



CHARTER STUDENT ADMISSION APPLICATION

Charter School Campus Name/Charter School Name
(Nombre del campus de la escuela charter / Nombre de la escuela charter)

Student Information (Información Estudiantil)

Required Information (información requerida)*

Please enter name as shown on birth certificate
(Por favor ingrese el nombre como se muestra en el certificado de nacimiento)

Last Name (Apellido)*

Suffix (Sufijo)

First Name (Primer Nombre)*

Middle Initial (Inicial del segundo nombre)*

Date of Birth (Fecha de nacimiento)*

Gender (Género)*

Grade Applying For (Grado que solicita)*

Voluntary Information (información voluntaria)

If yes, please enter the name of the student's sibling, staff, or board member.
(En caso sí, ingrese el nombre del hermano, el personal o el miembro de la junta)

Student Identification Number (if known) or
Last four (4) digits of Social Security Number (SSN)
(Número de identificación del estudiante (si se
conoce) o Últimos cuatro dígitos del Número de Seguro
Social)

Yes (Sí) No (No)

I have another child attending this charter school.
(Tengo otro hijo que asiste a esta escuela charter)

Yes (Sí) No (No)

This is a child of a staff or board member.
(Este es un hijo de un miembro del personal o de la junta)

Primary Guardian Information (Tutor Legal)

Last Name (Apellido)*

First Name (Primer Nombre)*

Street Address of Primary Residence
(Dirección de la residencia principal)*

City
(Ciudad)*

State
(Estado)*

Zip Code
(Código Postal)*

Contact Phone Number (Teléfono de contacto)*

Email Address (Correo Electrónico)

CERTIFICATION (Required): By checking this box, I certify to the best of my knowledge and belief that the information in this application is complete and accurate, I am the legal guardian of the child listed above, and I understand that any false information, omission, or misrepresentation of facts may result in the rejection of this application or future dismissal of the applicant.

CERTIFICACION (Requerida): Al marcar esta casilla, certifico a mi leal saber y entender que la información en esta solicitud es completa y precisa, soy el tutor legal del niño mencionado anteriormente, y entiendo que cualquier información falsa, omisión, o la tergiversación de los hechos puede resultar en el rechazo de esta solicitud o en el futuro despido del solicitante.

This school does not discriminate on the basis of sex, national origin, ethnicity, religion, disability, or academic or athletic ability.
(Esta escuela no discrimina por sexo, origen nacional, etnia, religión, discapacidad, or capacidad académica o atlética.)

El Paso Education Initiative, Inc.
Burnham Wood Charter Schools
Vista del Futuro Charter School District

785 Southwestern Drive, El Paso, TX 79912
(915) 584-4024 • Fax: (915) 581-9840

2020-2021

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 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 4th thru 12th 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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2020-2021

Check One:

