



ESPERANZA CYBER CHARTER SCHOOL

K-12 ENROLLMENT PACKET

PARENT/GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

Student Information - Section 1			<i>Please fill out the entire form</i>	
<input type="checkbox"/> Check here if you are a student registering on your own				
Student's First and Last Name			Address: Street /City /State /Zip Code	
Home Phone	Cell Phone		Email	
Student lives with: <input type="checkbox"/> Both parents at same address <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian/Other <input type="checkbox"/> Alone without and adult <input type="checkbox"/> An adult who is not my legal guardian or parent Student lives in: <input type="checkbox"/> Permanent Housing <input type="checkbox"/> With another family member or other person <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Other				
Country of Birth <small>If USA include State</small>		When did you move to PA? <small>(month/year)</small>	Home Primary Language	
Race: <input type="checkbox"/> Hispanic /Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian /Alaska Native <input type="checkbox"/> Multi-racial/Other		Sex assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Identity Response (optional)	
Date of last Physical Exam _____ Proof Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Immunizations Up to Date? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last Dental Exam Proof Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Household Information - Section 2				
<input type="checkbox"/> Does not apply, student does not live with parent or legal guardian				
Primary Parent/Guardian First and Last Name			Email	
Address: Street /City /State /Zip Code	Home Phone	Relationship to Student	Preferred Contact Method <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email	
Primary Parent/Guardian Active Military Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone	Cellphone		



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List of all school age children (ages 5 or above)	Name & Last Name	Date of Birth	Current School	Current Grade

Student Education History – Section 3

Last School Attended: Name		Address/State/Zip		Date Attended (month/year)	Grade last attended
If the school is outside US, do you have records? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach	Did your child attend Pre-K or Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did the student enter 9 th grade for the first time? (month/year)	Can you provide a career portfolio from the prior school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach	Does your child have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach	
Has your child ever received Special Education Services in PA or another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which state?	Does your child have a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the IEP	Does your child have a current evaluation report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the report	Was your child enrolled in Early Intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Affirmation Statement - Section 4

I affirm that all information on this application is true and correct and providing false or incomplete information may delay enrollment. By signing below, I am allowing Esperanza Cyber Charter School to enroll my child as a student. I agree I will not withdraw my child from his/her current school until I have been provided an orientation date.

Parent/Guardian Initials: _____



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Home Language Survey (Required)		
<i>All newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all schools utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, Esperanza Cyber Charter School has the right to ask for the information contained on this and other forms associated with the identification process. The Pennsylvania Department of Education selected the Home Language Survey as the method for the identification.</i>		
Student Name and Last Name:		
Is a language other than English spoken at home?		<input type="checkbox"/> Yes <input type="checkbox"/> No Language:
Does your child communicate in a language other than English?		<input type="checkbox"/> Yes <input type="checkbox"/> No Language:
What is the language your child first learned to speak?		
Has the student attended any U.S school in any three years during his/her lifetime?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:
Name of School	State	Dates Attended
When was your child first enrolled in a U.S school?		Date (mm/dd/yyyy)
When did your child first enter a school in Pennsylvania?		Date (mm/dd/yyyy)
Is your child receiving ELD/ESL/EL services now?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been removed or promoted from ELD/ESL/EL services?		<input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm/dd/yyyy)
Person completing this form, if other than parent/guardian.		Name: Relationship to Student:
Parent/Guardian Signature		Date

The school district/charter school has the responsibility under the federal law to serve students who are English Learners and need English Language instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Learners. As part of the responsibility to locate and identify ELs, the school district/charter school may administer tests and ask for information about EL students who are enrolled in the school as well as students who are applying.



McKinney-Vento Assistance Act

(Required, Confidential)

Student Name: _____

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as "individuals who lack a fixed, regular, and adequate night's residence." This includes children who "temporarily share other people's housing due to loss of housing or financial hardship."

Check the box that applies:

- Does not apply; the student is not homeless.
- Living in a shelter, including transitional housing shelters.
- Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation.
- Living in hotels/motels for lack of suitable housing.
- Doubled-up; temporarily living with family or friends due to lack of adequate housing or financial conditions.

Check here if you are a student registering on your own

***Please fill out this information if you selected one of the last four options in the previous questionnaire:**

Student's Address:

Emergency Contact:

Phone Number:

Relationship to student:

Parent/Guardian Information

Phone Number:

Address (if different from student):



Parental Registration Statement
(Required)

Pennsylvania School Code § 13-130-A State in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act offense involving weapons, alcohol or drugs or for the willful infliction of injury to another person or for any act of violence committed on school property."

