



Community Enrollment Packet Checklist

Student Name _____

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Please refer to school website at www.MLCS.org for student handbook and additional information.

Copies of the following documents are needed:

Birth Certificate: Yes No Comment: _____

Immunization Record: Yes No Comment: _____

Social Security Card: Yes No Comment: _____

Proof of Residence: Yes No Comment: _____

Copy of driver's license of person registering student: Yes No

Pre-Assessment (BASl) completed: Yes No

Process Complete: Yes No Comment: _____



Enrollment Application

Student Name: _____
First Middle Last

Date of Birth: _____ Age: _____

Parent/Legal Guardian Information

Mother/Guardian's Name: _____		
Address : _____		City/State: _____
Zip Code: _____	Cell Phone: (____) _____	Email: _____
Father/Guardian's Name: _____		
Address (If different from above): _____		City/State: _____
Zip Code: _____	Cell Phone: (____) _____	Email: _____

Parent/Legal Guardian's signature: _____ Date: _____

For Office Use Only

Proof of Residency: _____ matches mailing address and is in MLCS attendance area.

Person registering student is parent or legal guardian. YES NO

Copy of driver license was obtained. YES NO



Transportation Information

Student Name

People authorized to pick up my child from school (If Same as Emergency Contacts, Please Write Same)

Note: Person must show proper identification.

Name

Relationship

Phone (Include Cell Phone)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Children in Your Family Who Attend Meadowland Charter School:

If your son or daughter is allowed to ride with other students, please list below:

_____	_____
_____	_____

Privileges may be revoked at the discretion of school administration.

Parent/Legal Guardian's signature

Date

MLCS is now a CLOSED CAMPUS! Students will not be allowed to leave for lunch.



Student Residency Questionnaire

Student Name _____

NOTE: This form is an example of what some districts have found useful to include in their student enrollment packets in order to help identify the students who are homeless as required by the McKinney-Vento Homeless Education Assistance Improvement Act, 42 U.S. C. 11435. The answers to this residency information help determine the services the student may be eligible to receive. This form is based on other forms in use in the San Antonio, Northside, and Northeast ISD, and region 13 ESC areas.

1. Presently, where is the student living? *Check one box:*

Section A	Section B
<input type="checkbox"/> In a Shelter With more than one family in a house or apartment (other family rents or own house or apartment) <input type="checkbox"/> In a motel, car or campsite With friends or family members (other than parent/legal guardian) <i>CONTINUE: If you checked a box in SECTION A, complete #2 and remainder of this form.</i>	<input type="checkbox"/> Choices in Section A do not apply <p>STOP: If you checked this section, you do <u>not</u> need to complete the remainder of this form. Submit to school personnel.</p>

2. The Student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> A relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> Alone with no friends |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> An Adult that is not the parent or the legal guardian |

Parent/Legal Guardian's signature: _____ Date: _____

Presenting a false record or falsifying records is an offense under Section 37.10 Penal Code, and enrollment of the child under false instruments subjects the person to liability nation or other costs, TEC Sec. 25.002 (3) (d)



Texas Education Agency Texas Public School Student 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 Name

Parent/Legal Guardian’s signature

Student Identification Number

Date



Home Language Survey

This survey is required by the Texas Education Agency in an attempt to better identify those who have speaking or using the English language. Results of this survey will be used to help determine the primary language of the student for instructional purposes. Please answer both questions. Completing this form does not obligate you in any way. Your cooperation in this matter is greatly appreciated.

Student Name: _____ Date of Birth: _____

1. What language is spoken in your home most of the time? _____

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

Parent/Legal Guardian's signature: _____ Date: _____

Esta revisión es requerida por la Agencia de Educación de Texas en una tentativa de identificar mejor aquellos que tienen el hablar o la utilización de la lengua inglesa. Los resultados de esta revisión serán usados para ayudar determinan la lengua primaria del estudiante para objetivos educacionales. Por favor conteste ambas preguntas. Completar esta forma no le obliga de ningún modo. Su cooperación en esta materia es enormemente apreciada.

Nombre del estudiante: _____ Fecha de nacimiento: _____

1. Cúe idioms se habla en la ease la mayoría del tiempo? _____

2. Cúe idioma habla su hijo) la mayoría del tiempo? _____

Firma del padres: _____ Fecha: _____



Enrollment Disclaimer Notice

Date: _____

Your son/daughter _____ has been enrolled temporarily as a _____ grade student. His/her schedule was compiled according to the available information. His/her schedule and/or grade level are subject to change upon receipt of official records.

