



Easton Arts Academy Elementary Charter School

30 N. 4th Street • Easton, PA 18042

484-546-4230 • FAX: 610-829-6076 • www.eaaecs.org

Parent Document Checklist

- Student Admission Application
- Student Residency Questionnaire
- Emergency Contact Form
- Request for Transportation
- Home Language Survey
- Consent for Pictures/Videos/Image
- Health Inventory
- PA Dept. of Education Data Request Form
- Authorization to Transfer Educational/Health Records
- Admission Affidavit

Required Enrollment Documents

- Copy of Child's Birth Certificate or Current Passport
- Copy of Report Card (most recent or previous year end)
- Current Parent Driver's License or Identification Card

Proof of Residency

- Copy of lease, deed, mortgage statement or notarized affidavit.
Provide two of the residency documents listed below:
 - Current Utility Bill
 - Property Tax Bill
 - Vehicle Registration
 - Credit Card Statement

- Immunizations Records
- Dental Form
- Physical Form
- IEP
- 504
- Custody/Court Order (If applicable)



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Student Enrollment Application

Student Information

Name of Student: _____
(Last) (First) (Middle)

Grade Entering: _____ Date of Birth ____/____/____ Gender: Male Female

Ethnicity: Is the student Hispanic or Latino? Yes No

Race: Asian Black or African American American Indian or Alaska Native
 Native Hawaiian/Other Pac Islander White

Home Address:

(Street) (City) (State) (Zip)

Mailing Address: (If different from home address)

(Street) (City) (State) (Zip)

Primary Email Address: _____ Phone No.: _____

Parent/Legal Guardian Information

Father/Legal Guardian Name: _____

Primary Phone No. _____ Work Phone No. _____

Email address: _____

Mother/Legal Guardian Name: _____

Primary Phone No. _____ Work Phone No. _____

Email address: _____

Please notify the school of any changes to parent/guardian phone numbers, address, or emails.



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School District Information

District of Residence _____ Previous Grade _____

Public School Charter School Non-public/Private School Home School

Special Education Services Check all services that apply.

IEP/Special Ed. 504 Plan Other Services _____

Custody

Custody Documents: Yes No (If yes, a copy must be provided)

Does the student live with Mother Only Father Only Both Parents

Foster Parent or other Adult (If this box is checked please complete section below).

Foster parent/other adult name: _____

Home Address:

(Street) (City) (State) (Zip)

Primary Phone No. _____ Work Phone No. _____

Email address: _____

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this document. My signature signifies my request that all appropriate school records be sent from the current school/district to Easton Arts Academy Elementary Charter School. My signature also certifies that my child is not and will not be enrolled in a public school, non-public school, private school or another charter school at the same time he or she is enrolled in Easton Arts Academy Elementary Charter School.

Signature of Parent/Legal Guardian _____ Date _____

For Office Use Only

Birth Certificate Other

Proof of Residency

Mortgage/Lease 1st additional residency document 2nd additional residency document

Date of Enrollment _____ First day of attendance _____ Grade _____

Signature of Registrar _____ Date _____



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Student Residency Questionnaire

Easton Arts Academy uses this page to help identify students in homeless situations as required by the McKinney-Vento homeless Assistance Improvement Act, 42 U.S.C.11435. Answers to this residence information will help determine the services the student may be eligible to receive. Assistance is provided by our Homeless Liaison, Jenna Swafford, who can be reached at 484-546-4230.

Name of School: Easton Arts Academy Elementary Charter School

Name of Student: _____
(Last) (First) (Middle)

Gender: Male Female Date of birth: ____/____/____ Grade: _____

Address: _____
(Street) (City) (State) (Zip)

Primary Phone No. _____ Email Address _____

The answer you give below will help Easton Arts Academy Elementary Charter School determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check only one)

- In a motel/hotel
- In a shelter
- With another family or other person or because of economic hardship ("doubled-up")
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing (**proof must be provided for enrollment**)

Signature of Parent/Legal Guardian or Unaccompanied Homeless Youth

Date

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled.

The liaison is required to assist the student in obtaining any necessary documents, including immunizations or school records after the student has been enrolled.



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Emergency Contact Information

Name of Student _____
(Last) (First) (Middle)

Emergency contacts (other than parent or guardian)
Please list only people who have permission to pick up your child from school.