Student Name	Date of Birth:	Grade:
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Please complete the following:

I hereby affirm that my child was was not previously suspended or expelled from any public or private school of this Commonwealth or any other state for the act or offense involving weapons, alcohol or drugs or for the willful infliction of injury to another person or for any act of violence committed on school property.

I make this statement subject to the penalties of 24 P.S. § 13-1304-A (b) and 18Pa. C.S. A. §4904, relating to unsworn falsification to authorities, and the facts contain herein are true and correct to the best of my knowledge.

Parent/Guardian Signature	Date
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If the student has been or is presently suspended or expelled from another school, please complete the following:

Name of school from which the student was suspended or expelled:

Dates of the suspension or expulsion:

Reason for the suspension or expulsion:

Any willful false statement made above shall be a misdemeanor or the third degree. This form shall be maintained as part of student's disciplinary record.



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Release Authorization

(Required)

Should it be necessary to send a child home from the Learning Center or a school-sponsored event due to illness, injury, or other emergency, the School needs parent/guardian contact information, and in the event the School is unable to contact the parent/guardian, permission must be provided as to who your child can be released.

Student Name: _____

Student lives with:

Mother Father Guardian

Other person _____

Mother / Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father/ Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact # 1

Phone Number (home or personal)

Relationship to Student:

Name: _____

Emergency Contact # 2

Phone Number (home or personal)

Relationship to Student:

Name: _____

Emergency Contact # 3

Phone Number (home or personal)

Relationship to Student:

Name: _____

My signature authorizes the school to release my child to ANY of the people listed above. I understand that my child will ONLY be released to these individuals and NO exceptions will be made. I understand that the School CANNOT release my child with telephone consent.

Parent/Guardian Signature: _____

Date _____



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Permission to Photograph or Film (Required)	
<p><i>Esperanza Cyber Charter School (ECCS) is a public school serving the community. There is a great deal of interest in our school and we expect that interest to continue to grow as time goes on. Because our school is unique, we have many visitors, including parents/guardians of prospective students, students, siblings, members of the community, public officials, and the press and media. From time-to-time, ECCS would like to photograph or videotape our students, faculty, and school activities or allow others to do so. We will use photographs, film, and videotape as part of our classroom instruction and to promote the school and its activities. We hope to accommodate requests by visitors to photograph or videotape our students, faculty, and school activities.</i></p> <p><i>The purpose of this form is to receive your permission to photograph or videotape your child while engaged in school activities, and for the school to use photographs, film, or videotape of your child for school-related purposes.</i></p>	
<input type="checkbox"/> I grant permission for ECCS to photograph or videotape and use for school-related purposes any photographs, film, or video of my child.	
<input type="checkbox"/> I do not grant permission for ECCS to photograph or videotape and use for school-related purposes any photographs, film, or video of my child.	
Student Name	
Parent/Guardian Signature	Date



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E-rate Family Survey 2020-2021

(Required)

Please complete and return the survey below. Important: Even if your income does not meet these Income Eligibility Guidelines, you must return the survey for the school's survey to be considered a valid measure.

Student's First and Last Name:

Street Address:

City:

State:

Zip Code:

I. Find your family annual gross income level on the chart below and circle the number of people in your family, including all children.

Income Eligibility Guidelines 20-21 SY

Household Size (circle one)	Federal Poverty Guidelines	Free Meals			Reduced Meals		
	Annual	Annual Income	Monthly Income	Weekly Income	Annual Income	Monthly Income	Weekly Income
1	\$12,760	\$16,588	\$1,383	\$319	\$23,606	\$1,968	\$454
2	\$17,240	\$22,412	\$1,869	\$431	\$31,894	\$2,658	\$614
3	\$21,720	\$28,235	\$2,353	\$543	\$40,182	\$3,349	\$773
4	\$26,200	\$34,060	\$2,839	\$655	\$48,470	\$4,040	\$933
5	\$30,680	\$39,884	\$3,324	\$767	\$56,758	\$4,730	\$1,092
6	\$35,160	\$45,708	\$3,809	\$879	\$65,046	\$5,421	\$1,251
7	\$39,640	\$51,532	\$4,295	\$991	\$73,334	\$6,112	\$1,411
8	\$44,120	\$57,356	\$4,780	\$1,103	\$81,622	\$6,802	\$1,570
For each additional family member, add	\$4,480	\$5,824	\$485	\$112	+ \$8,288	+ \$691	+ \$160