Parent/Legal Guardian's signature

Date

Texas Education Code, 21.0313 Identification of Enrollment:

When accepting a child for enrollment, the school district shall inform the parent of other person enrolling the child that presenting false documentation or false records under this sections is an offence under Section 37.10, Penal Code, and that enrollment of the child under false documents subjects the person liability for tuition or costs under Section 21.031 of this code.

The district is required to submit the student's name given for enrollment with the name on the documents received within 10 calendar days. TEC 12.0313

The previous district is required to submit the student's records to the receiving school district within 10 calendar days. However, the requirements mandated by TEC 21.0313 are not to interfere with a student's ability to enroll and attend school; rather they define the actions to be taken by the district of enrollment should identity documentation be unavailable within 30 days.

I understand that I must pass the STAAR End of Course exams in order to graduate from Meadowland Charter School.

Student Signature

Parent/Legal Guardian's signature



Parent/Legal Guardian Involvement Form

As a condition for enrollment, I as the parent/legal guardian agree to support all the policies and procedures of the Meadowland Charter School listed in the Student/Parent Handbook and the Student Code of Conduct, including the following:

Initial Below:

_____ MLCS has a written parent involvement policy that is developed jointly with, and agreed upon, by and distributed to parents/legal guardians of students. The parental involvement policy will address needs for parents to provide input into the planning of all appropriate NCLB programs, activities and procedures for the involvement of parents/legal guardians. This policy can be found in the Student/Parent Handbook.

_____ Senate Bill 9 requires that every person that may come into contact with students have at least a statewide criminal review on file annually. This is to insure the safety of all of the students on our campus. Filling out the attached form is optional. Should you, as the parent/guardian, choose not to fill out the form you will not be able to participate in activities such as field trips and volunteering on campus.

_____ Parents/legal guardians will keep addresses and phone numbers current in the office.

_____ Parents/legal guardians are encouraged to attend any conferences requested by Superintendent, Director of Special Education, and/or Teacher.

_____ Parents/legal guardians are encouraged to sign all Discipline Notices sent home and for the child to meet all requirements before returning to school.

_____ Parents/legal guardians are encouraged to come to the school to pick up their child if suspended for the day or in the case of illness, within one hour.

_____ Parents/legal guardians are encouraged to follow the school grievance procedures, which includes meeting with the teacher or office, the Superintendent, the Governing Board and the Charter Holder Board, in that order, before further action.

Parent/Legal Guardian's signature: _____ Date: _____

Meadowland Charter School, 2016-2017 Multi-Child Application for Free and Reduced-Price School Meals

This Box for School Use Only.
Date Withdrawn:

Complete one application per household. Please use a pen (not a pencil).

Step 1
Definition of **Household Member**: *Anyone who is living with you and shares income and expenses, even if not related.*

Children in **Foster care**; children who meet the definition of **Homeless, Migrant, or Runaway** or who participate in **Head Start** are eligible for free meals.

Please read the directions for more information.

List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Household Member Sheet on the back.

List each child's name.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participation in a Categorical Program

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.
- SNAP, TANF, or FDPIR**: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR? If **No**, complete Steps 2 and 3. If **Yes to SNAP/TANF** > Write the Eligibility Determination Group (EDG) number in this space _____, skip Step 2, and complete Step 3. If **Yes to FDPIR**, check this box , skip Step 2, and complete Step 3.

Step 2
Please read the directions for more information.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Total Household Members (Children & Adults) _____ **B. Last Four Digits of Social Security Number (SSN) of an Adult Household Member:** XXX-XX-_____
 Check if no SSN

C. Income for Adult Household Members (Including Yourself, But Not Children)
List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

D. Combined Income for Children in the Household

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
Record combined total income by frequency for all <u>children</u> listed in Step 1.	\$	\$	\$	\$	\$

Step 3
Please read the directions for more information.

Provide Contact Information and Adult Signature.
I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address/Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed Name of Adult Completing the Form _____ Signature of Adult Completing the Form _____ Today's Date _____

Additional Household Member Space—2016-2017 Multi-Child Application for Free and Reduced-Price School Meals

**Step 1,
Additional**

List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.

List each child's name.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Step 2,
Additional**

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

Adult's First/Last Name	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/ Sup. Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
7.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
8.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
9.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
10.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do Not Fill Out This Part. This Is For School Use Only.

<p>Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12</p> <p>Household Size: _____ Total Income: _____</p> <p align="center"> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> </p>							Date Received:		
							Categorical Determination <i>n</i> <input type="checkbox"/>	Eligibility: Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/>	
Reviewing/Determining Official's Signature/Date				Confirming Official's Signature/Date					



Annual Notice of Confidentiality of Records

Meadowland Charter School gives annual notice to parents and eligible students informing them of their rights under the Family Educational Rights and Privacy Act.

