

**El Paso Education Initiative, Inc.**  
**Burnham Wood Charter Schools**  
785 Southwestern Drive, El Paso, TX 79912  
(915) 584-4024 • Fax: (915) 581-9840

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**2019-2020**

**Welcome to Burnham Wood Charter Schools!** As an award winning charter district, we strive to implement higher standards of operation for the benefit of all of our students. Please go to our website at [www.burnhamwood.org](http://www.burnhamwood.org) for more information about our schools.

Before the enrollment process is complete the following is required:

- Enrollment packet must be completely filled out and returned.
- A copy of the birth certificate must be on file at the school.
- A copy of current immunizations must be on file at the school.
- Proof of residency must be on file at the school (a copy of gas, electric or water bill with name of parents and physical street address where student lives)
- A copy of the social security card. If the student does not have a social security card, or if the parent is unable to provide the office with a copy of the card, then the school will assign a state number.

**For New Students we request:**

- For new students entering the 4<sup>th</sup> thru 12<sup>th</sup> grades, state assessment STAAR/EOC scores from previous years.
- Withdrawal form from the previous school.
- Copy of report card to include final grades, attendance, and discipline records.
- **\$30.00** Community Supply Fee (non-refundable) due at the beginning of school year. *(Optional)*

**For Returning Students:**

Returning students do have to submit a re-enrollment packet with a current proof of residency. Please update the information in the re-enrollment packet and sign new assurances for media release, attendance, etc. Also, a **\$30.00** Community Supply Fee (non-refundable) is due at the beginning of the school year. *(Optional)*

**Note:** Admission and enrollment of students shall be open to persons who reside within the geographic boundaries stated in the school's charter, and who are eligible for admission based on lawful criteria identified in the charter and in state law.

*Burnham Wood Family of Charter Schools will not discriminate in its admission policy on the basis of sex, race, national origin, ethnicity, religion, disability, academic, artistic or athletic ability, or the district the child would otherwise attend in accordance with the Texas Education Code.*

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El Paso Education Initiative, Inc.  
**Burnham Wood Charter Schools**  
 785 Southwestern Drive • El Paso, TX 79912  
 (915) 584-4024 • Fax (915) 581-9840  
**STUDENT ENROLLMENT FORM**

<b>Check One</b> <input type="checkbox"/> HBES <input type="checkbox"/> Da Vinci <input type="checkbox"/> Vista Del Futuro
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PLEASE PRINT

**2019-2020**

**STUDENT INFORMATION**

GRADE	STUDENT LAST NAME	FIRST NAME	INITIAL	GENERATION
				NONE/ JR III VI SR IV VII II V VIII
<b>SOCIAL SECURITY #</b>		<b>DATE OF BIRTH</b>	<b>AGE ON SEPT. 1<sup>st</sup></b>	<b>GENDER</b>
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>ETHNICITY</b>		Please choose the student's ethnicity. This is required for entering the student in the Texas PEIMS database. <b>Check the ONE that best describes the student's ethnicity.</b> <input type="checkbox"/> 1. Hispanic <input type="checkbox"/> 2. Not of Hispanic Origin  What is the student's race? <b>Check one or more regardless of ethnicity.</b> <input type="checkbox"/> 1. American Indian or Alaskan <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black or African American <input type="checkbox"/> 4. Native Hawaiian/Other Pacific Islander <input type="checkbox"/> 5. White		
<b>CAMPUS OF RESIDENCY</b>		Name of the <b>PUBLIC</b> school your child would be attending for this next school year if he/she were attending your local <b>PUBLIC</b> school _____		
<b>HAS STUDENT EVER PARTICIPATED IN THE MIGRANT PROGRAM?</b>		<b>HAS STUDENT EVER PARTICIPATED IN THE IMMIGRANT PROGRAM?</b>		<b>IS THIS STUDENT IN FOSTER CARE?</b>
<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
<b>HOME ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
Has this student ever repeated a grade? Which grade? _____				<input type="checkbox"/> NO <input type="checkbox"/> YES / SÍ
Name of School _____				
*Has this student ever been placed in alternative placement?				<input type="checkbox"/> NO <input type="checkbox"/> YES / SÍ
*Has this student ever been suspended from school?				<input type="checkbox"/> NO <input type="checkbox"/> YES / SÍ
*Has this student ever been expelled?				<input type="checkbox"/> NO <input type="checkbox"/> YES / SÍ
*Has this student ever been home schooled?				<input type="checkbox"/> NO <input type="checkbox"/> YES / SÍ
*Did the student attend a Burnham Wood school last year?				<input type="checkbox"/> NO <input type="checkbox"/> YES / SÍ
* Is one or both parents currently serving in the U.S. Military?				<input type="checkbox"/> NO <input type="checkbox"/> YES / SÍ
*What year did the student first enroll in U.S. public schools? _____				

