow the procedures for requesting the information unless the parent or guardian objects to the release of directory information. If you do not want Lumin Education to disclose directory information about your child, you must notify the school. Lumin Education has designated the following information as directory information that will be available for disclosure to the public unless you indicate that do not want your child's information available. Your decision as reflected on this form will remain in effect for as long as your child is enrolled in Lumin Education unless you execute a new form indicating that you do not consent to the release of this information.

Directory information for general public release:

- Student's name
- Student's address
- Date of birth
- Phone number and/or email address
- Grade level
- Dates of attendance

Please check one of the following:

- Yes, I give Lumin Education permission to release directory information to any requestor.
- No, I do not give Lumin Education permission to release directory information to any requestor.

Release of Directory Information for School-Sponsored Purposes:

For limited school-sponsored purposes (student recognition activities, yearbook, printed programs for extracurricular activities, etc.) Lumin Education has my permission to release directory information unless I have objected in writing. For this purpose, directory information includes: student's name, address, phone number and email address, date of birth, grade level, dates of attendance, participation in school-sponsored activities, sports, honors and awards, photographs, student rosters and class lists. If you object to the use of directory information for limited school-sponsored purposes, your child's name and information will not be included in Lumin school publications, including the school directory, and extracurricular activity programs.

Please check one of the following:

- Yes, I give Lumin Education permission to release directory information for limited school-sponsored purposes.
- No, I do not give Lumin Education permission to release ANY directory information, even for limited school-sponsored purposes.

Name of Child: _____

Date of Birth: _____

Parent/Guardian Signature

Date: _____

MEDIA PERMISSION AND RELEASE

Name of Child: _____

Date of Birth: _____

I hereby agree to allow my child to be photographed, videotaped and/or voice recorded and for his/her name, image, likeness and voice to be used in Lumin Education and approved partners (i.e. Reading Partners) photographs, videos, publications, news media and web pages for special projects, publicity and social media. I agree that my consent allows Lumin Education to continue to use photos of my child unless and until I have revoked my consent in writing.

I am aware that my child may be asked a variety of questions concerning school and school-related activities and programs, and that the contents of the interview may be published or aired publicly. I understand that my child will be under the supervision of a Lumin staff member during the interview or photo session.

My child reserves the right to refuse to answer any questions or participate in any discussions that make him/her feel uncomfortable or embarrassed. Additionally, my child and/or the Lumin staff member reserves the right to terminate the interview, photo or video session at any time for any reason.

I understand that neither Lumin Education, nor the news media, has any obligation to air or publish the image, photos, videotape and/or voice of my child. I also understand that neither I nor my child will receive any monetary compensation for the rights granted herein. I also understand that my child's appearance or the use of his/her voice in any publication, photo, internet or televised form does not confer any ownership rights on me or my child. I hereby release Lumin Education, its directors, officers, and employees from any claims by me or any third party in connection with the media use of my child's image child approved herein by me.

This media permission and release applies to all of my minor children who attend Lumin Education and who are listed below.

I represent that I have the authority as the parent or legal guardian of the child listed above and acknowledge my agreement by my signature hereafter.

Date: _____

Parent – Printed Name

Parent – Signature

AUTHORIZATION TO SEND TEXT MESSAGES AND AUTOMATED PHONE CALLS

By signing this form, I authorize Lumin Education to send text messages and automated phone calls to my cell phone in order to convey school information, including, but not limited to, emergency notifications. I understand that standard text messaging rates or phone usage fees will apply to any messages received from Lumin Education. I also understand that either I or Lumin Education may revoke this authorization in writing at any time. I agree not to hold Lumin Education liable for any electronic messaging charges or fees generated by this service. I further agree to keep Lumin Education informed of any changes to my cell phone number or contact information, and if any charges or fees are incurred before I inform Lumin Education in writing of the changes, I will be responsible for any fees or charges incurred.

Student's Name: _____ Date of Birth _____

Parent #1 Name: _____

- I decline and DO NOT want to receive text messages or automated phone calls at this time.
- I accept and DO want to receive text messages or automated phone calls at this time. [Fill out information below, sign and date.]

Cell Phone Number _____

Parent #2 Name: _____

- I decline to receive text messages or automated phone calls at this time.
- I accept and DO want to receive text messages or automated phone calls at this time. [Fill out information below, sign and date.]

Cell Phone Number _____

This authorization will remain in effect for the duration of my child's attendance at Lumin Education or until revoked in writing by me or by Lumin Education.

Parent #1 _____
Signature

Date: _____

Parent #2 _____
Signature

Date: _____

Privacy Disclaimer: This program is provided as a service to parents to give important information in a timely manner. Your information will not be sold, distributed, or in any other way shared with entities or affiliates outside of Lumin Education.

TRANSPORTATION PERMISSION AND RELEASE

Child's Name: _____ Date of Birth: _____ Grade _____

I understand that Lumin Education from time to time provides its students with opportunities to attend special events and to have field trips off campus and in connection with such opportunities, Lumin staff (or volunteers) may provide transportation to such activities. I desire that my child attend any and all such activities with other Lumin students and I hereby authorize Lumin Education to transport my child to and from any regular or special school activities off campus. In consideration for my child being permitted to make such trips and to take part in such activities and the instructional benefit my child will receive by reason of attending such activities, I hereby release Lumin Education, its president and board of directors, officers, employees, representatives, and volunteer carriers without compensation, from any and all liability, claims, and responsibility for any damages, injuries, expenses, incurred as a result of or in connection with the transport of my child to such events or trips or with my child's attendance or engagement in such activities. I further agree that this permission and release shall be effective during the entire time my child is enrolled at Lumin Education.

I hereby certify that the child named above is under my control and in my custody and I have the right and authority to execute this release of liability and claims.

Parent's name printed

Parent's signature

Date: _____

MILITARY AND FOSTER CARE STATUS

State law requires that all public schools collect data on the following: Military Connected Students (HB 525) and Foster Care Status (SB 833). Please check the box that reflects your child's status:

Section 1: Military Connected Students:

- My child is NOT a military connected student.
- My child is a (Kinder-12th grade) dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on ACTIVE DUTY.
- My child is a (Kinder-12th grade) dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)
- My child is a (Kinder – 12th grade) dependent of a member of a Reserve Force in the United States military (Army, Navy, air Force, Marine Corps, or Coast Guard)
- My child is a Pre-Kindergarten student who is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

Section 2: Foster Care Status:

- My child is currently in the conservatorship of the Department of Family and Protective Services.
- My child is a Pre-Kindergarten student who was previously in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Texas Family Code.

If you checked either of the boxes in Section 2, please provide your child's school with a copy of the Texas DFPS Placement Authorization Form (Form 2085).

Child's name: _____ Date of Birth: _____

Printed Parent Name: _____

Parent Signature: _____ Date: _____

School admin use only: Entered into Skyward:
PreK code: _____ Other: _____

