



# Easton Arts Academy Elementary Charter School

30 N. 4<sup>th</sup> Street • Easton, PA 1042

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

## Student Residency Questionnaire

**Note:** Easton Arts Academy uses this page to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11435. Answers to this residency information will help determine the services the student may be eligible to receive. Assistance is provided by our Homeless Liaison, Mrs. Tina Duhigg who can be reached at (484) 546-4230; fax (484) 546-4261

Name of School: **Easton Arts Academy Elementary Charter School**

Name of Student: \_\_\_\_\_  
Last First Middle

Sex: \_\_\_ Male \_\_\_ Female Birth Date \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

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 as a result 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**)

\_\_\_\_\_  
Print Name of Parent/Legal Guardian  
(Student name if unaccompanied homeless youth)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian or Student  
(Student signature if 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 obtaining any necessary documents, including immunization or school records after the student has been enrolled. \*\***

Submitted on \_\_\_\_\_ by \_\_\_\_\_

Updated: 03/2021



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## Student Enrollment Notification Form

**Warning: A child enrolled in another public school, or a nonpublic or private school, cannot be enrolled in a charter school at the same time.**

### Name of Charter

**School:** Easton Arts Academy Elementary Charter School  
**Address:** 30 North 4<sup>th</sup> Street

Easton, PA 18042

**Contact Person:** Mrs. Lori Joy

**Telephone:** 484-546-4230      **Email:** [ljoy@eaaecs.org](mailto:ljoy@eaaecs.org)      **Fax:** 484-546-4250

### I. Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

Race: American Indian/Alaskan Native  Black/African American  Hispanic  White  Asian  Multi-Racial

What grade is the student entering: \_\_\_\_\_ Is parent active in military? Yes  No

Mailing Address (If Different from Home Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_ Age: \_\_\_\_\_

### School District of Residence and Former School Information

School District of Residence: \_\_\_\_\_ Former School Information (Other Than Pre-School):

\_\_\_\_\_ Public School    \_\_\_\_\_ Charter School    \_\_\_\_\_ Home School    \_\_\_\_\_ Nonpublic School

\_\_\_\_\_ Student Not Enrolled in School Preceding Enrollment in Charter School Because:

\_\_\_\_\_ Kindergarten    \_\_\_\_\_ Re-Enrolling    Dropout \_\_\_\_\_ Other \_\_\_\_\_

Name of Former School: \_\_\_\_\_

Address of Former School: \_\_\_\_\_

What school would your child attend if not in a charter school? \_\_\_\_\_

Previous Grade: \_\_\_\_\_ Withdraw date from previous school: \_\_\_\_\_

Was Your Child Receiving Special Education Services Based on an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\* If Yes, please attach a copy to this packet. \*\***

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## II. Parent/Legal Guardian Information:

**Child Lives With:** \_\_\_\_\_ Both Parents \_\_\_\_\_ Both Parents Alternately \_\_\_\_\_ Mother Only \_\_\_\_\_  
Father Only \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Foster Parents \_\_\_\_\_ Another Adult \_\_\_\_\_

**Special Custodial Court Instructions:** YES  NO  (If Yes, Please Attach Copy of Court Order)

### Complete Parent/Legal Guardian Name and Address Information as Applicable

Parent/Legal Guardian \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### If the Student Is Not Living with Parents, Please Complete This Section.

\_\_\_\_\_ Legal Guardian \_\_\_\_\_ Foster Parent Name \_\_\_\_\_ Another Adult Name

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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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, a nonpublic school, another charter school or a private school at the same time he or she is enrolled in Easton Arts Academy Elementary Charter School.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## III. To Be Completed by Charter School:

Verification of Date of Birth: \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Other

Proof of Residency: \_\_\_\_\_ Mortgage Statement \_\_\_\_\_ Lease \_\_\_\_\_ Utility Bill \_\_\_\_\_ Other

Enrollment Date: \_\_\_\_\_ First Day of Attendance: \_\_\_\_\_ Grade Student Is Entering: \_\_\_\_\_

**Signature of Registrar:** \_\_\_\_\_

Submitted on \_\_\_\_\_ by \_\_\_\_\_

Updated: 03/2021



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## REQUEST FOR TRANSPORTATION UNDER ACT372

(PLEASE COMPLETE A FORM FOR EACH CHILD NEEDING BUSTRANSPORTATION)

Name of Child: \_\_\_\_\_ Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

I DO REQUEST TRANSPORTATION

I DO NOT REQUEST TRANSPORTATION

If requesting bus transportation, please complete the following information:

Bus Stop: (If known) \_\_\_\_\_

Name of School: Easton Arts Academy Elementary Charter School

Name of public-school district in which child resides: \_\_\_\_\_

If child received public school transportation last year, please indicate the bus number and district.

Bus: \_\_\_\_\_ District: \_\_\_\_\_

### Mother's Information

### Father's Information

Name (Please Print) \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_

\_\_\_\_\_

Work Phone # \_\_\_\_\_

\_\_\_\_\_

Cell Phone # \_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian  
Signature: \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Name & Phone Number (other than parents):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Administration Only

Home School District Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Verify Miles from School: \_\_\_\_\_ Address Verification: \_\_\_\_\_ Date: \_\_\_\_\_

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## Emergency Contact Information Form

Name of Student: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

### Parent/Legal Guardian Information

Parent/Legal Guardian #1	_____	(H)	( ) _____
Relationship	_____	(C)	( ) _____
Employer	_____	(W)	( ) _____
Parent/Legal Guardian #2	_____	(H)	( ) _____
Relationship	_____	(C)	( ) _____
Employer	_____	(W)	( ) _____

In case of an emergency, I **give/do not** give **(please circle choice)** permission for my child to be transported to \_\_\_\_\_ and for their staff to provide the necessary treatment until I arrive.  
Name of Facility

In case of an emergency at EAAECS, please provide a number you would like called to receive a message from the One Call Now System – no extensions please: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

### Emergency Contacts (other than parent/legal guardian)

Please list only people who have permission to transport your child to/from school.

