2026-2027

ENG

El Paso Education Initiative Inc.
Burnham Wood Charter School District
Vista Del Futuro Charter School District

785 Southwestern Dr
El Paso, TX 79912
(915) 584-4024
(915) 581-9840
burnhamwood.org

NEW STUDENT ENROLLMENT APPLICATION **2026-2027**

ID#_____

Front Office Check List

Student Name: _____ Grade: _____

Enrollment Packet Received on: _____ _____
Date *Received by (Initials)*

- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Copy of Immunizations (*Cleared by **Nurse***)
- ☐ Copy of Utility Bill (Electric, Gas, or Water)
- ☐ Affidavit
- ☐ Copy of Parent/Guardian Picture ID
- ☐ First Time in USA
- ☐ Course Request (DV)
- ☐ Charter Student Admission Application Form (TEA form)
- ☐ Transportation Request
- ☐ Lunch Application
- ☐ $30 Community Supply Fee (*optional & non-refundable*)

School Records Required:

- ☐ Copy of Recent Report Cards
- ☐ Copy of Transcripts (9th-12th Grade)
- ☐ Copy of STAAR Scores or Stanford Test Results
- ☐ ESL/LEP Documentation
- ☐ **Students coming from Mexico need to submit the following:*
  - ☐ Boleta Secundaria 1
  - ☐ Boleta Secundaria 2
  - ☐ Boleta Secundaria 3
  - ☐ Boleta Prepa 1
  - ☐ Boleta Prepa 2
- ☐ Discipline Records
- ☐ Attendance Records
- ☐ Special Education Information (*if applicable*)
- ☐ 504 Documentation
- ☐ Withdrawal form from previous school
- ☐ Home Language Survey (**needs to be tested & LPAC'd)*
  - ☐ Eng/Span*
  - ☐ Span/Span*
  - ☐ Eng/Eng
  - ☐ Span/Eng*
  - ☐ Other _____

Enrollment Approved by:_____ ***Date:***_____

Enrollment Denied by:_____ ***Date:***_____

Referred by _____

Trex Request on _____

Trex Received on _____

Fax Request on _____

Fax Received on_____

CHARTER STUDENT ADMISSION APPLICATION

Please complete the following information. Be sure to fill in all blanks (entering N/A where applicable).
(Por favor complete la siguiente información. Asegúrese de completar todos los espacios en blanco (ingresando N/A donde corresponda).)

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

School Year
(Año escolar)

Student Information *(Información estudiantil)*

Please enter the student's full legal name as shown on birth certificate.
(Por favor ingrese el nombre como se muestra en el certificado de nacimiento.)

*Required Information
(Información requerida)

First Name *(Primer nombre)** | Middle Name *(Nombre del segundo)** | Last Name *(Apellido)** | Suffix *(Sufijo)**

Ethnicity *(Etnia)** | Race *(Raza)** | Gender *(Género)**

Date of Birth *(Fecha de nacimiento)** | Grade Applying For *(Grado que solicita)** | School District of Residence (*Distrito escolar de residencia*)

Student Identification *(Identificación del estudiante)*

The Texas Student Data System matches students to their existing school records using one of the following identifiers. You may access your child's S-number or Texas Student Unique Identification on previous school records or by contacting the child's previous school.

(El Sistema de Datos Estudiantiles de Texas relaciona a los estudiantes con sus registros escolares existentes utilizando uno de los siguientes identificadores. Puede acceder al número S de su hijo oa la identificación única de estudiante de Texas en los registros escolares anteriores o comunicándose con la escuela anterior del niño.)

Please provide one of the following identifiers. (*Proporcione uno de los siguientes identificadores.*)

Social Security Number (SSN)*
(Número de Seguro Social)

S-Number
(Número S)

Texas Student Unique Identification
(Identificación única de estudiante de Texas)

☐ My child has never been enrolled in Texas public schools. *(Mi hijo nunca ha estado inscrito en las escuelas públicas de Texas.)*

*Providing a SSN is voluntary and used to match a student's Unique ID through the Texas Student Data System. If you do not wish to supply the SSN, please supply the S-number or Texas UID. If no S-number or Texas UID exists, one will be generated.

(Proporcionar un SSN es voluntario y se usa para hacer coincidir la identificación única de un estudiante a través del Sistema de datos de estudiantes de Texas. Si no desea proporcionar el SSN, proporcione el número S o el UID de Texas. Si no existe un número S o UID de Texas, se generará uno.)

