



WWW.MYMAXCHARTERSCHOOL.ORG

100 Afton Drive
P.O. Box 2072
Thibodaux, LA 70310

Phone (985) 227-9500 Fax (985) 227-9515

STUDENT ENROLLMENT APPLICATION
2013- 2014

(Open Enrollment Period: January 16th - March 8th)

- 1. Submission of an application is not a guarantee of admission. Admission is determined by lottery; however, preference will be given to currently enrolled students, "qualified" siblings of currently enrolled students, and students with a primary diagnosis of dyslexia or students who exhibit characteristics of dyslexia or students who have co-morbid learning differences as it relates to dyslexia-- according to La. R.S. 17.7 (11) and Bulletin 1903.
2. The MAX Charter School provides free and appropriate public education. The school has faculty and staff professionally trained to help school children who have dyslexia and related learning differences, as stated above.
3. Parent(s) completing this application are asked to attach an evaluation or appropriate documentation stating that the applicant has dyslexia and/or a learning difference as it relates to dyslexia.
4. Please attach copies of: (a) Evaluation of dyslexia or related learning difference; (b) Shot/immunization record; (c) Birth certificate if entering the first grade.
5. Parents of students entering first grade should be able to document or show evidence of poor phonological awareness through DIBELS testing.
6. As a Type 2 Charter School, MAX Charter School will render a decision on enrollment acceptance once all required documents related to dyslexia are submitted, and an academic assessment is performed pursuant to Chapter 7 of Bulletin 1903.

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: \_\_\_ Race: \_\_\_ Grade (2013-2014 School Year): \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Parish: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

How will you provide for your child's transportation? \_\_\_\_\_

Does your child qualify to receive Free/Reduced lunch? [ ] No [ ] Yes [ ] Free [ ] Reduced

Do you have any other children enrolled in the MAX Charter School: [ ] Yes [ ] No

If yes, Name: \_\_\_\_\_ Grade \_\_\_\_\_

Does your child need any special services? [ ] Yes [ ] No

If so, explain: \_\_\_\_\_

Emergency Contact 1: Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

No applicant will be excluded based on race, religion, gender, ethnicity, or national origin.

For Office Use:
\_\_\_\_\_ Mailed \_\_\_\_\_ E-mailed \_\_\_\_\_ Confirmation Sent
\_\_\_\_\_ Faxed \_\_\_\_\_ Hand Carried \_\_\_\_\_ Parent Tour
Date Received \_\_\_/\_\_\_/\_\_\_ Office Personnel Initials \_\_\_\_\_