



**2019-2020
Student Enrollment
Application
Packet**

Open Enrollment Period
January 10, 2019 through March 29, 2019

Open House
Wednesday, February 27, 2019
1:30

Enrollment Lottery Date
Wednesday, April 10, 2019



Dear Parent/Guardian,

We appreciate your interest in The MAX Charter Alternative School as a potential school for your child for the 2019-2020 school year. The MAX Charter School is a BESE-approved Type 2 Charter School for students in grades 1st through 8th. 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 Thursday, January 10 through Friday, March 29, 2019.

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 3:00 pm on Friday, March 29, 2019, will not be eligible for the lottery. Due to state requirements, priority will be given to economically disadvantaged students in the form of a weighted lottery. Eligibility documentation is required. The lottery will take place on Wednesday, April 10, 2019.

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 Friday, March 29, 2019. 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 70310

Fax application to:
985-227-9515
Email application to:
contactus@maxcharter.org

For more information about the school, please visit us online at www.maxcharter.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 10, 2018 through March 29, 2019

Enrollment Lottery Date: May 8, 2019

The MAX Charter School will offer educational services for school children in Grades 1-8 who have a primary diagnosis as identified under Bulletin 1903 of the following: dyslexia, characteristics of dyslexia, or a co-morbid learning difference related to dyslexia. 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 diagnosis of the following: dyslexia, characteristics of dyslexia, or a co-morbid learning difference related 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. Due to state requirements, priority will be given to economically disadvantaged students in the form of a weighted lottery. Eligibility documentation is required. Incomplete applications and applications received after 3:00 pm on March 29, 2019 will be reviewed by the admissions team after the lottery on April 10, 2019. 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 2019-2020

Open Enrollment Period: January 10, 2019 through March 29, 2019



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 _____

If eligible for any of the following listed below; please check:

____ food assistance ____ disaster food assistance ____ cash assistance
____ health assistance ____ free/reduced-priced school lunch program

Is your student, homeless or migrant? ____

Is your student, in foster care? ____

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 # (____) _____

All required documentation must accompany this application.

Please refer to the Checklist and Explanations on page 7 in the Admissions Packet for details.

Please sign below if you agree to the following statements regarding the guidelines on page 3 of the packet:

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 ____/____/____

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

For Office Use:

Application was: ____ Mailed ____ E-mailed ____ Faxed ____ Hand Carried

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?
(such as crawling, walking, talking, etc.) Y N
If no, please explain. _____

(Questionnaire Continues on Next Page)

- | | |
|--|--------|
| 6. Did the child's biological mother take prescription drugs or nonprescription drugs during pregnancy?
If yes, please explain. _____

_____ | Y N |
| 7. Does your child currently take any prescription medication?
If yes, please list and give reason. _____

_____ | Y N |
| 8. Has your child ever had seizures?
If yes, please tell at what age they began and describe frequency.

_____ | Y N |
| 9. Has your child ever had accidents that have required medical treatment?
If yes, please describe. _____

_____ | 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
___ social media ___ 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.)

	<p>1. Application Form Submit a completed and signed student application form.</p>
	<p>2. Parent Questionnaire Parent/Guardian should complete this as thoroughly as possible.</p>
	<p>3. Report Cards Submit a copy your child's final report card from last year AND a copy of this year's most current report card.</p>
	<p>4. Evaluation 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.</p>
	<p>5. Progress Monitoring/Diagnostic Assessment Documentation 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.</p>
	<p>6. Individual Accommodations Plan (IAP) or Individual Education Plan (IEP) If applicable, please submit the most current copy of this document.</p>
	<p>7. State Testing Data Submit copies of PARCC and LEAP results if your child has completed the 3rd grade and above at a Louisiana Public School.</p>
	<p>8. Shot/Immunizations Record Submit a copy of your child's most current immunizations record.</p>
	<p>9. Economically Disadvantaged If applicable, submit proof of food assistance, disaster food assistance, cash assistance, health assistance, reduced-price lunch, homeless/migrant, or in foster care.</p>
	<p>10. Birth Certificate Submit a copy of your child's birth certificate.</p>
	<p>11. Social Security Card Submit a copy of your child's Social Security Card.</p>

For Office Use:

Application is: _____ Complete (all required documents submitted)

Date Completed ____/____/____ Time _____ Initials of School Staff Member _____