



**2017-2018  
Student Enrollment  
Application  
Packet**

Open Enrollment Period  
January 4, 2017 through March 6, 2017

Open House  
Thursday, February 9, 2017  
1:30 – 2:30

Enrollment Lottery Date  
Wednesday, March 22, 2017



Dear Parent/Guardian,

We appreciate your interest in The MAX Charter Alternative School as a potential school for your child for the 2017-2018 school year. The MAX Charter School is a BESE-approved Type 2 Charter School for students in grades 1<sup>st</sup> through 8<sup>th</sup>. The school is dedicated to **servicing students who have dyslexia or a dyslexia-related learning disorder.**

Please carefully **read the Student Enrollment Application Guidelines on page 3** of this packet for detailed information regarding enrollment procedures. The open enrollment period is from Tuesday, January 3 through Monday, March 6, 2017.

In order for your child's application to be reviewed by the admissions team, you are required to complete the forms in the packet and are to provide all required documentation. **Please refer to page 7 of this packet for the Checklist and Explanation of Required Items.** Incomplete applications and applications received after the close of business on Monday, March 6, 2017, will not be eligible for the lottery. The lottery will take place on Wednesday, March 22, 2017.

Please complete/collect all the information listed on the checklist on page 7 of the packet and submit the required documentation to the school's admissions team no later than 3:00 pm on Monday, March 6, 2017. You can submit application packets by doing any of the following:

Mail application to:

P.O. Box 2072  
Thibodaux, LA  
70310

Deliver application to:

100 Afton Drive  
NSU Campus  
Thibodaux, LA 70301

Fax application to:

985-227-9515

Email application to:

contactus@maxcharter.org

For more information about the school, please visit us online at [www.mymaxcharterschool.org](http://www.mymaxcharterschool.org). If you have any questions, please contact us by phone at 985-227-9500 or by email at contactus@maxcharter.org.

Again, we thank you for your time and interest in our school.

Sincerely,

The MAX Charter School Admissions Team



## Student Enrollment Application Guidelines

Open Enrollment Period: January 3, 2017 through March 6, 2017

Enrollment Lottery Date: March 22, 2017

The MAX Charter School offers educational services for school children in Grades 1-8 who have been diagnosed with dyslexia or exhibit characteristics of dyslexia or a co-morbid learning difference related to dyslexia and as identified under Bulletin 1903. Qualified students will be eligible to attend The MAX Charter School. The MAX Charter School will not deny admission to students based on any identified or known exceptionality as defined by The Individuals with Disabilities Education Act (IDEA), La. R.S. 17:1941, or Bulletin 1530 as long as there is a primary diagnosis of dyslexia, characteristics of dyslexia, or co-morbid learning differences as it relates to dyslexia. The MAX Charter School will admit students of any race, color, national and ethnic origin. As a Type 2 Charter School, The MAX Charter School will admit students residing in any parish located in Louisiana.

**Submission of an application and all required documentation is not a guarantee of admission.** If the number of qualified applicants exceeds the number of available openings, admission will be determined by a lottery. Preference will be given to currently enrolled students, to siblings of currently enrolled students who meet admissions requirements, and to 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.

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/or related learning differences, as stated above.

Parent(s) completing this application are asked to **attach all required documentation**. A checklist and explanation of all required documentation can be found on page 7 of the Student Enrollment Application Packet. **Any pending evaluation, assessment, and/or diagnosis, once completed must be turned in to the admissions team immediately. If the most recent evaluation, assessment, and/or diagnosis indicate that there is no evidence of dyslexia, the admissions team will re-assess to determine admissions eligibility.**

**As a Type 2 Charter School, MAX Charter School will render a decision on enrollment acceptance once all required documents are submitted and the application is considered complete.**

**Only students deemed eligible for enrollment will be included in the lottery.** Incomplete applications and applications received after 3:00 pm on March 6, 2017 will be reviewed by the admissions team after the lottery on March 22, 2017. If an application is deemed eligible after the open enrollment deadline has passed, these students will be placed on the waitlist in the order in which the **completed** application was received.