Is your income equal or less than any of the amounts listed next to the number you circled?	Yes	No
Is your family eligible for food stamps?	Yes	No
Is your family receiving Temporary Assistance for Needy Families (TANF)?	Yes	No
Does your family qualify for medical assistance under Medicaid?	Yes	No
Is your family receiving Supplementary Security Income (SSI)?	Yes	No
Does your family receive housing assistance (section 8)?	Yes	No
Does your family receive home energy assistance (LIHEAP)?	Yes	No

I. If your answered YES to any one of the preceding questions, please list the school and grade level for each child living in your home.

Student Name	School	Grade
Parent/Guardian Print Name	Parent/Guardian Signature	Date



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Request for Student Records (Required)		
Date	Previous School Name	
Student Name	Current Grade	Date of Birth
<p>The student listed above has intent to enroll at Esperanza Cyber Charter School. Please forward a copy of his/her student records to us through the following fax or mailing address:</p> <p style="text-align: center;">Esperanza Cyber Charter School Attention: Enrollment 4261 N. 5th Street, Third Floor Philadelphia, PA 19140 FAX: Attention Enrollment, 215-689-1400 EMAIL: admissions@esperanzacybercs.net</p> <p>Student records include: current grades, transcripts, report cards, IEP, Evaluation or Re-evaluation, NOREP, 504, and Psychological, psychiatric, or neurological reports.</p>		
<input type="checkbox"/> I give permission to release my child's school records to Esperanza Cyber Charter School.		
Parent/Guardian Signature		Date



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Request for Student Health Records		
(Required)		
Date	Physician Name and Address	
Student Name	Current Grade	Date of Birth
<p>As of today the student listed above is interested in attending Esperanza Cyber Charter School. Please forward a copy of his/her health records to us through the following fax or mailing address:</p> <p style="text-align: center;">Esperanza Cyber Charter School Attention: Admissions 4261 N. 5th Street, Third Floor Philadelphia, PA 19140 FAX: Attention Admissions, 215-689-1400 EMAIL: Admissions@esperanzacybercs.net</p> <p>Health records include: annual physical exam, immunization records.</p>		
<input type="checkbox"/> I give permission to release my child's health records to Esperanza Cyber Charter School.		
Parent/Guardian Signature		Date



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CHARTER SCHOOL STUDENT ENROLLMENT NOTIFICATION FORM

For School Year 2020-2021

Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.

Name of Charter School: Esperanza Cyber Charter School
 Address: 4261 N 5th Street
Philadelphia PA 19140
 Charter School Contact Person: Liriam Santiago
 Telephone: 215-967-9703 Email Address: liriam.santiago@esperanzacybercs.net

I. Student Information:

Last Name: _____ First Name: _____ Initial: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Phone Number: _____
 Mailing Address (if different from physical address): _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Age: _____

II. School District of Residence and Former School Information

School District
 Residence: _____
 Former school information (other than pre-school):
 _____ Public School _____ Charter School _____ Home School _____ Private School
 _____ Student not enrolled School Preceding Enrolment in Charter School because:
 _____ Entering Kindergarten _____ Re-enrolling, Dropout _____ Other:
 Name of Former School: _____
 Address of Former School: _____

 Previous
 Grade: _____ Address of Former School: _____
 Was your child receiving Special Education services bases on an IEP? _____ Yes _____ No
 If yes, do you have the child's Special Education Records (IEP)? _____ Yes _____ No



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III. Parent/Guardian Information:

Child lives with: Both Both Parents Mother Father
 _____ Parents _____ Alternately _____ Only _____ Only

 Legal Adoptive Other
 _____ Guardian _____ Parents _____ Adult: _____

Special Custodial Court Instructions:
 (If yes, please provide a copy of court order) Yes _____ No _____

Complete Parent/Guardian Name and Address Information as Application

Mother's Name _____

Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Father's Name _____

Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

If the student is not living with parents, please complete this section.

_____ Guardian's Name _____ Adoptive Parent _____ Other Adult
Name _____

Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school. My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this charter school.

