



# 2026 – 2027 New Student Enrollment Application

Student Name \_\_\_\_\_

Enrolling Grade \_\_\_\_\_

Packet Receipt Date \_\_\_\_\_

Received By (Initials) \_\_\_\_\_

### Student Document Checklist

- |  |   |
|--|---|
| <input type="checkbox"/> Copy of Birth Certificate                         | <input type="checkbox"/> First Time in USA  |
| <input type="checkbox"/> Copy of Social Security Card                      | <input type="checkbox"/> Course Request ( <i>HS</i> )                                       |
| <input type="checkbox"/> Copy of Immunizations ( <i>Cleared by Nurse</i> ) | <input type="checkbox"/> Charter Student Admission Application Form                         |
| <input type="checkbox"/> Copy of Utility Bill (Electric, Gas, or Water)    | <input type="checkbox"/> Transportation Request   |
| <input type="checkbox"/> Affidavit   | <input type="checkbox"/> Lunch Application  |
| <input type="checkbox"/> Copy of Parent/Guardian Picture ID                | <input type="checkbox"/> \$30 Community Supply Fee ( <i>optional &amp; non-refundable</i> ) |

### School Records Checklist

- |  |   |
|--|---|
| <input type="checkbox"/> Copy of Recent Report Cards                     | <input type="checkbox"/> Discipline Records                                 |
| <input type="checkbox"/> Copy of Transcripts ( <i>9th – 12th Grade</i> ) | <input type="checkbox"/> Attendance Records                                 |
| <input type="checkbox"/> Copy of STAAR or Stanford Test Results          | <input type="checkbox"/> Special Education Records ( <i>if applicable</i> ) |
| <input type="checkbox"/> ESL/LEP Documentation                           | <input type="checkbox"/> 504 Documentation                                  |
| Students Coming from Mexico need to submit the following:                | <input type="checkbox"/> Withdrawal Form from Previous School               |
|  | <input type="checkbox"/> Home Language Survey                               |

- Boleta Secundaria 1
- Boleta Secundaria 2
- Boleta Secundaria 3
- Boleta Prepa 1
- Boleta Prepa 2

Enrollment Approved by \_\_\_\_\_

Date \_\_\_\_\_

Enrollment Denied by \_\_\_\_\_

Date \_\_\_\_\_

Referred by \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

TREX Request On

\_\_\_\_\_

TREX Received On

\_\_\_\_\_

Fax Request On

\_\_\_\_\_





Fax Received On



# DAVINCI SAN ANTONIO

ACADEMY FOR SCIENCE AND THE ARTS

Burnham Wood Charter School District  
Da Vinci Academy for Science and the Arts

 1620 Pinn Rd.  
San Antonio, TX 78227  
 (210) 660 - 4024  
 (915) 615 - 7257  
 [burnhamwood.org](http://burnhamwood.org)

PLEASE LEAVE BLANK

## 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.

\*Required Information  
*(Información requerida)*

*(Por favor ingrese el nombre como se muestra en el certificado de nacimiento.)*

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 adicional)

If Yes is selected, please enter the name of the person. Sibling, Staff, or Board Member Name  
*(Si selecciona Sí, ingrese el nombre de la persona.)* *(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.  A.M.  P.M.  
*(Si lo ofrece la escuela o la programación, mi hijo prefiere un horario de mañana o tarde.)*

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

- 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.)*



## New Student

**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](http://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 & Vista del Futuro 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.