**In case you cannot be reached in an emergency, please list the people whom we should contact.**

Name	Telephone	Relationship

**PREVIOUS SCHOOL ATTENDED**

YEAR	LIST PREVIOUS SCHOOLS ATTENDED	ADDRESS	CITY	STATE	ZIP CODE
____ to ____					
____ to ____					
____ to ____					
____ to ____					

<b>WAS STUDENT EVER ENROLLED IN SPECIAL PROGRAMS? /</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES   SPECIAL EDUCATION <input type="checkbox"/> NO <input type="checkbox"/> YES   BILINGUAL - ESL <input type="checkbox"/> NO <input type="checkbox"/> YES   GIFTED & TALENTED <input type="checkbox"/> NO <input type="checkbox"/> YES   504 PROGRAM <input type="checkbox"/> NO <input type="checkbox"/> YES   DYSLEXIA <input type="checkbox"/> NO <input type="checkbox"/> YES   OTHER
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**PLEASE SHARE ANY OTHER INFORMATION WITH US THAT YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILD. YOU MAY ATTACH AN ADDITIONAL SHEET IF NECESSARY.**

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**PARENT/GUARDIAN INFORMATION FORM**

**MOTHER'S/GUARDIAN'S INFORMATION**

\_\_\_\_\_  
**Last Name      First Name      Middle Name      Home/Cell Telephone Number**

\_\_\_\_\_  
**Address (if different from child's)      City      State      Zip Code**

\_\_\_\_\_  
**Name of Employer      Job Position      Work Telephone Number**

**Driver's License # or Photo ID#** \_\_\_\_\_ **State** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Mother/Guardian currently a member of the U.S. Military on active duty?**      YES \_\_\_\_\_      NO \_\_\_\_\_

**Mother/Guardian currently a member of the Texas National Guard?**      YES \_\_\_\_\_      NO \_\_\_\_\_

**Mother/Guardian currently a member of a reserve force in the U.S. Military?**      YES \_\_\_\_\_      NO \_\_\_\_\_

**Mother's/Guardian's e-mail address** \_\_\_\_\_

**FATHER'S/GUARDIAN'S INFORMATION**

\_\_\_\_\_  
**Last Name      First Name      Middle Name      Home/Cell Telephone Number**

\_\_\_\_\_  
**Address (if different from child's)      City      State      Zip Code**

\_\_\_\_\_  
**Name of Employer      Job Position      Work Telephone Number/**

**Driver's License # or Photo ID#** \_\_\_\_\_ **State** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Father/Guardian currently a member of the U.S. Military on active duty?**      YES \_\_\_\_\_      NO \_\_\_\_\_

**Father/Guardian currently a member of the Texas National Guard?**      YES \_\_\_\_\_      NO \_\_\_\_\_

**Father/Guardian currently a member of a reserve force in the U.S. Military?**      YES \_\_\_\_\_      NO \_\_\_\_\_

**Father's/Guardian's e-mail address:** \_\_\_\_\_

**Name of Person enrolling the student:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

MEDICAL INFORMATION FORM

Student's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**MEDICAL HISTORY** – Please mark if your child has any of the following health conditions.

	YES	NO
Asthma		
ADHD/ADD		
Autism		
Diabetes (Type 1 or Type 2)		
Endocrine disorder		
Epilepsy (Seizures)		
Genetic disorder		
High blood pressure		
Heart disorder or condition		
Hepatitis OR Tuberculosis Infection		
Irritable bowel syndrome (IBS)		
Surgeries OR Implanted medical devices		
Migraines		
Urinary or bladder problems		
Wear glasses or hearing aids		
<b>My Child Has No Health Problems</b>		

Other conditions/allergies/OR please explain anything checked yes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**LIFE THREATENING CONDITIONS**