- Howard Burnham
 Linguistic Academy
 Da Vinci
 Vista Del Futuro

STUDENT ENROLLMENT FORM

PLEASE PRINT STUDENT INFORMATION

GRADE	STUDENT LAST NAME	FIRST NAME	INITIAL	GENERATION
				NONE/ JR III VI SR IV VII II V VIII
SOCIAL SECURITY #	DATE OF BIRTH	AGE ON SEPT. 1 ST	GENDER	PLACE OF BIRTH
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ETHNICITY	Please choose the student's ethnicity. This is required for entering the student in the Texas PEIMS database. Check the ONE that best describes the student's ethnicity. <input type="checkbox"/> 1. Hispanic <input type="checkbox"/> 2. Not of Hispanic Origin What is the student's race? Check one or more regardless of ethnicity. <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			
CAMPUS OF RESIDENCY	Name of the PUBLIC school your child would be attending for this next school year if he/she were attending your local PUBLIC school _____			
HAS THE STUDENT EVER PARTICIPATED IN THE MIGRANT PROGRAM?	HOW MANY YEARS HAS YOUR CHILD LIVED IN THE UNITED STATES?	IS THIS STUDENT IN FOSTER CARE?		
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES		
HOME ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE
Has this student ever repeated a grade? If yes, which grade? _____				<input type="checkbox"/> NO <input type="checkbox"/> YES
Name of School _____				
*Has this student ever been placed in alternative placement?				<input type="checkbox"/> NO <input type="checkbox"/> YES
*Has this student ever been suspended from school?				<input type="checkbox"/> NO <input type="checkbox"/> YES
*Has this student ever been expelled from school?				<input type="checkbox"/> NO <input type="checkbox"/> YES
*Has this student ever been home schooled?				<input type="checkbox"/> NO <input type="checkbox"/> YES
*Did the student attend a Burnham Wood school last year?				<input type="checkbox"/> NO <input type="checkbox"/> YES
* Is one or both parents currently serving in the U.S. Military?				<input type="checkbox"/> NO <input type="checkbox"/> YES
*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(S) ATTENDED					
YEAR	LIST PREVIOUS SCHOOLS ATTENDED	ADDRESS	CITY	STATE	ZIP CODE
___ to ___					
___ to ___					
___ to ___					
___ to ___					
WAS STUDENT EVER ENROLLED IN SPECIAL PROGRAMS? /		<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			

PLEASE SHARE ANY OTHER INFORMATION WITH US THAT YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILD. YOU MAY ATTACH AN ADDITIONAL SHEET IF NECESSARY.

Dear Parents: In order to better serve your child’s academic needs, we want to identify students who may qualify fo receive supplemental educational services. The information will be kept confidential. Please answer the following questions.

1. Have you moved within the last 3 years due to economic necessity? ___ YES ___ NO
2. Do you have a child under the age of 22 who does not have a high school diploma or Certificate of High School Equivalency and is not enrolled in school? ___ YES ___ NO
3. Have you engaged in agricultural or fishing related work in the last 36 months? ___ YES ___ NO

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

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

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:** _____

**BURNHAM WOOD CHARTER SCHOOL DISTRICT
MEDICAL INFORMATION FORM**

2020-2021

STUDENT 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		
My Child Has No Health Problems		

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

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) ¹	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 ¹	4 doses or 3 doses			
Measles, Mumps, and Rubella ^{1,2} (MMR)	2 doses of MMR	2 doses of measles and 1 dose each of rubella and mumps vaccine		
Hepatitis B ²	3 doses			
Varicella ^{1,2,3}	2 doses	1 dose	2 doses	
Meningococcal			1 dose	
Hepatitis A ^{1,2}	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.

Parent Initials _____

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 _____

**Burnham Wood Charter School District
Vista Del Futuro Charter School District**

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

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 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 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/0081/docs/JuneUpdates/EnglishLearnerIdentification_ReclassificationFlowchart.pdf

Parent Initials _____

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 /Guardian or 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. Texas Education Agency Special Populations Division REV. March 2019

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 _____
Is your child able to follow the rules and procedures of the school? No _____ Yes _____

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2020-2021 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

2020-2021 MEDIA RELEASE FORM

I hereby give my permission to _____ School to use or release the name and photograph(s) of _____ (child's name) in any manner Vista Del Futuro and Burnham Wood 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 Charter Schools without signing this release.

Parent/Guardian Signature

Date

___ I decline permission for Media Release

2020-2021 FIELD TRIP RELEASE FORM

School _____

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

Parent/Guardian Signature

Date

**Burnham Wood Charter School District
 Vista Del Futuro Charter School District
 785 Southwestern Drive • El Paso, TX 79912
 (915) 584-4024 • Fax (915) 581-9840**

**Parent Request to Withdraw Student from Prior School &
 CONFIDENTIAL INFORMATION CONSENT/RELEASE**

 Student First and Middle Initial

 Social Security Number

 Date of Birth

The above-referenced student has enrolled in one of the Vista Del Futuro or Burnham Wood Charter Schools for grade _____. I authorize the registrar/principal/administrative staff at school listed below to release the following records regarding the above named student.