Right to Inspect: A parent/eligible student may, upon request, inspect the special education records of the student. The Charter School will comply with such requests as soon as possible but in no case later than 45 days after the request. In every case, if records are requested before an ARD meeting, the records will be supplied before the meeting. The Charter School will be glad to assist parents with interpretations or explanations of the records. The parents may supply a written request for a representative of theirs to request and inspect records of their child(ren). Such requests cannot be honored except by written request.

The Charter School assumes either parent of the child has a right to inspect records of that child unless it is supplied legal evidence to the contrary. The Charter School reserves the right to determine whether such evidence is satisfactory.

Records of Access: The Charter School keeps a record of occasions when other than the parent, student, or authorized -school official accesses the student's records. This record contains the name of the person, date, and the purpose of accessing the record. A parent/student may inspect this record of access upon request.

Records of More Than One Child: If any educational records include information on more than one child, the parent of a student or eligible student may inspect only the information related to the student in question.

Types of Records Kept: The special education records kept by the Charter School are as follow: information about the referral made for possible special education services; consents for evaluations and placement (and other consents); the full and initial evaluation; individual educational plans; other necessary records required to determine that the student is eligible for special education services or to implement the delivery of those services. The person with direct responsibility for these records is the Director of Special Education, who may be reached at Meadowland Charter School, P.O. Box 2266, Boerne, Texas, 78006 The special education records are kept at the office (above). A request or complaint concerning the rights of parents or eligible students to records can be addressed to the Director of Special Education above.

Faxes or Copies: Copies of records supplied to parents or eligible student(s) will be made at cost.

Amendment of Records: A parent/eligible student has the right to request an amendment of the student's records if it is believed by them that the records are inaccurate, misleading, or a violation of the student's rights. Such a request should be made in writing to the Director of Special Education. If the Charter School refuses to amend the records, it will inform the parent/eligible student in writing of its refusal.

Hearings: If the parent/eligible student decides (see Amendment of Records) to request a hearing from the School Management Board regarding their request to amend records, the request for a hearing should be made to the Superintendent.

Hearings shall be conducted according to the rules set out in Reg 99.22 of the State Board of Education's policies of the Charter School.

After the hearing, the Charter School will either amend the records or inform the parent/eligible student in writing of its refusal. The notice shall inform the parent/eligible student of his/her right to place a written statement in the records. The written comments shall be disclosed to other persons whenever the records themselves are disclosed.

Disclosures: Generally speaking, the Charter School will not disclose educational records to persons other than the parent/eligible student. The Charter School observes the following exceptions to the rule:

Destruction of Records: The policy regarding the destruction of records is in the Operating Guidelines for Special Education and will be sent on request.

Officials Who Have Access to Records: The following persons are considered to have a legitimate educational interest in special education students: teachers of the student; the principal/superintendent of the student; ARD committee members; PEIMS coordinator/clerk; guidance counselors; assessment personnel; and the student's attorney. If any, others may demonstrate a legitimate interest in the student.

1. Upon written request, the Charter School will forward copies of relevant records to persons whom the parent/eligible student requests have said records.
2. The Charter School discloses the educational records of the student to teachers, administrations, and other officials of the school when such persons have a legitimate interest in the student.
3. The Charter School will inform another school district of the student's placement in special education, dates of placement, services the student was receiving, and disability. Other records are forwarded at the written request of the parent/eligible student.
4. Auditors of the Comptroller General of the United States, the Department of Education, and the Texas Education Agency will be able to view records.
5. Data contained in special education folders may be used in research studies supervised by the Director of Special Education/Superintendent but will not be personally identifiable outside the Charter School Office.
6. The Charter School will disclose student data as may be required by the Texas Education Agency accreditation effort.
7. The Charter School will disclose records when required to do so by court order or subpoena. The Charter School will document that parent/eligible student was notified of such action or that such effort to notify was made.
8. In case of a medical or safety emergency, records will be disclosed under the conditions described in Reg. 99.36.



Parent Notification of Teacher's Qualifications and Parent Concern/Complaint Process

Parent Notification

Compliance with P.L. 107410, Section 111 1(h)(6)(A)

To: All Parents

From: Meadowland Charter School

Subject: Notification to Parents/Legal Guardians of Teacher Qualifications

As a parent/legal guardian of a student at Meadowland Charter School, you have the right to know the professional qualifications of the classroom teachers who instruct your child, and Federal law requires the school system to provide you this information in a timely manner if you request it. Specifically, you have the right to request the following information about each of your child's classroom teachers:

- ◆ Whether the teacher meets the state qualifications and licensing criteria for the grades and subjects he or she teaches.
- ◆ Whether the teacher is teaching under emergency or provisional status because of special circumstances.
- ◆ The teacher's college major, whether the teacher has any advanced degrees, and the field of discipline of the certification or degree.
- ◆ Whether paraprofessionals provide services to your child, if so, their qualifications.