## Registration Card

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Howard Burnham Elementary     | <input type="checkbox"/> Da Vinci Academy for Science and the Arts-San Antonio | <input type="checkbox"/> Vista del Futuro Elementary, Middle & High School |
| <input type="checkbox"/> Linguistic Academy of El Paso | <input type="checkbox"/> Da Vinci School for Science and the Arts-El Paso      |  |

## Student Information

Last Name		First Name		Middle Name	
Entering Grade (2026- 2027)		Age on September 1, 2026			
Address			Apt/Unit	City	State Zip

## Parent/Guardian Information

### Mother's/Guardian's Information

Last Name		First Name		Middle Name	
Address (if different from child's)			Apt/Unit	City	State Zip
Name of Employer		Job Position		Work Telephone Number	
Email Address		Cell Phone Number		Home Phone Number	

### Father's/Guardian's Information

Last Name		First Name		Middle Name	
Address (if different from child's)			Apt/Unit	City	State Zip
Name of Employer		Job Position		Work Telephone Number	
Email Address		Cell Phone Number		Home Phone Number	

## Siblings Currently Attending

Name	School (Circle One)	Grade (2026 – 2027)
	HB   LA   DVEP   DVSA   VDF	
	HB   LA   DVEP   DVSA   VDF	
	HB   LA   DVEP   DVSA   VDF	

Name of Person Enrolling the Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Person Referred by: \_\_\_\_\_



## New Student Enrollment Application

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Da Vinci School for Science and the Arts <sup>(DV)</sup> | <input type="checkbox"/> Linguistic Academy of El Paso   | <input type="checkbox"/> Vista del Futuro Elementary, Middle & High School |
| <input type="checkbox"/> Howard Burnham Elementary                                | <input type="checkbox"/> Da Vinci Academy for Science and the Arts-San Antonio <sup>(DVSA)</sup> |  |

Why are you interested in attending this school? \_\_\_\_\_

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Entering Grade (2026- 2027) \_\_\_\_\_ Age on September 1, 2026 \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_ 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 the 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? 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



**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

Is this the first time your student enrolls in a Texas-based public school?  No  Yes

**Special Programs**

Was the student ever enrolled in any 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.

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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.

Have you moved within the last 3 year due to economic necessity?  No  Yes

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 no enrolled in school?  No  Yes

Have you engaged in agricultural or fishing related work in the last 36 months?  
 No  Yes



**Parent/Guardian Information**

**Mother's/Guardian's Information**

Last Name	First Name	Middle Name
Address <i>(if different from child's)</i>	Apt/Unit	City
Name of Employer	Job Position (____) _____	Work Telephone Number (____) _____
Email Address	Cell Phone Number	Home Phone Number
Driver's License # or Photo ID #	State	Date of Birth

Mother/Guardian currently a member of the U.S. Military on active duty?  No  Yes  
 Mother/Guardian currently a member of the Texas National Guard?  No  Yes  
 Mother/Guardian currently a member of a reserve force in the U.S. Military?  No  Yes  
 Mother's/Guardian's email address: \_\_\_\_\_

**Father's/Guardian's Information**

Last Name	First Name	Middle Name
Address <i>(if different from child's)</i>	Apt/Unit	City
Name of Employer	Job Position (____) _____	Work Telephone Number (____) _____
Email Address	Cell Phone Number	Home Phone Number
Driver's License # or Photo ID #	State	Date of Birth

Father/Guardian currently a member of the U.S. Military on active duty?  No  Yes  
 Father/Guardian currently a member of the Texas National Guard?  No  Yes  
 Father/Guardian currently a member of a reserve force in the U.S. Military?  No  Yes  
 Father's/Guardian's email address: \_\_\_\_\_

Name of Person Enrolling the Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Person Referred by: \_\_\_\_\_



**Medical Information Form**

Student Name \_\_\_\_\_

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

**Medical History** - Please mark if your child has any of the following health conditions.

	YES	NO	Explain anything checked YES and provide any other conditions/allergies not listed:
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			

**LIFE THREATENING CONDITIONS**

If your child has Asthma, will they require an inhaler to be 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  Animals  Insect Stings  
 Plants  A drug/medication

