

STRONG CASTLE LEADERSHIP ACADEMY

Student Enrollment Form

PLEASE PRINT LEGIBLY

Student Information:

Student's Last Name: _____ First: _____ Middle: _____

*Home Address: _____ City: _____ State: _____ Zip Code: _____

Student email address: _____

Home Phone: _____ Date of Birth: _____ Gender: M _____ F _____

Place of Birth /City & State: _____ Country (If not USA): _____

Parent/Guardian Information:

Mother/Guardian Last Name: _____ First Name: _____

Address (if different from student): _____

Please indicate City, State and Zip Code

Home Phone: _____ Cell Phone: _____

Mother's email address: _____

Place of Employment: _____ Work Phone: _____

Father/Guardian Last Name: _____ First Name: _____

Address (if different from student): _____

Please indicate City, State and Zip Code

Home Phone: _____ Cell Phone: _____

Father's email address: _____

Place of Employment: _____ Work Phone: _____

Automated Message Preferences:

This pertains to both school closures and emergency messages during the school day.

Best Phone Number for automated call: _____

Best email for automated email: _____

Military Family Status: Please check the appropriate box if this student is a child of:

- An active duty member of the Uniformed Services, National Guard or Reserves on active duty orders
- A member or veteran medically discharged or retired within one year
- A member of the Uniformed Services, National Guard or Reserves who died on active duty

Please indicate who you would like contacted first and second in the event of an emergency.

Mother Father Guardian

Please list five local contacts that we may release your child to in the event of an emergency.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Prior School Information:

Name of Last School Attended: _____

City/Town: _____ State: _____

Has your child ever attended SCLA Private School: Yes No

Name of School: _____ Year: _____

Has your child ever attended any other Texas Privat School? Yes No

City/Town: _____

Signature of Parent/Guardian: _____ Date: _____

*Proof of Residency verified by: _____ Date: _____

Home Language Survey

Strong Castle Leadership Academy regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for SCLA to provide meaningful instruction to all students. If a language other than English is spoken in a home, SCLA is required to do further assessment of your child. Please help us meet this important requirement by providing the necessary information. Thank you for your assistance.

Student Information			
_____ First Name	_____ Middle Name	_____ Last Name	F <input type="checkbox"/> M <input type="checkbox"/> Gender
_____ Country of Birth	____/____/____ Date of Birth (mm/dd/yyyy)	____/____/____ Date first enrolled in ANY U.S. school (mm/dd/yyyy)	
School Information			
____/____/20____ Start Date in New School (mm/dd/yyyy)	_____ Name of Former School and Town		_____ Current Grade
Questions for Parents/Guardians			
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)		Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
What language did your child first understand and speak?		Which language do you use most with your child?	
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write		Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>		Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>	
Parent/Guardian Signature: X		____/____/20____ Today's Date: (mm/dd/yyyy)	

\Race/Ethnicity Survey

Department of Elementary and Secondary Education Definitions

Ethnicity

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race. The term “Spanish origin,” can be used in addition to Hispanic or Latino.
- **Not Hispanic or Latino**

Race

- **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 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.

Race/Ethnicity Survey
 This form must be completed for all incoming students.

	Not Hispanic or Latino	Hispanic or Latino
One race		
White	01	33
Black or African American	02	34
Asian	03	35
American Indian or Alaska Native	04	36
Native Hawaiian or Other Pacific Islander	05	37
Combination of Two Races		
White & Black or African American	06	38
White & Asian	07	39
White & American Indian or Alaska Native	08	40
White & Native Hawaiian or Other Pacific Islander	09	41
Black or African American & Asian	10	42
Black or African American & American Indian or Alaska Native	11	43
Black or African American & Native Hawaiian or Other Pacific Islander	12	44
Asian & American Indian or Alaska Native	13	45
Asian & Native Hawaiian or Other Pacific Islander	14	46
American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	15	47
Combination of Three Races		
White & Black or African American & Asian	16	48
White & Black or African American & American Indian or Alaska Native	17	49
White & Black or African American & Native Hawaiian or Other Pacific Islander	18	50
White & Asian & American Indian or Alaska Native	19	51
White & Asian & Native Hawaiian or Other Pacific Islander	20	52
White & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	21	53
Black or African American & Asian & Native Hawaiian or Other Pacific Islander	22	54
Black or African American & Asian & American Indian or Alaska Native	23	55
Black or African American & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	24	56
Asian & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	25	57
Combination of Four Races		
White & Black or African American & Asian & American Indian or Alaska Native	26	58
White & Black or African American & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	27	59
White & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	28	60
White & Black or African American & Asian & Native Hawaiian or Other Pacific Islander	29	61
Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	30	62
Combination of Five Races		
White & Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	31	63

STRONG CASTLE LEADERSHIP ACADEMY
Health Services

MEDICAL INFORMATION:

Date: _____

Child's Name: _____
First *Last*

Date of Birth: _____ Grade: _____ Primary Language at Home: _____

Medical Problems (and/or Major Illness, Surgery, Psychological Concerns):

Medications your child takes and what they are taking it for:

Allergies – Please describe the type of reaction:

Vision Problems: _____ **Hearing Problems:** _____

Doctor: Name / Address / Phone #

Dentist: Name /Address / Phone #

Signature of Parent/Guardian

Date

Please return this form to the School Nurse, or Senior Administrator

STRONG CASTLE LEADERSHIP ACADEMY
PO Box 705
Fort Worth, Tx 76101

Notice of Possible Publication of Student Information during the School Year

Dear Parent/Guardian,

The Strong Castle Leadership Academy regulations permits the school to release certain information concerning your child from time to time without first obtaining consent, unless you specify otherwise. The information which may be released for publications in local papers, school related websites or cable news includes the student's name, class, participation in officially recognized activities and sports, degrees, and honor awards.