CHARTER STUDENT ADMISSION APPLICATION

Additional Information *(Información adicionanal)*

If Yes is selected, please enter the name of the person.
(Si selecciona Sí, ingrese el nombre de la persona.)

Sibling, Staff, or Board Member Name
(Nombre del hermano o miembro del personal o de la junta.)

I have another child applying to this charter school.
(Tengo otro hijo que solicita ingreso a esta escuela charter.) ☐ Yes *(Sí)* ☐ No

I have another child attending this charter school.
(Tengo otro hijo que asiste a esta escuela charter.) ☐ Yes *(Sí)* ☐ No

This is a child of a staff or board member.
(Este es un hijo de un miembro del personal o de la junta.) ☐ Yes *(Sí)* ☐ No

If offered by the school or programming, my child prefers an A.M. or P.M. schedule.
(Si lo ofrece la escuela o la programación, mi hijo prefiere un horario de mañana o tarde.) ☐ A.M. ☐ P.M.

My child may qualify for free prekindergarten, based on the following criteria:
(Mi hijo puede calificar para prekínder gratuito, según los siguientes criterios:) ☐ Yes *(Sí)* ☐ No

- is unable to speak and comprehend the English language; or *(no puede hablar ni comprender el idioma inglés; o)*
- is educationally disadvantaged; or *(tiene desventajas educativas; o)*
- is a homeless child, as defined by 42 United States Code §11434a; or *(es un niño sin hogar, según lo define el Código 42 de los Estados Unidos §11434a; o)*
- is the child of an active duty member of the armed forces of the United States; or *(es hijo de un miembro en servicio activo de las fuerzas armadas de los Estados Unidos; o)*
- is the child of a member of the armed forces of the United States, who was injured or killed while serving on active duty; or *(es hijo de un miembro de las fuerzas armadas de los Estados Unidos, que resultó herido o muerto mientras prestaba servicio activo; o)*
- is or ever has been in the conservatorship of the Department of Family and Protective Services; or *(está o ha estado bajo la tutela del Departamento de Servicios Familiares y de Protección; o)*
- is the child of a person eligible for the Star of Texas Award. *(es hijo de una persona elegible para el Premio Estrella de Texas.)*

Primary Guardian Information *(Tutor legal información)*

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)* _____

Preferred contact (*Contacto preferido)* ☐ Phone (*Teléfono)* ☐ Text Message (*Mensaje de texto*) ☐ Email (*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.)

2026-2027

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REGISTRATION CARD **2026-2027**

Select the school you are choosing for the 2026-2027 Academic School year:

☐ DA VINCI School for Science and the Arts ☐ LINGUISTIC ACADEMY ☐ DA VINCI School for Science and the Arts- San Antonio

☐ HOWARD BURNHAM ELEMENTARY ☐ VISTA DEL FUTURO

Student Last Name_____ First_____ Middle_____

Entering Grade _____ 2026-2027 Age on September 1, 2026:_____

Address:_____ City:_____ State:____Zip:_____

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

Mother's/Guardian's email 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

Father's/Guardian's email address: _____

SIBLING(S) CURRENTLY attending Howard Burnham, DaVinci, Linguistic Academy, or Vista del Futuro:

NAME	SCHOOL	GRADE 2026-2027

Name of person enrolling the student:_____ **Relationship:**_____

Name of person referred by: _____

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NEW STUDENT ENROLLMENT APPLICATION **2026-2027**

NEW STUDENTS

Welcome to Burnham Wood and Vista del Futuro Charter Schools! As award winning charter districts, we strive to implement higher standards of operation for the benefit of all our students. Please go to our website at www.burnhamwood.org for more information about our schools.

Enrollment Process: All New Applicants must submit:

- **A Complete** enrollment packet, filled out and returned.
- New students entering the 4th thru 12th grades, STAAR/EOC scores from previous years.
- Copy of report card to include final grades, attendance, and discipline records.
- Student High School transcript for 9th-12th Graders, can be unofficial
- Discipline record from previous school
- **$30.00** Community Supply Fee (non-refundable) due at the beginning of school year. (***Optional***)

Before the enrollment process is complete the following documents are **required**:

- A copy of the Parent ID must be on file at the school.
- 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.
- ***Once acceptance has been confirmed, a copy of the withdrawal form from previous school is needed.***

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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NEW STUDENT ENROLLMENT APPLICATION 2026-2027