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

**\*If YES to any 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 insurance coverage?  No  Yes

Does your child have dental insurance coverage?  No  Yes

**Immunization**

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
<b>Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap)<sup>1</sup></b>	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>
<b>Polio<sup>1</sup></b>	4 doses or 3 doses			
<b>Measles, Mumps, and Rubella<sup>1,2</sup> (MMR)</b>	2 doses of MMR	2 doses of measles and 1 dose of each rubella and mumps vaccine		
<b>Hepatitis B<sup>2</sup></b>	3 doses			
<b>Varicella<sup>1,2,3</sup></b>	2 doses	1 dose	2 doses	
<b>Meningococcal</b>				1 dose
<b>Hepatitis A<sup>1,2</sup></b>	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 immunization clinic 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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### 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: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_



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### Student Personal History

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

- I. How does your child accept routines and limits? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- II. How does your child handle transitions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- III. How does your child handle frustrations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- IV. How does your child interact with other children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- V. How do you discipline your child at home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- VI. What are your child's interests or hobbies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- VII. What are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- VIII. What are your child's challenges? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- IX. Is your child easily distracted or impulsive?  No  Yes
- X. Is your child able to follow the rules and procedures of the school?  No  Yes



**2026 – 2027 Student Reference Release**

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

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

\_\_\_\_\_  
Middle Name

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 Student 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 School (DV)     Howard Burnham     Linguistic Academy  
 Vista Del Futuro     Da Vinci Academy San Antonio (DVSA)

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



**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 #

<b>Howard Burnham Elementary</b> 7310 Bishop Flores El Paso, TX 79912 p: +1 915 584 9499 f: +1 915 585 8814	<b>Da Vinci School for Science and the Arts</b> 785 Southwestern Dr. El Paso, TX 79912 p: +1 915 584 4024 f: +1 915 581 9840	<b>Da Vinci Academy for Science and the Arts San Antonio</b> 1620 Pinn Rd. San Antonio, TX 78227 p: +1 210 660 4024 f: +1 915 615 7257	<b>The Linguistic Academy of El Paso</b> 5141 Upper Valley El Paso, TX 79932 p: +1 915 331 4397 f: +1 915 581 9840	<b>Vista del Futuro Charter School</b> 1671 Bob Hope Dr. El Paso, TX 79936 p: +1 915 855 8143 f: +1 915 855 8179
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**Records Requested by:** \_\_\_\_\_ **campus.**

Record(s) Requested:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Medical Information            | <input type="checkbox"/> Discipline Records       | <input type="checkbox"/> Educational Assessment |
| <input type="checkbox"/> Attendance Records             | <input type="checkbox"/> Sociological Information | <input type="checkbox"/> ARD                    |
| <input type="checkbox"/> Psychological Evaluation       | <input type="checkbox"/> Transcript/Report Card   | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Test Results: STAAR, EOC, TPRI | <input type="checkbox"/> LPAC Information         |   |

If all special program records (special education, 504, bilingual/ESL, LEP, Talented/Gifted, etc.) 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



### 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:

- I. 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.
- II. Abide by School Dress Code.
- III. Be prompt and on time to all activities.
- IV. 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.
- V. Understand that Vista del Futuro and Burnham Wood Charter Schools **require** 180 days of attendance with 100% attendance [no unexcused absences] expectation.
- VI. Ensure that my child attends tutorials after school and on Saturdays as requested by the teacher.
- VII. 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 Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**2026 – 2027 Student Attendance and Tardy Agreement**

I understand that the Vista del Futuro and Burnham Wood Charter Schools require 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 prior to class start.

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

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

\_\_\_\_\_  
Date

**After School Care**

After-school care might 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 activities, games, reading, 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 BWCS D.

**I expect my child, \_\_\_\_\_, enrolled in \_\_\_\_\_ grade to participate in: After School Day Care – must be paid in advance - \$15.00 p/day.**

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

\_\_\_\_\_  
Date



**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](http://www.burnhamwood.org) > El Paso Education Initiative > School Policies > Wellness Plan

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

**This form will be available in July 2026.**

The mySchoolBucks Meal Accountability System is now available district-wide. 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](http://www.burnhamwood.org). You can also come by your child’s school and pick up the instructions for mySchoolBucks.com website to enter breakfast or lunch prepayments online.