IF YOUR CHILD HAS ASTHMA, WILL HE/SHE REQUIRE AN INHALER TO BE USED AT SCHOOL  NO  YES  
 Date of last attack \_\_\_\_\_

DOES YOUR CHILD HAVE A SEVERE ALLERGY REQUIRING AN EPIPEN?  NO  YES

IF YES, WHAT IS THE ANAPHYLACTIC TRIGGER?  Food  Insect Stings  Plants  Animals  A Drug/medication

Explain: \_\_\_\_\_

**\* If YES to either of these questions, a meeting with the school nurse OR principal is required. School policy requires that emergency lifesaving medication and physician orders are in place prior to starting school.**

**MEDICATION**

Does your child take any medication at home?  NO  YES

Reason for taking medication \_\_\_\_\_

Will medication be needed at school?  NO  YES

**\* If your child needs medication at school, please contact the front office for the necessary paperwork. We only administer medications that are medically necessary and require both written parent consent and a physician's order on file. You must fill out a new form for every school year.**

**MEDICAL/DENTAL INFORMATION**

Name of Health Care provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have medical and dental insurance coverage?  NO  YES

## IMMUNIZATIONS

The state of Texas requires certain immunizations for school attendance. Check your child’s immunization records carefully when submitting them to the school. If you plan to obtain an exemption to any immunizations on the basis of moral, religious, or conscientious reasons from the Department of State Health Services, the original affidavit must be presented to the school.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level			
	K – 5th	6th	7th	8th – 12th
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap) <sup>1</sup>	5 doses or 4 doses		3 dose primary series and 1 Tdap/Td booster <i>within last 5 years</i>	3 dose primary series and 1 Tdap/Td booster <i>within last 10 years</i>
Polio <sup>1</sup>	4 doses or 3 doses			
Measles, Mumps, and Rubella <sup>1,2</sup> (MMR)	2 doses of MMR	2 doses of measles and 1 dose each of rubella and mumps vaccine		
Hepatitis B <sup>2</sup>	3 doses			
Varicella <sup>1,2,3</sup>	2 doses	1 dose	2 doses	
Meningococcal			1 dose	
Hepatitis A <sup>1,2</sup>	2 doses			

***If you are unsure if your child is up to date on their immunizations, we highly recommend you make an appointment with his/her health care provider, health department, or Immunize El Paso prior to the first day of school.***

## AUTHORIZATION FOR SHARING HEALTH INFORMATION

I understand that the information given about my child may be shared with school staff as needed in order to provide for the health and safety of my child. I authorize the use of disclosure of my child’s health information to the nurse, the coaches, office personnel, all teachers or staff who may provide instruction to my child, medical providers, and other school personnel involved in the direct care of my student.

## SCHOOL POLICY ACKNOWLEDGMENT

\_\_\_ I understand it is my responsibility to update my emergency contact information with the school as soon as possible when a change occurs.

\_\_\_ I understand in the event of an emergency, every effort will be made to contact me first, however, an ambulance will be called for my student if an emergency arises and my child needs emergency medical care.

\_\_\_ I understand no medications are given in school without my written permission. I understand my student is not allowed to carry medications at school without my written permission on file and permission of their health care provider. I understand the forms are available in the office. This includes vitamins and herbal supplements.

\_\_\_ I understand charter schools are not required to have a full-time nurse and a nurse may not always be available on campus every day. I will make every effort to coordinate any special medical needs with the office in the event a full time nurse is not available.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL HISTORY

**In order for us to learn more about your child, please share observations and comments.**

How does your child accept routines and limits?
How does your child handle transitions?
How does your child handle frustrations?
How does your child interact with other children?
How do you discipline your child at home?
What are your child's interests or hobbies?
What are your child's strengths?
What are your child's challenges?
Is your child easily distracted or impulsive? No _____ Yes _____
<b>Is your child able to follow the rules and procedures of the school</b> No _____ Yes _____



**REFERENCE RELEASE**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

Please sign this reference release and return it with the enrollment packet.

This form will be completed and sent by the Administration to references or former schools listed on your enrollment packet.

I, the undersigned, hereby authorize any individual, former school, teacher or counselor identified as a reference or school to answer all questions that may be sought in connection with my child's enrollment application or concerning my child's work, habits, character, or skills. I am aware that the information provided will be used for the purpose of evaluating my child as an applicant for enrollment and that the information provided is confidential and will *not* be available to me. I will not hold the individual or school liable for the information submitted. A copy of this authorization shall be valid as the original.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MEDIA RELEASE FORM**

I hereby give my permission to Burnham Wood Family of Charter Schools to use or release the name and photograph(s) of \_\_\_\_\_ (child's name) in any manner Burnham Wood Family of Charter Schools staff deems appropriate for school-related purposes.