Emergency Contact 1 _____ (H) _____

Relationship to Student _____ (C) _____

(W) _____

Emergency Contact 2 _____ (H) _____

Relationship to Student _____ (C) _____

(W) _____

Emergency Contact 3 _____ (H) _____

Relationship to Student _____ (C) _____

(W) _____

Please notify the school if there are any changes to your child's emergency contacts.

Your signature on this document indicates that the information provided is up to date and accurate.

Signature of Parent/Legal Guardian

Date

Dear Parent/Guardian:

SCHOOL YEAR: _____

According to Pennsylvania Law, nonpublic school children are entitled to transportation to nonpublic schools as follows:

1. A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident nonpublic school students according to the nonpublic school calendar.
2. Transportation for nonpublic school students must be provided to and from the nonpublic school in which the student is enrolled, even if the nonpublic school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries. (Note: This distance may be in excess of 10 miles from student's home.)
3. A district may transport children who live along hazardous routes even though the children live within walking distance of the school.

If you think you are eligible for transportation and desire it for the next school year, please complete the request form below and return it to your child's school as soon as possible.
Thank you!

REQUEST FOR TRANSPORTATION UNDER ACT 372

(A separate form for each child must be completed annually for continued transportation services for all nonpublic school students.)

1. Name of student: _____ Date of Birth: _____
2. Address: _____ Grade Entering: _____
_____ Male or Female: _____
3. Name of Non-Public School attending: _____
4. The above named student lives approx. _____ miles from the nonpublic school he/she will be attending.

EFFECTIVE ENTRANCE DATE: _____

5. Name of Public School District (In which child resides): _____
6. Please indicate the following (Check A or B):

A. I DO NOT request transportation at this time. Student will drive or is parent transport to/from school.

B. I DO require Transportation at this time (Please check all that apply) AM PM Both
 MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Parent/Guardian 1 Information

Parent/Guardian 2 Information

Name (Please Print):	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____
Cell Phone:	_____	_____
Email:	_____	_____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Emergency Contact Names & Phone Numbers (other than parents/guardians):

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

PLEASE NOTE: A child must be withdrawn from Public School and officially enrolled in NonPublic School in order for Transportation to begin. Act 372 forms are obtained at the NonPublic schools in order to initiate/verify enrollment.



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Home Language Survey

All newly registering students regardless of race, nationality, or language origin **MUST complete this form**. Federal law requires that all Local Education Agencies (LEA) utilize a non-biased procedure for identifying which students are potential English Learners in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEA has the right to ask for the information contained in this, and other forms associated with the identification process.

Student Information (Parents/Legal Guardians should complete this section):

First Name of Student: _____

Last Name of Student: _____

Date of Birth: ____/____/____

1. Is a language other than English spoken in the child's home? YES NO

If yes, what language? _____

2. Does your child communicate in a language other than English? YES NO

If yes, what language? _____

3. What is the language that your child first learned to speak? _____

Parent/Legal Guardian Signature

Date



pennsylvania
DEPARTMENT OF EDUCATION



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Consent for Picture/Video/Image Use

Name of Student _____
(Last) (First) (Middle)

Permission for the use of student picture/video/image

Throughout the year photographs, digital pictures, and video cameras record special events at EAAECS. EAAECS would like your permission to use your child's picture/video on the EAAECS website, Facebook, Twitter, Instagram, in the yearbook and in press releases when appropriate. Showing our students in action best illustrates EAAECS activities and helps promote our curriculum.

- I GIVE** my permission for my student's picture/video/image to be used.
- I DO NOT GIVE** my permission for my student's picture/video/image to be used.

Please provide your email address for use by EAAECS for the purposes of communicating school information updates and announcements. EAAECS has limited the amount of documentation being sent by students. Email addresses will be used for the One Call Now system.