Select the school you are choosing to apply for the 2026-2027 Academic School Year:

◯ DA VINCI School for Science and the Arts ◯ LINGUISTIC ACADEMY ◯ DA VINCI School for Science and the Arts-San Antonio

◯ HOWARD BURNHAM ELEMENTARY ◯ VISTA DEL FUTURO

Why are you interested in attending this school?_____

_____

Student Last Name_____ First_____ Middle_____

Entering Grade _____ 2026-2027 Age on September 1, 2026:_____

Address:_____ City:_____ State:____Zip:_____

Social Security Number:_____ Date of Birth:_____ Place of Birth:_____

Gender: ☐ Male ☐ 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.

◯ Hispanic
◯ Not of Hispanic Origin

What is the student's race? **Check one or more regardless of ethnicity.**

☐ American Indian or Alaskan
☐ Asian
☐ Black or African American
☐ Native Hawaiian/ Other Pacific Islander
☐ White

Is this student in Foster Care? ☐ No ☐ Yes

Has the student ever participated in the Migrant Program? ☐ No ☐ Yes

How many years has your child lived in the United States? _____

What year did the student first enroll in U.S. public schools? _____

Has this student ever repeated a grade? ☐ No ☐ Yes If yes, which grade? _____
Name of School:_____

Has this student ever been placed in an alternative placement? ☐ No ☐ Yes

Has this student ever been suspended from school? ☐ No ☐ Yes

Has this student ever been expelled from school? ☐ No ☐ Yes

Has this student ever been homeschooled? ☐ No ☐ Yes

Did the student attend a Burnham Wood or Vista del Futuro School previously? ☐ No ☐ Yes

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NEW STUDENT ENROLLMENT APPLICATION 2026-2027

EMERGENCY CONTACTS

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?	☐ NO ☐ YES	**SPECIAL EDUCATION**
	☐ NO ☐ YES	**BILINGUAL- ESL**
	☐ NO ☐ YES	**GIFTED & TALENTED**
	☐ NO ☐ YES	**504 PROGRAM**
	☐ NO ☐ YES	**DYSLEXIA**
	☐ NO ☐ 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 to 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 email 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 email address: _____

Name of person enrolling the student:_____ **Relationship:**_____

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NEW STUDENT ENROLLMENT APPLICATION **2026-2027**

MEDICAL INFORMATION FORM

STUDENT NAME_____ **DATE OF BIRTH**_____

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

	YES	NO
Asthma		
ADHD		
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		

Explain anything checked YES and provide any other conditions/allergies not listed:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

LIFE THREATENING CONDITIONS

IF YOUR CHILD HAS ASTHMA, WILL HE/SHE REQUIRE AN INHALER TO BE AT SCHOOL? ☐ YES ☐ NO
Date of last attack_____
DOES YOUR CHILD HAVE A SEVER ALLERGY REQUIRING AN EPIPEN? ☐ YES ☐ NO
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*

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NEW STUDENT ENROLLMENT APPLICATION **2026-2027**

MEDICAL/DENTAL INFORMATION

Name of Health Care provider:	Phone Number:
Preferred Hospital:	Phone Number:
Name of Dentist:	Phone Number:

Does your child have medical insurance coverage? ☐ NO ☐ YES
Does your child have 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 *within last 5 years*	3 dose primary series and 1 Tdap/Td booster *within last 10 years*
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_____

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NEW STUDENT ENROLLMENT APPLICATION 2026-2027

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_____

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NEW STUDENT ENROLLMENT APPLICATION **2026-2027**

2026-2027 PERSONAL HISTORY

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

1. How does your child accept routines and limits? _____
   _____
   _____
2. How does your child handle transitions? _____
   _____
   _____
3. How does your child handle frustrations? _____
   _____
   _____
4. How does your child interact with other children? _____
   _____
   _____
5. How do you discipline your child at home? _____
   _____
   _____
6. What are your child's interests or hobbies? _____
   _____
   _____
7. What are your child's strengths? _____
   _____
   _____
8. What are your child's challenges? _____
   _____
   _____
9. Is your child easily distracted or impulsive? ☐ NO ☐ YES
10. Is your child able to follow the rules and procedures of the school? ☐ NO ☐ YES

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NEW STUDENT ENROLLMENT APPLICATION 2026-2027

2026-2027 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_____

2026-2027 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 Vista del Futuro and Burnham Wood Charter Schools without signing this release.