I understand these purposes include publication of photographs, along with my name and/or that of my child, in newspapers, magazines, brochures and other such publications; for television appearances; for slide presentations and other visual materials; and for radio broadcast shows.

I also understand that I am free to refuse this permission, but that my child cannot appear on public radio broadcasts or television or have his/her name appear in printed matter released by Burnham Wood Family of Charter Schools without signing this release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_ I decline permission for Media Release

**FIELD TRIP RELEASE FORM**

I hereby give my permission for my child to attend school-sponsored activities off campus and be transported by a volunteer. I will receive notification of each field trip and the transportation arrangement for it prior to the field trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## STUDENT AND PARENT PLEDGE

The following are agreements I have made with Burnham Wood Family of Charter Schools concerning my attitude and behavior while participating in Burnham Wood Family of Charter Schools programs.

### AS STUDENTS AND PARENTS WE PLEDGE TO:

1. Abide by all school rules(as stated in the *Parent/Student Handbook*), as well as directives given to me by teachers and staff to ensure my safety and the safety of others.
2. Abide by School Dress Code.
3. Be prompt and on time to all activities.
4. Understand that the student will be sent home and subject to expulsion if any behavior or action on the student's part poses a threat to safety, disrupts the instructional program, or results in the destruction of the environment in any way.
5. Understand that Burnham Wood Family of Charter Schools **requires** 180 days of attendance with 100% attendance [no unexcused absences] expectation.
6. Ensure that my child attends tutorials after school and on Saturdays as requested by the teacher.
7. Safeguard my school from acts of vandalism by following the rules and reporting damage and acts of destruction to my teacher.

**I AGREE TO THE TERMS STATED ABOVE WHICH HAVE BEEN EXPLAINED TO ME BY MY PARENT/GUARDIAN.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Dear Parent:

Burnham Wood Family of Charter Schools places students in the academic families that most closely fit his or her assessed achievement level. Your child will be tested and placed in various academic families throughout the year. This ongoing formative assessment allows each student to learn at his or her own pace. If the teacher is concerned about your child's achievement and retention of new curriculum, you will be contacted and invited to meet to create a plan for success.

All children are expected to pass the state STAAR tests. Failure to do so may lead to retention in that grade level. Burnham Wood Family of Charter Schools also requires a 100% attendance [no unexcused absences] by its student body. We adhere to the attendance policy adopted by the state of Texas. Children who have excessive absences may be expelled, referred to the court system, or may be retained in that grade level.

**I AGREE TO THE TERMS STATED ABOVE WHICH HAVE BEEN EXPLAINED TO ME AS THE STUDENT'S PARENT/GUARDIAN.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Date

## STUDENT ATTENDANCE AND TARDY AGREEMENT

I understand that the Burnham Wood Family of Charter Schools requires 100% attendance with 180 days of class. If any child misses classes, I promise that my child will be presented the next day of scheduled recovery. This will not cancel the absence, it only helps the student to recover the missing assignments.

### Attendance Policy

As a member of our Charter School Family I understand that I am obligated to uphold high attendance standards. Therefore, if my child has excessive absences, the following options may be exercised by the administration:

- 1) Retention
- 2) Report to the appropriate civil courts (may result in fines)
- 3) Expulsion

### Tardiness

Tardiness is as serious as absences; excessive tardiness will result in exercising the options listed above.

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**Parent/Guardian Signature**

---

**Date**

### Early Arrival and Late Pick-Up Policy

School begins at the posted times and students may not arrive at school more than 10 minutes before the start time unless they are participating in the Child Nutrition Program. Then, they may arrive at the designated time to eat breakfast. Children may not be left outside or inside the building unsupervised.

Students who are not picked up within 10 minutes of dismissal times will be escorted to the after school care and parents will be charged **\$6.50** per day.

Parents who continue to leave their children unsupervised will be reported to Child Protective Services.

I have read and understand the Early Arrival and Late Pick-Up Policy.