If you would like to receive any of this information, please contact Site Director at (830) 331-4094.

Parental Concern/Complaint Process

1. Parents/Legal Guardians may express complaints or concerns to an individual teacher or school Instructional Director.
2. If the parent/legal guardian is not satisfied with the response, they may submit a written complaint or concern to the Superintendent.
3. If the parent/legal guardian is not satisfied with the response, they may submit a written complaint or concern to the School Governing Board.
4. If parent/legal guardian is not satisfied with the response, they may submit a written complaint or concern to the Roy Maas' Youth Alternatives Board of Directors.

The Roy Maas' Youth Alternatives Board of Directors shall not delegate final authority to hear or decide citizen complaints or parental concerns.



STUDENT HANDBOOK ACKNOWLEDGMENT

(Please refer to the student portal page on www.MLCS.org)



Student/Parent Handbook & Code of Conduct Signature of Receipt Form

I will review the Meadowland Charter School Student/Parent Handbook via the mlcs.org website.

I understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Handbook and the Student Code of Conduct.

The student agrees to treat his/her fellow students with dignity and respect at all times while on school property or during school activities, and refrain from unwelcome physical or verbal conduct.

Printed Name of Student

Student Signature

Acceptable Use of District's Electronic Communications System

Students:

My signature below and that of my parent(s) or legal guardian(s), means that I agree to follow the guidelines of the Internet Safety Policy at Meadowland Charter School

Student's signature: _____ Date: _____

Meadowland Charter School may restrict and/or block access to lab resources to students who do not abide by the Electronics Acceptable Use Policy.

Parents/Legal Guardians:

As the parent or legal guardian of this student, I have read the Internet Safety Policy for Meadowland Charter School. I hereby give my permission for my child to use the Internet through classroom curriculum projects.

Parent/Legal Guardian's signature: _____ Date: _____

Parent/Legal Guardian's signature: _____ Date: _____



Sexual Harassment Policy Signature of Receipt Form

Peer sexual harassment is strictly forbidden at this school, on its premises and during its programs and activities.

Peer sexual harassment is any unwelcome physical or verbal conduct of a sexual nature, such as touching or grabbing or sexual comments, directed at a person because of his or her sex that interferes with the ability of a student to receive an education.

Students are expected to treat their fellow students with dignity and respect at all times on school property and in school programs and activities. Disciplinary action may result from violations of this anti-harassment policy. Violations of this policy may be reported to teachers and administrators. The school strongly encourages students to report sexual harassment immediately. The school will take prompt and fair action to investigate any report and to stop the sexual harassment.

Sexual Harassment Code of Conduct

I agree to treat my fellow students with dignity and respect at all times while on school property or during school activities, and refrain from unwelcome physical or verbal conduct of a sexual nature.

Student Signature

Date



Directory Information Consent Form

I certify that I am the parent or legal guardian of _____, and that I **DO** want Meadowland Charter School to release the following items of information about my child through the student directory or yearbook.

Name: _____ Date of Birth ____/____/____

Address _____

Email Address _____ Phone # _____

Place of Birth _____

By initialing below I certify that the following information may be released about my child.

Audio Recording/Videotaping/Photography _____

Dates of Attendance _____

Awards received in School _____

Major Field of Study Participation in officially recognized activities _____

Participation in officially recognized sports _____

Weight and Height of Members of Athletic Teams _____

Most Recent Previous School Attended _____

Name, Address & Telephone Number to a Military Recruiter _____

Name, Address & Telephone Number to an Institution of Higher Learning _____

Printed Name of Parent/Legal Guardian

Parent/Legal Guardian's signature

Date



Parental/Guardian Permission to Administer Over-the-Counter (OTC) Prescription (Rx) Medications

Date: _____

I, the undersigned, who is the parent/legal guardian of _____, give my permission for school staff to administer OTC medications, as checked below:

_____ at my child's request

_____ only after verbal approval from parent/legal guardian

I approve of the following medications being administered by staff:

(Check those that can be administered and indicate type of approval)

- | | |
|--|--|
| <input type="checkbox"/> Cough Suppressant | <input type="checkbox"/> Eye drops |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Anbesol |
| <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Coldsore Cream |
| <input type="checkbox"/> TUMS | <input type="checkbox"/> Cortisone Cream |
| <input type="checkbox"/> Throat Spray | |

I will notify the school immediately if the health status of my child changes requiring a change in the approval of any of the medications listed of above

Parent/Legal Guardian's signature

Phone (Home) _____ (Work) _____

(Pager) _____ (Cell) _____