Emergency Contact #1	_____	(H)	( ) _____
Relationship	_____	(C)	( ) _____
		(W)	( ) _____
Emergency Contact #2	_____	(H)	( ) _____
Relationship	_____	(C)	( ) _____
		(W)	( ) _____
Emergency Contact #3	_____	(H)	( ) _____
Relationship	_____	(C)	( ) _____
		(W)	( ) _____

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

\_\_\_\_\_  
DATE Signature

*The information contained in this transmission may contain privileged and confidential information, including student information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.*

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## HEALTH INVENTORY

Name of Child: \_\_\_\_\_

Grade: \_\_\_\_\_

*Please circle Yes or No. If "Yes" explain and give dates. Use back of page if needed.*

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. Ever had 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 Date: \_\_\_\_\_
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 (Please list all current medications):  
\_\_\_\_\_
22. Medications needed during the school day: YES/NO (Please list all medications need during school hours)  
\_\_\_\_\_
23. Any physical restrictions: YES/NO \_\_\_\_\_
24. Attention Deficit Disorder (ADD/ADHD): YES/NO \_\_\_\_\_
25. Psychological/emotional issue: YES/NO \_\_\_\_\_
26. Any other health problems/issues: YES/NO \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted on \_\_\_\_\_ by \_\_\_\_\_

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## \*\*\*HOME LANGUAGE SURVEY\*\*\*

The Office of Civil Rights (OCR) requires that school districts and charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification of these students.

Home School District: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What is/was the student's first language: \_\_\_\_\_

2. Does the student speak a language other than English? YES  NO

If yes, specify the language \_\_\_\_\_  
(Do not include languages learned in school)

3. What language(s) is/are spoken in your home? \_\_\_\_\_

Parent/Legal Guardian Name (please print): \_\_\_\_\_

Parent/Legal Guardian Phone Number : \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\* The school district/charter school has the responsibility under the federal law to serve students who are limited in English proficiency and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school may conduct screening or request information about students who were already enrolled in their home district as well as from students who enroll in the school district/charter school in the future. \*\*\*

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## Consent for Pictures/Video/Image Use

Student Name: \_\_\_\_\_

### Permission for the Use of Student Pictures/Video

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 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 e-mail address for use by EAAECS for the purpose of communicating school information updates and announcements. EAAECS has limited the amount of documentation being sent home by students. Email addresses will be used for our One-Call-Now system.

Parent/Legal Guardian Name (**Please Print**): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian Phone Number: \_\_\_\_\_

Parent/Legal Guardian Email Address: \_\_\_\_\_

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## PA Dept. of Education Data Request Form

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

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

School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ 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 United States School: \_\_\_\_\_

If not born in the state of Pennsylvania, date of entry to Pennsylvania: \_\_\_\_\_

Current School District: \_\_\_\_\_

School District residing prior to coming to EAAECS (if not current): \_\_\_\_\_

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

\_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted on \_\_\_\_\_ by \_\_\_\_\_

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## AUTHORIZATION TO TRANSFER EDUCATIONAL/HEALTH RECORDS

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First Name) (Last Name)

The above student has been enrolled into the Easton Arts Academy Elementary Charter School. Please submit the following educational/health documentation for their enrollment process to be complete.

- Education Records (all transcripts, grades to date, PSSA scores, STARS testing, attendance records)
- Health Records, including Immunizations, Physicals and Dental Exams
- Psychological/Psychiatric/Special Education file (PTE/PTRE, ER/RR, Invite, IEP, NOREP, IFSP with EI evaluation)
- Disciplinary and Delinquency
- Attendance Records
- SAP Initiated Evaluations
- 504 Documentation
- Career Readiness Documentation/Chapter 339

**Please forward all Educational Records to:**  
 Easton Arts Academy Elementary Charter School  
 Attn: School Records  
 30 N. 4<sup>th</sup> Street  
 Easton, PA 18042  
 Fax – 610-829-6076

**Please forward all Health Records to:**  
 Easton Arts Academy Elementary Charter School  
**Attn: School Nurse**  
 30 N. 4<sup>th</sup> Street  
 Easton, PA 18042  
 Fax – 484-546-4257

**Please provide us with name and address of previous school:** \_\_\_\_\_

\_\_\_\_\_

Request sent to : \_\_\_\_\_

Address: \_\_\_\_\_

If there are any questions, please contact the Registrar at 484-546-4230.

Authorization has been given for the Easton Arts Academy Elementary Charter School to request the above records. (Only one signature is required)

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Registrar Signature*

<input type="checkbox"/> 1 <sup>st</sup> request	Date Sent: _____	Received: _____
<input type="checkbox"/> 2nd request	Date Sent: _____	Received: _____

Submitted on \_\_\_\_\_ by \_\_\_\_\_



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## ADMISSIONS AFFIDAVIT, AS REQUIRED BY PENNSYLVANIA STATUTE

I \_\_\_\_\_ Parent/Legal Guardian of \_\_\_\_\_  
(Name of Parent/Legal Guardian) (Name of Student)

residing at \_\_\_\_\_  
(Street Address, Apt. #)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip-Code)

do hereby swear/affirm that the above identified 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:
  
2. 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 law 24 P.S. 130A, relating to falsification of this document and may result in expulsion of the student.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Registrar)

Submitted on \_\_\_\_\_ by \_\_\_\_\_