**Breakfast and Lunch Reminder:**

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

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

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

**CAFETERIA RULES & POLICIES:**

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



**2026 – 2027 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"/> Committee Service  | <input type="checkbox"/> Supervision (lunch, after school, etc.) |
| <input type="checkbox"/> Facilities Maintenance   | <input type="checkbox"/> After School Clubs | <input type="checkbox"/> Library/Technology Support              |
| <input type="checkbox"/> Fundraising              |   |  |

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

**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



**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, navy or white shirts with a collar, or navy, or white polo-style shirts.
- Solid color blazers, sweaters or cardigans in 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, navy or white shirts with a collar, or navy or white polo-style shirt.
- Solid color blazers, sweaters or cardigans in 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.
- 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 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 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 navy blue/white 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


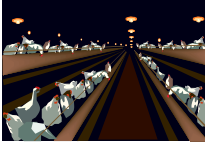





\_\_\_\_\_  
Date

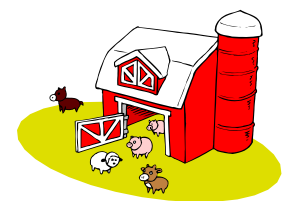
### MHE-MP-F056.6 – Family Survey

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:

 <p>Picking onion, pepper, pecans, lettuce, tomato, grapes, etc.</p> <input type="checkbox"/>	 <p>Working in a poultry farm</p> <input type="checkbox"/>	 <p>Working in a dairy farm</p> <input type="checkbox"/>	 <p>Working in a slaughter house</p> <input type="checkbox"/>	 <p>Packing or processing fruits, vegetables, chicken, beef, pork or fish?</p> <input type="checkbox"/>
 <p>Working in a plant nursery, orchard, tree growing or harvesting</p> <input type="checkbox"/>	 <p>Working in a fishery</p> <input type="checkbox"/>	<p>Other similar work, please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		



\*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





English Version

Home Language Survey  
Commissioner Mike Morath

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

Student Name: \_\_\_\_\_ District/Charter 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.



**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](http://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?

No  Yes

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

### Parent/Guardian Information

Last Name		First Name		Middle Initial	
Address (if different from child's)			Apt/Unit	City	State Zip
Time living at the address above					
Number of people (adults & children) living at this address: _____					
Email Address			Phone Number (_____) _____		

### Which of the following describes your housing situation?

I own my own home, rent, or lease



#### 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.

No  Yes

If no, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I live with another family, relatives, or friends
- Shelter or transitional housing
- Hotel or Motel
- Car, park, or RV campsite
- Other: \_\_\_\_\_



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

- Loss of housing (foreclosure; eviction)
- Economic hardship (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.**

*Enrollment of the child under false documents subjects the person to liability for tuition or other cost. TEC 25.002(3)(d)*



PLEASE LEAVE BLANK



# BURNHAM WOOD

— CHARTER —  
SCHOOL DISTRICT

✉ 785 Southwestern Drive  
El Paso, Texas 79912-1429  
☎ (915) 584-4024  
🖨 (915) 585-8814  
🌐 [www.burnhamwood.org](http://www.burnhamwood.org)

## TRANSPORTATION REQUEST 2025-2026

Please fill out the following information and turn in the paperwork to our front office. You can also email this document to [amedina@burnhamwood.org](mailto:amedina@burnhamwood.org). Please remember that we will continue to adhere to the following rules, and we ask for your collaboration.

- Students **MUST** be at the designated locations before 7:05 AM to get to school on time.
- Once a single location is chosen for pick-up/drop-off, no changes can be made without getting approval from the transportation department. **(Only one location can be selected.)**
- Students will follow the school code of conduct during transportation.