Parent/Guardian Signature_____Date_____

_____**I decline permission for Media Release**

2026-2027 FIELD TRIP RELEASE FORM

Check one school:

◯ Da Vinci ◯ Howard Burnham ◯ Linguistic Academy ◯ Vista del Futuro ◯ Da Vinci San Antonio

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_____

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NEW STUDENT ENROLLMENT APPLICATION **2026-2027**

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

Student First Name 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 the 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** 785 Southwestern Dr. El Paso, Texas 79912 915-584-4024 Fax: 915-581-9840 **Da Vinci School for Science & the Arts San Antonio** 1620 Pinn Rd. San Antonio, Texas 78227 210-660-4024	**The Linguistic Academy of El Paso**	**Vista del Futuro Charter School**
7310 Bishop Flores El Paso, Texas 79912 915-584-9499 Fax: 915-585-8814		5141 Upper Valley El Paso, Texas 79932 915-331-4397	1671 Bob Hope Dr. El Paso, Texas 79936 915-855-8143 Fax: 915-855-8179

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 _____

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www.burnhamwood.org

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NEW STUDENT ENROLLMENT APPLICATION 2026-2027

2026-2027 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** _____

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NEW STUDENT ENROLLMENT APPLICATION 2026-2027

2026-2027 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 **$15.00** per day. Parents who continue to leave their children unsupervised will be reported to Child Protective Services.*

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 **7:00-7:30 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 **7:00-7:30 a.m.** and the first bell rings at **7:40a.m.** Classes begin at **7:45 a.m.**

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

Parent / Guardian Signature_____ **Date** _____

AFTER SCHOOL CARE

After-school care at Howard Burnham Elementary, Vista del Futuro, and The Linguistic Academy will be available Monday through Friday from dismissal until 6:00 p.m. at the cost of $15.00 per day. Any sibling (brother or sister) added would add a cost of $11.00 per sibling added.

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 - $15.00 per day ☐ YES ☐ NO

Parent Signature:_____ **Date:**_____

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NEW STUDENT ENROLLMENT APPLICATION 2026-2027

2026-2027 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 2026.**

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 online 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

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.
- ♦ After the first 15 minutes, students that have finished eating will throw away their trash while other students complete their 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**_____

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NEW STUDENT ENROLLMENT APPLICATION 2026-2027

2026-2027 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)

_____Faculty/Staff Assistance
_____Facilities Maintenance
_____Fundraising
_____Committee Service
_____After School Clubs
_____Supervision (lunch, after school, etc.)
_____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 check)

_____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**_____

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NEW STUDENT ENROLLMENT APPLICATION 2026-2027

2026-2027 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.
- Belt must 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.
- 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.
- **G**irls 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 non-school logos or that promote cigarettes, 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 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**_____

Education Service Center
Region 19
6611 Boeing Drive
El Paso, Texas 79925-1010 (915) 780-5309
www.esc19.net FAX: (915) 780-5016

Serving the Educational Communities of El Paso & Hudspeth Counties

MHE-MP-F056.6 – Family Survey

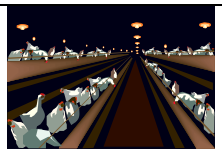
Dear Parents: In order to better serve your children's academic needs, the school district wants to identify students who may qualify to receive supplemental educational services. **The information you provide will be kept confidential**. Please answer the following questions and return this form to your child's school. Or call us at (915)780-5309.

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**

If you answered yes, please select the type of work you engaged in:

Picking onion, pepper, pecans, lettuce, tomato, grapes, etc. ☐	 **Working in a poultry farm** ☐	**Working in a dairy farm** ☐	**Working in a slaughter house** ☐	**Packing or processing fruits, vegetables, chicken, beef, pork or fish?** ☐
Working in a plant nursery, orchard, tree growing or harvesting ☐	**Working in a fishery** ☐	**Other similar work, please explain:** _____ _____ _____ _____		

An education representative will contact you to find out whether your child(ren) is/are eligible for supplemental educational services

Parent (Guardian) Name:_____ Best time to contact you: _____

Students' Names: _____ Age_____ Grade_____

School_____ District_____ Telephone No._____ or _____

For School Use Only: Please send survey with any **YES** responses to ESC 19 MEP Program

Texas Education Agency

English Version

Commissioner Mike Morath

1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Student Name: _____ **District Name:** _____

Student ID#: _____ **Campus Name:** _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

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:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional 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.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____

2. Which languages are used by the child at home? _____

3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

☐ **By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:**

1) my child has not yet been assessed for English proficiency; and
2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- Parent/ Guardian Rights
- Bilingual Education Program
- Program Information Videos

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

Student Residency Questionnaire McKinney-Vento Education Program

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act (42U.S.C.11435)

Do you have any school age children living in your home or under your care?

