



Charter School of the Dunes

7300 Melton Road, Gary, IN 46403 ♦ Phone: (219) 939-9690 ♦ Fax: (219) 939-9031
www.csotd.org

NEW STUDENT ENROLLMENT APPLICATION

STUDENT INFORMATION

Social Security Number

Full Name (first/middle/last—as shown on Birth Certificate)

Gender (M/F)

Birth Date (month/date/year)

Birthplace (City/State)

Kindergarten students must be 5 years old by August 1.

Last School Attended

Applying to Grade

Yes/No
Was Student Retained

PRIMARY HOUSEHOLD

PARENT/GUARDIAN WITH WHOM STUDENT RESIDES (LIST BELOW)

Last

First

Relationship

Address

Apt #

City/Zip Code

(Area Code) Work Phone

(Area Code) Cell Phone

E-Mail Address

SIBLINGS CURRENTLY ENROLLED AT CHARTER SCHOOL OF THE DUNES

Name of Sibling(s)

Grade

_____	_____
_____	_____
_____	_____
_____	_____

Race

(Choose only one)

Black/African-American

Hispanic/Latino

White

American Indian/Alaskan Native

Asian

Native Hawaiian/Pacific Islander

Other

EMERGENCY CONTACT INFORMATION

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Work/Cell _____ Work/Cell _____

Emergency Contact (other than Mother and Father)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Pick up List

*** YOUR CHILD WILL NOT BE RELEASED TO ANYONE EXCEPT PERSONS LISTED BELOW ***

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____

STUDENT SERVICES INTAKE INFORMATION

CSD is fully committed to providing quality education to all of our students, especially those with special needs. In order to do this, we need your help. Please complete this page in its entirety.

Has your child been involved with early intervention services (birth to age 3)? Yes No

Has your child been screened for special education by any school? Yes No

Has your child ever received special education services? Yes No

Does your child have a current Individual Educational Plan (IEP)? Yes No

If yes, please provide us a copy.

Please check any of the following services your child has and/or still receives.

- Speech and Language
- Occupational Therapy
- Visually Impaired
- Counseling
- Medical Services
- Physical Therapy
- Deaf & Hard of Hearing
- Resource Room

Does your child wear glasses? Yes No

Does your child wear a hearing aid? Yes No

Are you concerned that your child may have a special need that has not been evaluated yet?

If yes, please explain: _____

I certify that all information given is answered accurately to the best of my ability.

Parent or Guardian Signature

Date

CHARTER SCHOOL OF THE DUNES
Release of Student Records Form

Today's Date: ____ / ____ / ____

Child's Name (please print): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

Tax Payer School District Name: _____

Check appropriate box below and provide name of former school where indicated below.

Student Entering Grades 1st – 8th in 2013-2014

Student Entering Grades 9th – 12th in 2013-2014

Whereas my child is currently enrolled in Charter School of the Dunes for the 2013-2014 academic year, I give my permission to: *(School most recently attended):* _____ to release my child's academic records to Charter School of the Dunes. Please include all relevant records including special education, academic testing, official school records, medical records, and academic or disciplinary interventions.

Please send the information to: Registrar
Charter School of the Dunes
7300 Melton Road
Gary, IN 46403
Fax: 219 939-9031

IF YOU ARE ABLE TO GET YOUR STUDENT'S RECORD FROM HIS/HER PREVIOUS STUDENTS PLEASE DO SO, IN ORDER TO SPEED UP THE ENROLLMENT PROCESS.

Charter School of the Dunes

#9310

SCHOOL CORPORATION

CORP. NUMBER

APPLICATION FOR FREE OR REDUCED PRICE MEALS AND OTHER BENEFITS

Effective July 1, 2005 - One Application per Household

Part 1. NAME OF CHILD (First Name, MI, Last Name)	LIVING WITH PARENT or CARETAKER RELATIVE	BIRTH DATE	SCHOOL	GRADE	CHECK IF A FOSTER CHILD	TANF or Food Stamps Case # (If you receive both benefits, list the TANF Case #)
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO				<input type="checkbox"/>	/ / / / / / / / / /

If ALL children listed above are foster children, skip to Part 5 and sign. If ANY of the children have a food stamp/TANF case number, skip to Part 5 and sign.

Part 2. If any member of your household (adult or non-student) has a valid Food Stamp or TANF case number, please provide the name and case number for the person who receives the benefit and then skip to Part 5.

Name: _____ Case Number: _____

Part 3. If any child you are applying for is migrant, homeless, or a runaway, check the appropriate box and call Markita Segrest at 219-939-9690.
 Migrant Homeless Runaway

Part 4. LIST ALL HOUSEHOLD MEMBERS	ALL OTHER HOUSEHOLD TYPES																Check if NO income									
	GROSS (before deductions) HOUSEHOLD INCOME FROM ALL SOURCES																									
NAME	Earnings from Work Before Deductions	Welfare Payment Child Support, Alimony					Pension, Retirement, Social Security					All Other Income														
		Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly	Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly	Weekly	Every 2 Weeks	Twice A Month	Monthly	Yearly										
Example: Jane Smith	\$ 200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5. SIGNATURE: An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "No Social Security Number" box. While disclosure of the last 4 digits of a social security number is voluntary, the National School Lunch Act requires the last 4 digits of a social security number or an indication of "no social security number" for approval of the application. (See Use of Information Statement on the back of this page) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

X _____ No Social
 Signature Of Adult Household Member Social Security Number Security Number Home Telephone # / Work Telephone #

 Printed Name of Adult Household Member Date Signed Home Address/Apt # Zip Code

Part 6. OTHER BENEFITS - This section does not need to be completed to receive free or reduced price meal benefits. Do you want to receive textbook assistance? <input type="checkbox"/> YES If, YES, SIGN TO THE RIGHT -> <input type="checkbox"/> NO	I certify that I am the parent/guardian of the child(ren) for whom application is being made. My signature below authorizes the release of information on this application for textbook assistance. I give up my right of confidentiality for this purpose only. This application information will be shared with the Indiana Family and Social Services Administration pursuant to I.C. 20-33-5-2 and I.C. 12-14-28-2, solely for purposes of complying with 45 C.F.R. PARTS 260 AND 265. X _____ SIGNATURE OF PARENT/GUARDIAN DATE	SCHOOL USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Applicable
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Application Checklist

Please complete the checklist to ensure a complete application. Remember, incomplete applications will not be accepted. Thank you for your interest

	Complete
Application for Admission	_____
Release of Records Form	_____
Free/Reduced Lunch Form	_____
Copy of Birth Certificate	_____
Copy of Social Security Card	_____
Copy of Last Report Card	_____
Copy of ISTEP/IREAD Scores	_____
Copy of Immunization Record	_____
IEP (Individualized Education Plan)	_____
BIP (Behavior Intervention Plan)	_____
Media Center form	_____

Office Use Only

File Check Completed By: _____ Date: _____

Student Grade: _____ Assigned Teacher: _____