---

**Parent / Guardian Signature**

---

**Date**

### After School Care

Burnham Wood Family of Charter Schools offers breakfast to all students. At the Howard Burnham Elementary School and Vista del Futuro School, breakfast is offered from **7:05-7:30 a.m.** only and there is no daycare cost associated with the breakfast program. At the Da Vinci campus, breakfast is served from **7:25-7:50 a.m.** and the first bell rings at **7:55 a.m.** Classes begin at **8:00 a.m.**

**After school care** at HBES, Vista del Futuro, and DV will be available Monday through Friday from dismissal until 6:00 p.m. at a cost of \$6.50 per day. This is an enrichment program at the elementary grades, which will include learning centers, games, library and computer time, arts and crafts, and other activities. In order for your child to attend this program, **advance payment** must be made prior to your child attending.

After school care is available on a weekly basis and must be paid by the preceding Friday. Please fill out the form below and return it to the office so we can plan both staffing and materials. Filling out this form is not a commitment to use the daycare – it is just a tool to help us plan an organized, quality program.

Please come in before school starts to pay for the first week if you plan to use these services. Make checks payable to **BWCSD**.

I expect my child, \_\_\_\_\_, enrolled in grade \_\_\_\_\_ to participate in:

After School Day Care – must be paid in advance - \$6.50 per day

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## NUTRITION POLICIES

**Please read the District's Wellness Policy online. It is part of this agreement.**

Find the document at: [www.burnhamwood.org](http://www.burnhamwood.org) > El Paso Education Initiative > School Policies > Wellness Plan

If you plan to participate in the Free and Reduced Breakfast and Lunch programs, please make sure to return your *Multi-Child Free and Reduced-Price School Meals Application* as soon as they are available so your eligibility for the program can be determined. **This form will be available in July 2018.**

The mySchoolBucks Meal Accountability System is now available at Howard Burnham, Da Vinci and Vista del Futuro. Breakfast and/or lunch meals can be prepaid on line or at your child's school office. Instructions for prepaying online and other information regarding the Meal Accountability System can be found in the Child Nutrition section of our website at [www.burnhamwood.org](http://www.burnhamwood.org). You can also come by your child's school and pick up the instructions for mySchoolBucks.com website to enter breakfast or lunch prepayments online for your child.

### **Breakfast and Lunch Reminder:**

- ◆ All students will receive a menu calendar each month. (This is for your reference only)
- ◆ Menus will also be available in the Nutrition section on our website at [www.burnhamwood.org](http://www.burnhamwood.org)
- ◆ Prepayments for Breakfast or Lunch must be made in **15 day increments** online at mySchoolBucks.com or at your child's School office.

*If you forget to send a lunch with your child and your child's account has insufficient funds to cover the cost of a meal(s), the office will call you and you must arrange to have a lunch brought to your child. The office will not send someone to pick up a lunch for your child. If we cannot reach a parent or guardian, we will call those listed on your emergency contact list.*

If parents bring their children a lunch each day, they may leave the lunch at the school office, and the lunch will be taken to the cafeteria for the student to pick up. Parents may not take lunches to the classrooms. Please be sure to furnish your child with a healthy nutritious lunch. Fast-food lunches are highly discouraged, and soft drinks and candy are not allowed.

I have read and understand the lunch policy.

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**Parent / Guardian Signature**

---

**Date**

### **CAFETERIA RULES & POLICIES ENCOURAGE FINE DINING**

- The first 15 minutes consist of quiet time with classical music.
- All students are assigned seating.
- After the first 15 minutes, students that have finished eating will throw away their trash while other students complete their meals.

#### Students will learn to:

- Sit properly with both feet on the floor.
- Keep their elbows off of the table.
- Put their napkin on their laps.
- Use indoor voices.
- Choose healthy meals.

*The District supports the statewide initiative to enforce healthy eating. Students may not bring fast foods, soft drinks, or candy. I have read and understand the Cafeteria Rules and Policy.*

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**Parent/Guardian Signature**

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**Date**

**PARENT PARTICIPATION AGREEMENT (OPTIONAL)**

***Volunteering and signing the parent participation agreement is available but NOT obligatory. The enrollment process will NOT be held up if this agreement is not signed. The District's request for parent participation is only a request. Each parent may accept or reject this invitation without any consequences.***

Burnham Wood Family of Charter Schools requests our parents to provide ten (10) hours of volunteer time per year. You do not have to wait until you are called; once you find an event or project of interest, you should contact the office with your availability.