Parent/Legal Guardian name (please print) _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/ Legal Guardian Email: _____



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Health Inventory

Name of Student _____ Grade _____

1. Allergic to medications: YES/NO _____
2. Allergic to food: YES/NO _____
3. List any other allergies: _____
4. Food or dietary restrictions: YES/NO _____
5. Asthma: YES/NO Required to use during school hours? YES/NO (times to be used)

6. History of hospitalization: YES/NO _____
7. History of surgery: YES/NO _____
8. Fractured bones: YES/NO _____
9. Concussions/severe head injury: YES/NO _____
10. Seizure disorder: YES/NO _____
11. Frequent ear infections: YES/NO _____
12. Hearing loss or surgery: YES/NO _____
13. Vision problems: YES/NO _____ Wears glasses/contacts YES/NO _____
14. Chicken Pox: YES/NO _____
15. Eczema/skin problems: YES/NO _____
16. Heart/cardiovascular problems or congenital heart disease: YES/NO _____
17. Diabetes: YES/NO _____
18. Urinary/bladder problems: YES/NO _____
19. Intestinal/bowel problems: YES/NO _____
20. Any physical, developmental or health problems at birth: YES/NO _____
21. Medication: YES/NO _____
22. Medications needed during the school day: YES/NO Please list _____
23. Any physical restrictions: YES/NO _____
24. Attention Deficit Disorder (ADD/ADHD): YES/NO _____
25. Psychological/emotional issue: YES/NO _____
26. Any other health concerns? YES/NO _____

Signature of Parent/Legal Guardian _____

Date _____



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PA Department of Education Data Request Form

The Pennsylvania Department of Education (PDE) is planning for the development of a statewide system to improve data capabilities. PA Information Management System (PIMS) will enhance school district capabilities to meet student-level data reporting requirements.

The following information for your child is now requested by the PDE.

School Year: _____

Name of Student: _____ Grade: _____

Date of Birth: ____/____/____

City and State of birth: _____

If born outside of the USA, date of entry to the USA: ____/____/____

If applicable, date first enrolled in a US school: ____/____/____

If not born in state of Pennsylvania, date of entry to Pennsylvania: ____/____/____

Current school district: _____

School district residing in prior to coming to EAAECS (if not current district):

Name the public school your child would have attended if not enrolled at EAAECS
This does not include private, cyber, or other charter schools.

Signature of Parent/Legal Guardian

Date



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Authorization to Request/Transfer Educational and Health Records

Name of Student _____ Date of Birth ___/___/_____

The above student has been enrolled into the Easton Arts Academy Elementary Charter School. Please forward the following for their enrollment to be complete.

- Education records (transcripts, latest report card, grades to date, PSSA scores, STARS testing)
- Medical records, Immunizations, Physical and Dental forms
- Attendance records
- Discipline records
- 504 Plan
- Special Education file, IEP, Psychological, Psychiatric
- SAP referrals
- Career Readiness

Please mail or fax all education records to:
 Easton Arts Academy Elementary Charter School
 30 N. 4th St.
 Easton, PA 18042
 FAX: 610-546-4250
Attn. School Records

Please mail or fax medical records to:
 Easton Arts Academy Elementary Charter School
 30 N 4th St.
 Easton, PA 18042
 FAX: 610-829-6076
Attn. School Nurse

If there are any questions, please contact the Registrar at 484-546-4217.

Name and address of previous school: _____

Authorization has been given to Easton Arts Academy Elementary to request the above records.

Signature of Parent/Legal Guardian

(Date)

Signature of Registrar

1st Request Sent ___/___/___ Received ___/___/___ 2nd Request Sent ___/___/___ Received ___/___/___



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Admissions Affidavit Required by Pennsylvania Statute

I _____ Parent/Legal Guardian of _____

Residing at _____
(Street) (City) (State) (Zip)
(Zip)

Do hereby swear/affirm that the above-named student (check all that apply):

- Is currently on
- Was previously on
- Has never been on

Suspension or expulsion from any public, parochial, or private school in the state of Pennsylvania or any other jurisdiction in the United States for:

- The possession or use of any weapon(s), drug(s), or alcohol.
- Any act of violence on school property.
- Damage or vandalism to any school property.
- Any act which resulted in injury to another person.

If any statement above applies to the student named above, you must provide the following information.

1. The name and address of the school from which the student was suspended or expelled.

The dates of any suspensions and/or expulsions: _____

I make this statement with the full knowledge that any false information or omission makes me subject to the criminal penalties of State las 24 P.S. 130A, relating to falsification of this document and my result in the expulsion of the student.

Signature of Parent/Legal Guardian

Date

Signature of Registrar