

# Enrollment Form 2023-2024

DEAR PARENTS:

Please fill out this form completely. Falsifications, misrepresentations or omissions may disqualify your application. Information you supply will not be given to any other person/company for any purpose. Please print clearly with blue or black ink.

## Student Information:

**Legal Name of Student:** (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**Gender:**  Male  Female **Date of Birth:** \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Ethnicity:** (check one)  American Indian/Alaskan Native  Asian  Black, not Hispanic  
 Hispanic  White, not Hispanic  Native Hawaiian or other Pacific Islander

## Parent/Guardian Information:

**Student lives with:**  Both parents  Both parent alternately (Joint custody)  Mother only  
 Father only  Legal guardian

**Father's Name:** \_\_\_\_\_

**Address and phone same as student?**  Yes  No If No, complete the following:

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Work Address: Street: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Address and phone same as student?**  Yes  No If No, complete the following:

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
Work Address: Street: \_\_\_\_\_ Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Stepparent/Legal Guardian's Name:** \_\_\_\_\_

**Address and phone same as student?**  Yes  No If No, complete the following:

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
Work Address: Street: \_\_\_\_\_ Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Emergency Contacts:**

*If a parent cannot be contacted we will attempt to contact one of the following in the order listed below. Please list at least one emergency contact.*

**FIRST person to contact if parents cannot be reached:**

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_

**SECOND person to contact if parents cannot be reached:**

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_

**Sibling Information:**

Siblings	Birth Date	Attending School	Relationship to Student
1			
2			
3			
4			
5			
6			
7			

**Special Programs**

Has your child been evaluated for and/or participated in any of the following special services?

- Gifted & Talented  Title 1/Chapter 1 Program  Special Education (IEP)  
 English as a Second Language (ESL)  Other: \_\_\_\_\_

If you checked Special Education (IEP), do you have the student’s special education records?  Yes  No

**Health Insurance and Health Information**

**Primary Physician Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Type of Health Insurance:  HMO  Medicaid  No health insurance  Other

Insurance Provider: \_\_\_\_\_

If the student is covered by Medicaid, provide the Medicaid number: \_\_\_\_\_

**Read and check:**

*I understand that for those school health and health-related services that the Medicaid-eligible student may be receiving—including but not limited to: vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy—the school district has the right to receive partial reimbursement from Medicaid for those services rendered.*

Please list any serious allergies, conditions, or restrictions the student has: \_\_\_\_\_

\_\_\_\_\_  
Please list any physical or emotional disabilities the student has: \_\_\_\_\_

\_\_\_\_\_

Please indicate any special health or other needs of which we should be aware and which will help us plan and provide for the applicant's educational experience: \_\_\_\_\_

**EMERGENCY RELEASE** MCSCS will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact but if none of these people can be reached, MCSCS personnel have my permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER MCSCS NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

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

### HOME LANGUAGE QUESTIONNAIRE (HLQ)

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads, and writes English. Your assistance in answering these questions is greatly appreciated.

What language(s) is spoken in the student's home or residence?

English  Other: \_\_\_\_\_

What language(s) is spoken most of the time to the student, in the home or residence?

English  Other: \_\_\_\_\_

What language(s) does the student understand?

English  Other: \_\_\_\_\_

What language(s) does the student speak?

English  Other: \_\_\_\_\_

What language(s) does the student read?

English  Other: \_\_\_\_\_  Does not Read

What language does the student write?

English  Other: \_\_\_\_\_  Does not Write

In your opinion, how well does the students understand, speak, read and write English?

	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Enrollment Acceptance

Statement of Educational Equality:

Middlesex County STEM Charter School is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the American with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact the School Director at the school address.

Please accept this signed and completed document to enroll \_\_\_\_\_  
(Student's name)

to Middlesex County STEM Charter School for the 2023-2024 academic year.

I/We, the undersigned, hereby certify that, to the best of my/ our knowledge and belief, the answers to the foregoing questions and statements made by me/us in this application are complete and accurate.

I/we understand that any false information, omissions, or misrepresentations of facts may result in rejection of this application or future dismissal of the applicant.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_