Signature of Parent/Guardian: _____ **Date:** _____

IV. To be completed by Charter School

Verification of Date of Birth: Birth Other:
 _____ Certificate _____

Proof of Residency: Mortgage Lease Utility Bill Other:
 _____ Statement _____

Official Enrollment Date: _____ Anticipated Date of Attendance: _____

Grade Student is Entering: _____

Signature of Charter School Representative



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PHYSICAL EDUCATION MEDICAL EXEMPTION / PROGRAM MODIFICATION

(complete as needed)

(Debe ser completado por el Medico)

To the Parent/Guardian: Participation in our Cyber Physical Education Program is required for all students. Modifications are available for students who are unable to participate in all parts of the program. It is your responsibility to contact the school if the student requires a modified program. In cases of temporary restriction, the student is still required to attend his/her regularly scheduled online physical education/health class. This form is to be completed **every school year** by your physician and returned to the school.

Physician: The Pennsylvania Department of Education requires ALL students to participate in a planned program of physical education at EVERY GRADE LEVEL.

STUDENT LAST NAME	STUDENT FIRST NAME	GRADE	BIRTH DATE – MM/DD/YY
PARENT/GUARDIAN NAME		TELEPHONE	DATE ISSUED

COMPLETED BY CARE PROVIDER

Our patient has requested an excuse from the regular physical education program based on the health condition listed below:

Diagnosis:

- 1. CHECK DEGREE OF ACTIVITY PERMITTED:
- 2. CHECK ANYTHING WITHIN THAT CATEGORY WHICH IS NOT PERMITTED.

VIGOROUS		MODERATE CALISTHENICS & GENERAL EXERCISES REQUIRING MODERATE RUNNING AND MUSCULAR EFFORT		MILD (I.E. WALKING OR MOVEMENT OF ARMS, NECK & TRUNK)	
WALKING	AEROBICS	WALKING	AEROBICS	WALKING	AEROBICS
YOGA	ARM EXERCISES	YOGA	ARM EXERCISES	YOGA	ARM EXERCISES
KICK-BOXING	LEG EXERCISES	KICK-BOXING	LEG EXERCISES	LEG EXERCISES	
RUNNING		RUNNING			

DATE OF EXAMINATION _____
 RESTRICTION REQUESTED FOR _____ WEEKS
 MODIFICATION REQUESTED FOR _____ WEEKS

Comments:

Signature of Care Provider (REQUIRED)	Telephone	Care Provider office stamp (REQUIRED)
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REPORT OF PRIVATE DENTAL EXAMINATION

(complete as needed)

School: Esperanza Cyber Charter School		Date Issued:
<p><i>To the Dentist:</i></p> <p><i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (original entry, 3rd and 7th grades). These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian.</i></p> <p><i>Please attach a copy of the student's dental examination or record the data below.</i></p>		
UNDER TREATMENT/ WORK BEGUN		COMPLETION OF WORK/ NO TREATMENT NECESSARY
Date Work Begun	Expected Completion Date	
Scheduled Follow-up Appointment		
Date of Dental Examination		
Comments / Follow-up Treatment / Special Instructions to School		
Name of Dentist	Telephone	
Signature of Dentist	Date Signed	
Dentist Address	Fax Number	
<p align="center">RETURN THIS FORM TO:</p> <p align="center">Esperanza Cyber Charter School</p> <p align="center">Attention: Admissions</p> <p align="center">4261 N. 5th Street, Third Floor, Philadelphia, PA 19140</p> <p align="center">Fax 215-689-1400</p> <p align="center">Email: Admissions@esperanzacybercs.net</p>		



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MEDICATION INFORMATION

(complete as needed)

The School realizes it may be important for a student's well-being that medicine be taken when attending school-related events or attending at the Learning Center. It is also important that such medicines be approved in writing by a physician. **This form is required for medicines that are self-administered by the student.** The School will not provide nor administer medications. If your child is ill while attending a school-related activity every effort will be made for the child to be sent home accompanied by an individual authorized for release.

NOTE: The Learning Center does not have the capability to provide special storage requirements.

If the child takes medication does he/she need to take it while in attendance at the Learning Center or during a school-sponsored activity? Yes No Physician Initials _____

If Yes, Physician authorization is required for EACH medication. Complete the following:

Name of Medication	Condition	Dosage (amount, time)
Date administration of medication begins	Date administration of medication ends	Potential side effects

Is student fully aware of requirements for storage, transport, and administration of the medication?

Yes No

Describe any conditions that School personnel should be aware of for the student's self-administration of this medicine

Physician Signature _____ **Date** _____

Name of Medication	Condition	Dosage (amount, time)
Date administration of medication begins	Date administration of medication ends	Potential side effects

Is student fully aware of requirements for storage, transport, and administration of the medication?