Please check one of the following:

_____ I allow the school to release public information as indicated above.

_____ I **do not** allow release of publication information as stated above.

May your child's photo be published in the school Yearbook?

_____ Yes _____ NO

Name of Student: _____ Grade: _____

Parent/Guardian Signature: _____

STRONG CASTLE LEADERSHIP ACADEMY

PO Box 705

Fort worth, TX 76101

PHONE (817) 395-7431

Authorization for transfer of Academic and Health Records for students to attend SCLA

Date: _____ Student's Name: _____

I hereby give permission to _____ (name of previous school) to release and transfer all of the records for the student named above to:

STONG CASTLE LEADERSHIP ACADEMY Student Services

These records should include:

- Present Transcript
- Present Report Card
- Withdrawal grades
- Key to Grading Code/System
- Attendance, Tardy Information
- Discipline Information
- Health Record (Including immunization information)
- All standardized test dates, including all intelligence, aptitude and achievement tests. ALL testing and progress reports.

- Any initial evaluations, IEPs, progress reports or 504 plans that are part of the student's file
- Legal documents pertaining to guardianship and or parental rights.
- Any other pertinent information that would assist in the student's transition to SCLA School
- Other: _____

*****Please Print All Information*****

Name & Address of Previous School:

School Phone Number: _____ School Fax Number: _____

Thank you, SCLA Student Services

STRONG CASTLE LEADERSHIP ACADEMY
Internet Permission Form

Overview of the Acceptable Use Policy

In November of 2023, the SCLA School Committee adopted an Acceptable Use Policy for access to the Internet. This policy was amended in 2024. All School Committee policies are available to the public. SCLA is responsible for enforcing that policy by means of user agreements and by interpretation at the building level. The school requests that both you and your child indicate your agreement to follow the prescribed guidelines and policies by signing below. After signing, please return the form, as we shall keep it on file in the school. We recommend that you retain a copy for your own reference.

The primary purpose of the SCLA School User's Agreement is to ensure that, in addition to supporting the education goals of the Strong Castle Leadership Academy, the user take full responsibility for his or her own actions. The SCLA School is not liable for the actions of anyone connecting to the Internet. All users shall assume full liability, legal, financial or otherwise, for their actions. Access is a privilege rather than a right. When privileges are granted it comes with responsibilities.

It is important to understand that the information available on the Internet is not always age-appropriate or accurate. It is not possible to guarantee that students will not accidentally or intentionally find inappropriate material. Families bear responsibility for student use of many information sources such as magazines, television, telephones, radio, movies and other possibly offensive media. They should exercise the same responsibility with this media source as well.

The main purpose of the Internet access is to support the educational programs of the SCLA. An underlying assumption is that access is occurring as a direct result of a teacher-directed project. All other requests for access must be pre-approved.

Guidelines for Acceptable Use at SCLA:

- 1. All use of the Internet must be lawful and ethical**
- 2. The administration reserves the right to change these guidelines in response to system needs.**
- 3. Users may not use the Internet for commercial purposes or political lobbying.**
- 4. Users may not vandalize hardware or software nor introduce viruses into the network.**
- 5. Users are to observe copyright procedures and laws.**
- 6. Users are to respect the rights, privileges and privacy of others.**
- 7. Users are responsible for taking reasonable precautions such as not sharing access to their accounts and not giving out personal information on the web.**
- 8. Users are aware that files stored on school-based computers are not private.**
- 9. At a minimum, violation of the Guidelines will result in denial of the privilege of access.**
- 10. Additional disciplinary action may be necessary including action by law enforcement agencies.**

Date _____ Student ID# _____ Grade _____

Student Name: _____

Parent Signature: _____

Student Signature: _____

STRONG CASTLE LEADERSHIP ACADEMY

Health Service

Dear Parent/Guardian:

In an effort to keep our children healthy, the Commonwealth of SCLA has certain requirements that must be met **before** a child is allowed to enter school. Your child will also **need a copy of a recent physical exam** (within 2 years). Any immunizations or tests that your child may require are listed below. Please be aware that this is a **State Law** and must be completed before they enter school.

The State and Department of Public Health requires the following: **HIGH SCHOOL REQUIREMENTS FOR ENTRY 2024**

A checkmark is placed next to the immunizations your child is missing!

- Five (5) doses of DPT (unless 4th dose is given after 4th birthday)
- Four (4) doses of Polio (unless 3rd dose is given after 4th birthday or 6 month interval)
- Two (2) doses of Measles, Mumps and Rubella (MMR)
- Three (3) doses of Hepatitis B
- Grade 7 – 10 – One (1) dose Tdap**
- Grade 7 – 10 Two (2) doses of Varicella vaccine**
Grade 11 & 12 One (1) dose of Varicella vaccine
OR written documentation by the physician of a reliable history of Chickenpox Disease.
- PHYSICAL EXAM (A recent physical exam with two years prior to school entry)

- NO IMMUNIZATIONS ON FILE – ALL OF THE ABOVE ARE NEEDED!

Please submit all updates to the senior administrator as soon as possible to avoid exclusion from starting school. Also, please let the administration know if your child has any medical concerns and/or is taking any type of medication. Please contact your child's physician as soon as possible to schedule an appointment to be sure your child will meet all the requirements before starting school.

Remember this is a State Requirement and your child will NOT BE ALLOWED TO BEGIN SCHOOL until this information is on file and COMPLETED. If you have any questions, please feel free to contact us at any time. Thank you for your cooperation.

SCLA School Administration,
PO Box 705
Fort Worth, TX 76101

Phone: 817. 395. 7431