# Student Enrollment Application 2017-2018

Open Enrollment Period: January 3, 2017 through March 6, 2017



100 Afton Drive  
Thibodaux, Louisiana 70310  
Phone: (985) 227-9500 Fax: (985) 227-9515

Student's Name _____ Last First Middle		
Date of Birth ____/____/____ Age ____ Sex ____ Race ____ Current Grade Level ____		
Grade Level Applying For _____ Current School _____		
Mother/Guardian _____ Occupation _____ Home Phone # (____) _____ Cell # (____) _____ Work # (____) _____ E-mail Address _____		
Father/Guardian _____ Occupation _____ Home Phone # (____) _____ Cell # (____) _____ Work # (____) _____ E-mail Address _____		
Home Address (Physical) _____ City _____ State _____ Zip Code _____		
Mailing Address (If Different) _____ City _____ State _____ Zip Code _____		
Does the applicant have siblings that currently attend The MAX Charter School? ____yes ____no If yes, please name _____ Grade _____		
Emergency Contact (other than parent/guardian) _____ Relation to Applicant _____ Home Phone # (____) _____ Cell # (____) _____		
<p style="text-align: center;"><b>All required documentation must accompany this application.</b> <b>Please refer to the Checklist and Explanations on page 7 in the Admissions Packet for details.</b> <b><u>Please sign below if you agree to the following statements regarding the guidelines on page 3 of the packet:</u></b> I have received a copy of the Student Enrollment Application Guidelines. I have read, understand, and agree to the Student Enrollment Application Guidelines. Parent/Guardian Signature _____ Date ____/____/____ <b><i>No applicant will be excluded based on race, religion, gender, ethnicity, or national origin.</i></b></p>		
<b>For Office Use:</b> Application was: ____ Mailed ____ E-mailed ____ Faxed ____ Hand Carried Application is: ____ Complete (all required documents submitted) ____ Incomplete (see list for what documentation is still necessary) Date Received ____/____/____ Time _____ Initials of School Staff Member _____		



# Parent Questionnaire

Student's Name			
	Last	First	Middle
Date of Birth	____/____/____	Age	____
Current Grade Level	____	Grade Applying For	____
Your Name	_____		
Relationship to the Applicant	_____		

**Please circle Y for yes and N for no. If necessary, please explain in the space provided below each question.**

- 1. Has your child ever had an evaluation? Y    N  
If yes, what was the date of the evaluation? \_\_\_\_\_  
Where was the evaluation conducted? \_\_\_\_\_
  
- 2. Has your child ever been diagnosed with a learning disability? Y    N  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3. Do you anticipate your child passing on to the next grade level? Y    N  
If no, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 4. Were there any complications during pregnancy or delivery? Y    N  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 5. Did the child meet developmental milestones at the appropriate ages? Y    N  
(such as crawling, walking, talking, etc.)  
If no, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Questionnaire Continues on Next Page)

- |  |        |
|--|--------|
| 6. Did the child's biological mother take prescription drugs or nonprescription drugs during pregnancy?<br>If yes, please explain. _____<br>_____<br>_____ | Y    N |
| 7. Does your child currently take any prescription medication?<br>If yes, please list and give reason. _____<br>_____<br>_____                             | Y    N |
| 8. Has your child ever had seizures?<br>If yes, please tell at what age they began and describe frequency.<br>_____<br>_____                               | Y    N |
| 9. Has your child ever had accidents that have required medical treatment?<br>If yes, please describe. _____<br>_____<br>_____                             | Y    N |

**Please complete the following.**

1. Why do you feel as though The MAX Charter School would be an appropriate educational setting for your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What types of educational services does your child currently receive?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Please use the space below to provide any additional important information.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How did you hear about MAX? \_\_\_ relative \_\_\_ friend \_\_\_ newspaper \_\_\_ billboard  
\_\_\_ other \_\_\_\_\_

Applicant Name \_\_\_\_\_ Grade Level Applying For \_\_\_\_\_

## Checklist & Explanation of Required Items

**Please submit all items at one time, not individually, if possible.  
 (A member of the school staff will check off when the following  
 items are submitted, and a copy of the checklist will  
 be given to you for your records.)**

	<b>1. Application Form</b> Submit a completed and signed student application form.
	<b>2. Parent Questionnaire</b> Parent/Guardian should complete this as thoroughly as possible.
	<b>3. Report Cards</b> Submit a copy your child's final report card from last year AND a copy of this year's most current report card.
	<b>4. Evaluation</b> Submit a copy of any psychological evaluation, school evaluations, and/or medical records concerning conditions that might affect your child's ability to learn. If your child has never been evaluated or if the evaluations are unavailable, please note on parent questionnaire.
	<b>5. Progress Monitoring/Diagnostic Assessment Documentation</b> Submit copies of school progress monitoring and assessment documentation such as, but not limited to, the following: DIBELS, AIMSweb, STAR, Response to Intervention Data, Speech Therapy Data.
	<b>6. Individual Accommodations Plan (IAP) or Individual Education Plan (IEP)</b> If applicable, please submit the most current copy of this document.
	<b>7. State Testing Data</b> Submit copies of PARCC and LEAP results if your child has completed the 3 <sup>rd</sup> grade and above at a Louisiana Public School.
	<b>8. Shot/Immunizations Record</b> Submit a copy of your child's most current immunizations record.
	<b>9. Birth Certificate</b> Submit a copy of your child's birth certificate.
	<b>11. Social Security Card</b> Submit a copy of your child's Social Security Card.

**For Office Use:**

Application is: \_\_\_\_\_ Complete (all required documents submitted)

Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Initials of School Staff Member \_\_\_\_\_