 School Organization/Agency Name

 FAX #

 School/Organization/Agency Name)

 FAX #

Howard Burnham Elementary	Da Vinci School for Science & the Arts	Vista Del Futuro Charter School	The Linguistic Academy
7310 Bishop Flores	785 Southwestern	1671 Bob Hope	5141 Upper Valley
El Paso, Texas 79912	El Paso, Texas 79912	El Paso, Texas 79936	El Paso, Texas 79936
915-584-9499 Fax 915-585-8814	915-584-4024 Fax 915-581-9840	915-855-8143 Fax 915-855-8179	915-331-4397

Records requested by _____ campus.

Records Requested:

___ Medical Information

___ Discipline Records

___ Other _____

___ Attendance Records

___ Sociological Information

___ Educational Assessment

___ Psychological Evaluation

___ Transcript/Report Card

___ ARD

___ Test Results: STAAR, EOC, TPRI

___ LPAC Information

All special program records (special education, 504, bilingual/ESL, LEP, Talented/Gifted, etc). If these records are located at another site, please indicate here the person, address and fax where the request should be sent.

- I have been fully informed and understand the school's request for my consent, as described above.
 This information will be released/requested upon receipt of my written consent.

 Parent/Guardian Signature

 Date

2020-2021 STUDENT AND PARENT PLEDGE

The following are agreements I have made with Vista Del Futuro or Burnham Wood Charter Schools concerning my attitude and behavior while participating in all school 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 Vista Del Futuro and Burnham Wood Charter Schools **require** 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 Parents:

Vista Del Futuro and Burnham Wood Charter Schools place 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 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 dismissed, 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 Vista Del Futuro and Burnham Wood 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 Vista Del Futuro or Burnham Wood Charter School, I understand that I am obligated to uphold high attendance standards. 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) Dismissal

Tardiness

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

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 **\$10.00** 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

Vista Del Futuro and Burnham Wood Charter Schools offer breakfast to all students. At the Howard Burnham Elementary and The Linguistic Academy, breakfast is served from **7:10-7:40 a.m.** At Vista del Futuro School, breakfast is offered from **7:00-7:30 a.m.** only. At the Da Vinci campus, breakfast is served from **7:20-7:50 a.m.** and the first bell rings at **7:55 a.m.** Classes begin at **8:00 a.m.**

After school care at Howard Burnham Elementary, Vista del Futuro, The Linguistic Academy and DaVinci will be available Monday through Friday from dismissal until 6:00 p.m. at a cost of \$10.00 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 - \$10.00 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 > 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 2020.**

The mySchoolBucks Meal Accountability System is now available at Linguistic Academy, Howard Burnham Elementary, Da Vinci and Vista del Futuro School. 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. 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.

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
- ◆ 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.

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 are discouraged from bringing fast foods, soft drinks, or candy.

I have read and understand the Cafeteria Rules and Policy.

Parent/Guardian Signature

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.

Vista Del Futuro and Burnham Wood Charter Schools request 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, poetry, wildlife, computers, reading, etc.)

Parent/Guardian Signature

Date

2020-2021 DRESS CODE AGREEMENT

The way our students dress is a direct reflection upon Vista Del Futuro and Burnham Wood 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 or cardigans in hunter green, navy or white without hoodies may be worn.
- 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 or cardigans in hunter green, navy or white without hoodies may be worn.
- 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, leggings, cargo or side pocket pants, hip huggers, and baggy pants are **NOT** allowed.
- 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 that is not a “natural hair color” or hairstyles that provoke undue attention. Undershirts should be short sleeve and white; long sleeve undershirt must match the polo shirt.

No hoodies or apparel with nonschool logos or that promote cigarette, alcohol, etc.

While it is inevitable that there will be differences of opinion as to the appropriateness of dress, grooming, and/or determining whether or not a student’s attire is disruptive or distracting to the educational environment of the school, the final determination will be made by the Principal.

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 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 may need to purchase a Vista Del Futuro or Burnham Wood Charter School polo-style shirt from the school’s supplier.

Parent/Guardian Signature

Date