Yes No

Describe any conditions that School personnel should be aware of for the student's self-administration of this medicine

Physician Signature _____ **Date** _____

I hereby grant permission for my child to self-administer the above medications according to the physician's written orders and school policy. I attest the information above is accurate and my child understands his/her responsibilities involving the medication listed above.

Parent/Guardian Signature _____ **Date** _____



PA MEDICAL ASSISTANCE BILLING PARENTAL CONSENT FORM
(Required for Special Education Student)

Local Education Agencies (LEAs) are eligible to receive federal Medicaid reimbursement for medically necessary services provided to their special education students when the services meet the requirements of the state's Medicaid program and are provided in accordance with the student's IEP.

The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and the Family Educational Rights and Privacy Act (FERPA) require schools to obtain written parental consent to share the student's education and health-related records, such as IEPs and Evaluation Reports. The School is requesting your permission to share this information with the PA Department of Education, the PA Department of Public Welfare, and a physician or nurse practitioner in order to bill Medical Assistance.

In addition to the Medicaid-covered services your child receives as part of her/his IEP, Medical Assistance will continue to pay for medically necessary, Medicaid-covered services that are provided to your child outside of school.

I understand that

- If I give permission, I may withdraw it for future services at any time. However, it does not negate an action that has occurred after consent was given before the consent was revoked.
- My refusal to give consent will not change the services my child receives under his/her IEP.
- Whether I consent or refuse, I will not have to pay for these services.
- Upon request, I may receive copies of my child's records that are disclosed as a result of this authorization.

I give my child's school permission to share my child's education and health related information and bill Medical Assistance.

Print Parent/Guardian Name	Parent/Guardian Signature	Date

I do not give my child's school permission to share my child's education and health related information and bill Medical Assistance.

Print Parent/Guardian Name	Parent/Guardian Signature	Date

Student Full Name	Date of Birth

IEP Meeting Date	Anticipated Duration of Services



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PHYSICAL EXAMINATION ANNUAL SCREENING

Student Name	Last	First	M.I.	Student ID#
Age	Date of Birth	Gender	Phone Number	
Student Address	Number & Street	City	State	Zip Code

TO THE CARE PROVIDER (Please complete all items)

Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE. Attach a copy of the student's immunization record, or record the dates below.

VACCINE	ENTER MONTH, DAY, AND YEAR EACH IMMUNIZATION WAS GIVEN				
	DOSES				
Diphtheria and Tetanus* (DTap, DTP, Td or DT)	1. / /	2. / /	3. / /	4. / /	5. / /
Polio, (OPV or IPV)	1. / /	2. / /	3. / /	4. / /	
Hepatitis B	1. / /	2. / /	3. / /		
Measles** - Mumps - Rubella (MMR)	1. / /	2. / /	or Measles Serology: Date _____ Titer __		
Varicella	1. / /	2. / /	Rubella Serology: Date _____ Titer		
			Mumps disease diagnosed by a physician: Date _____		
Other	1. / /	2. / /			

Date of last Tetanus Booster _____ Date of last PPD _____ Result _____ mm

* One dose must be on or after the fourth (4th) birthday.

** First dose must be on or after the first (1st) birthday and the second dose should be at least one month after the first dose

Does this student have health insurance? ___Yes ___No

Name of Insurance Provider: _____

RECORD THE FOLLOWING

1.	Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____
2.	Audiometric Screening: R _____ L _____ 3. BP _____
4.	Height _____ inches / cm Weight _____ lb. / kg BMI percentile _____
5.	Scoliosis Screening: ___Normal ___Abnormal ___Referred ___ No Referral
6.	Activity Recommendation: ___Full Physical Activity ___Restricted Physical Activity (Must Complete Phys. Ed. Medical Exemption/Program Modification Form) Specify Restrictions:



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7.	List all medications currently being taken: Medication: _____ Reason: _____	
8.	List ALL problems by history or examination: _____ Circle status of problem 1. _____ Under Care Care Complete Referred 2. _____ Under Care Care Complete Referred 3. _____ Under Care Care Complete Referred ____ No Problems Identified	
Comments / follow-up treatment plan / Special instructions to school:		
Signature of Care Provider (REQUIRED)	Telephone	Care Provider office stamp (REQUIRED)
Address	Date of Exam	