◯ Yes ◯ No

Name of Student	Age	Grade	Male/ Female	Name of School	Relationship to Student

Parent/ Guardian Information

First Name:_____ Last Name:_____

Address:_____ ZIP Code:_____

Time living at the address above:_____ Phone Number:_____

Number of people (adults & children) living at this address:_____

Which of the following describes your housing situation?

☐ I own my own home, rent, or lease

OR

☐ I live with another family, relatives, or friends
☐ Shelter or transitional housing
☐ Hotel or motel
☐ Car, park, or RV campsite
☐ Other:_____

If you own, rent, or lease, is your living situation adequate and proper?
Examples of **NOT** adequate and proper: lacking one or more utilities, mold, infrastructure falling apart, structural hazards, sleeping on floors or couches.

☐ Yes
☐ No

☐ If no, please explain:_____

_____

_____

If your housing situation is other than renting, leasing, or owning, your living arrangement is due to:

☐ Loss of housing (foreclosure; eviction)

☐ Economic harship (loss of job, loss of wages)

☐ Incarcerated parent

☐ House fire

☐ Family issue (divorce, domestic violence, student left due to family conflict.)

☐ Home issue (lack of electricity, water, heat, mold, etc.)

☐ Lack of affordable housing

☐ Other:_____

A district liaison may contact you regarding services/ resources.

Burnham Wood Charter School District
Parent Consent Form for Health-Related Services
In compliance with Texas Education Code §26.0083 (SB12)
School Year: 2026–2027

Student Name: _____Grade: _____ Campus: _____

Dear Parent/Guardian,
Texas law gives you the right to make decisions about your child's health and well-being. This form is to inform you of the **health-related services** offered at your child's school and request your consent where required. Routine first aid and emergency care will always be provided if needed.

Routine Care:

- First aid for minor injuries to prevent further complications.
- Emergency care
- Temperature checks, basic assessments for minor illness
- Ongoing care per existing medical orders or IHPs

Health-Related Services:

- **Acute Care:** illness/injury assessment and treatment (e.g., vital checks, cleaning wounds, headaches, use of ice packs, heat packs, salt water, saline, purified water, coban, and other first aid materials as needed)
- **Chronic Disease Management:** Support for health conditions- asthma, diabetes, **etc.,** including meds, action plans & IHPs
- **Medication Administration:** Dispensing meds per doctor's orders & parent consent
- **Preventive Care:** Immunization reminders, health education materials
- **Care Coordination:** Collaboration with families/doctors to support student health.
- **Health Education:** Hygiene, puberty, chronic condition management, and wellness
- **Mental Health Support:** First aid, crisis response, and referral—not formal a diagnosis and not a substitute for formal counseling or therapy.
- **Addressing Health Barriers to Learning:** Including IEP/504 health participation
- **Community Referrals:** Connecting families to health or social services.
- **State Mandated Screenings:** Vision, hearing, scoliosis, acanthosis as required.
- **Lice Management:** Screenings and classroom notices per district policy

Consent

☐ **I authorize** the school nurse or school personnel to provide the above school-based health services as needed.
☐ **I do NOT give consent** for my child to receive school-based health services beyond basic first aid/routine care.

Emergency Care Policy
In the event of an emergency that threatens the student's health or safety, the school will take immediate action to provide necessary medical care, regardless of parental consent status. While every effort will be made to contact the parent/guardian first, the school will not delay care to obtain consent. The parent/guardian acknowledges and agrees that any costs associated with emergency medical care, including but not limited to ambulance transport, medical treatment, or hospitalization, will be the responsibility of the parent/guardian.

Please list any medical conditions or concerns:

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. Any changes to my child's health status or medical needs should be communicated to the school nurse or health office throughout the school year.

Parent/Guardian Name (printed): _____Phone#: _____

Emergency Contact Name: _____Phone#: _____

Signature: _____ **Email**: _____ **Date:** _____

By signing the form, parents acknowledge receiving the consent form and understand the services available, as well as their rights to withdraw consent at any time. To withdraw consent, parent/ guardian will notify the school in writing.