I am interested in volunteering for the following areas: (Please check desired choices)

- |  |   |
|--|---|
| <input type="checkbox"/> Faculty/Staff Assistance                | <input type="checkbox"/> Fundraising / GALA |
| <input type="checkbox"/> Facilities Maintenance                  | <input type="checkbox"/> Committee Service  |
| <input type="checkbox"/> Supervision (lunch, after school, etc.) | <input type="checkbox"/> After-School Clubs |
| <input type="checkbox"/> Library / Technology Support            |   |

Please list the days and times you are available \_\_\_\_\_

Curriculum Support (For example, outside speakers, performers, tickets to children's concerts, workshops)

Special Talents: (please circle one)    Drama    Music    Art    Dance    Physical Development  
Other \_\_\_\_\_

Please list any special areas of interest that you might share with the classroom. (For example, quilting, history, cooking, crafts, Texas history, astronomy, Egyptology, poetry, wildlife, computers, reading, etc.)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**Date**

## DRESS CODE AGREEMENT

The way our students dress is a direct reflection upon Burnham Wood Family of Charter Schools. When pride is reflected in the way our students dress, this same pride will show in their conduct and academic achievement. We, therefore, request that all students come to school neatly and appropriately dressed. Please adhere to the following guidelines. The school will identify a uniform vendor so that every family purchases the correct uniform styles.

### **BOYS should wear only:**

- Slacks or shorts, in uniform style, khaki colored, **fitted properly at the waist**.
- Button-down long or short sleeve, hunter green, navy or white shirts with a collar, or hunter green, navy or white polo-style shirts.
- Solid color blazers, sweaters/cardigan (No sweatshirts or jackets may be worn in the classroom).
- Belt has to be brown or black with plain buckle (No prints, no studs and no bright colors).
- Jeans style, carpenter pants, capri pants, cargo or side pocket pants, hip huggers, and baggy pants are **NOT** allowed.

### **GIRLS should wear only:**

- Slacks- uniform style slacks, walking shorts or skirts khaki in color that **fit properly at the waist**. Skirts and shorts should be no higher than two inches above the knee. No jeans styled pants.
- Button-down long or short sleeve, hunter green, navy or white shirts with a collar, or hunter green, navy or white polo-style shirt.
- Solid color blazers, sweaters/cardigans (No sweatshirts or jackets may be worn in the classroom).
- Belt has to be brown or black leather with plain buckle (No prints, no studs and no bright colors).
- Jeans style, carpenter pants, capri pants, cargo or side pocket pants, hip huggers, and baggy pants are **NOT** allowed.
- **H.S.** girls may wear designated plaid or solid khaki skirts.

NO denim, sweatshirts, t-shirts, black shirts, or cargo pockets, belts with studs, caps or hats. NO excessive jewelry or facial jewelry except earrings. No markings on your body that are not completely covered at all times. No hair color or hairstyles that provoke undue attention.

Undershirts should be short sleeve and white; long sleeve undershirt must match the polo shirt.

Jackets, coats, hats and hoodies may not be worn in the building.

Dress for any school-sponsored activity must be appropriate and in good taste for the occasion. All clothing, such as coats, sweaters, jackets, etc. should be labeled.

Every student should have a green polo-style shirt with the School logo and an appropriate sweater. Order forms and catalogs are available in the school office.

**I agree and support the Dress Code stated above, as well as additional comments that are outlined in the *Parent Student Handbook*. I will monitor my child's clothing every morning before he/she leaves for school. I understand I will need to purchase a Burnham Wood Family of Charter Schools polo-style shirt from the school's supplier.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**BURNHAM WOOD CHARTER SCHOOL DISTRICT**

**HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215**

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

**TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12):** The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website: [https://projects.esc20.net/upload/page/0084/docs/EL%20Identification\\_ReclassificationFlowchart%202018.pdf](https://projects.esc20.net/upload/page/0084/docs/EL%20Identification_ReclassificationFlowchart%202018.pdf)

**This survey shall be kept in each student’s permanent record folder.**

**NAME OF STUDENT:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**CAMPUS:** \_\_\_\_\_

**NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.**

1. What language is spoken in the child’s home **most of the time**? \_\_\_\_\_

2. What language does the child speak **most of the time**? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if Grades 9-12

\_\_\_\_\_  
Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child’s enrollment date.