**Locations:**

\*Zaragoza, \*Chamizal, \*Santa Fe, \*Vista del Futuro

Por favor, complete la siguiente información y entregue los documentos en nuestra oficina principal. También puede enviar este documento por correo electrónico a [amedina@burnhamwood.org](mailto:amedina@burnhamwood.org). Por favor, recuerde que seguiremos adhiriéndonos a las siguientes reglas, y solicitamos su colaboración.

- Los estudiantes **DEBEN** estar en los lugares designados antes de las 7:05 a. m. para llegar a la escuela a tiempo.
- Una vez que se elige una sola ubicación para la ida/venida, no se pueden realizar cambios sin obtener la aprobación del departamento de transporte. **(Solo una ubicación es la que puede ser seleccionada)**
- Los estudiantes seguirán el código de conducta escolar durante el transporte.

**Ubicaciones:**

\*Zaragoza, \*Chamizal, \*Santa Fe, \*Vista del Futuro

Please complete **one form per family**, and make sure to include **all siblings**/ Por favor complete **un solo formulario por familia** e incluya a **todos los hermanos** que asistirán.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Location where to be Pick-up/Drop-off: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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



PLEASE LEAVE BLANK

# Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Return to:  
or Apply Online:

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12

If more spaces are needed, use the Additional Names section on the back.

### Definition of Household Member:

"Anyone who is living with you and shares income and expenses, even if not related."

### Children in Foster Care, Head Start, and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Read the directions for more information.

Child's First Name	MI	Child's Last Name	Student?	Grade	Head Start	Foster Child	Homeless, Migrant, Runaway
			Yes No				

Check any that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO → Go to STEP 3      If YES → Write the Eligibility Determination Group (EDG, n/a for FDPIR) number here, then go to STEP 4 (do not complete STEP 3).      EDG Number

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'YES' to STEP 2)

A. Last four digits of Social Security Number (SSN) of an Adult Household Member      XXX- XX-      Check if no SSN

### B. Income for Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If more spaces are needed, use the Additional Names section on the back.

Name of Adult Household Members (First & Last)	Work Earnings				Public Assistance/ Child Support/Alimony				Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other				
	W	E	T	M	W	E	T	M	W	E	T	M	A
	\$				\$				\$				
	\$				\$				\$				
	\$				\$				\$				
	\$				\$				\$				

### C. Income for Children in the Household

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Child Household Members listed in STEP 1 here. If applicable, include income from additional children listed on back. Income frequency conversion key provided on back.

Total Child Income      \$

W	E	T	M	A
---	---	---	---	---

### D. Total Household Members (Children & Adults)

## STEP 4 Contact information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street address (if available)      Apt #      City      State      Zip code      Daytime phone and email (optional)

Printed name of adult signing the form      Signature of adult      Today's date

**ADDITIONAL NAMES**

List any additional **child** household members not listed in STEP 1.

Child's First Name	MI	Child's Last Name	Student?		Grade	Head Start		Foster Child	Homeless, Migrant, Runaway
			Yes	No		Start	Check any that apply		

List any additional **adult** household members not listed in STEP 3. Report the frequency by income type: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually

Name of Adult Household Members (First & Last)	Work Earnings		Public Assistance/ Child Support/Alimony		Pensions/Retirement/ Social Security/SSI/ VA Benefits/All Other		Frequency				
	W	E	T	M	A	W		E	T	M	A
		\$									
		\$									
		\$									

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We **MAY** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

**DO NOT COMPLETE. This section for school use only.**

Annual Income Conversion: weekly x 52, every two weeks x 26, twice a month x 24, monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Household Size	Total Income	Frequency	Date Received	Date Withdrawn
		W E T M A		
Categorical Determination	Eligibility	Free Reduced Denied	Reviewing/Determining Official's Signature	Date
			Confirming Official's Signature	Date