



**2025-2026  
Student Enrollment  
Application  
Packet**

Application Period  
January 28, 2025 through March 31, 2025

Parent Information Meeting  
Wednesday, February 12, 2025  
5:00 pm

Enrollment Lottery Date  
Thursday, April 3, 2025



Dear Parent/Guardian,

We appreciate your interest in The MAX Charter Alternative School as a potential school for your child for the 2025-2026 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 application period is from **Tuesday, January 28 through Monday, March 31, 2024.**

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 Monday, March 31, 2024, 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 **Thursday, April 3, 2024.**

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 31, 2024.** 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](mailto:contactus@maxcharter.org)

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

Application Period: January 28, 2025 through March 31, 2025

Enrollment Lottery Date: April 3, 2025

**IMPORTANT! Please Read carefully:** The MAX Charter School offers educational services for children in Grades 1-8 who have a **primary diagnosis of dyslexia/reading disorder, are identified as having characteristics of dyslexia under LA Bulletin 1903, or have been diagnosed with a primary related learning disorder such as dysgraphia/written language disorder or dyscalculia/math disorder.** **A primary diagnosis of a condition other than dyslexia or a related learning disorder does not meet the mission of MAX Charter.** 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 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 in reading and/or Math, 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 31, 2025 will be reviewed by the admissions team after the lottery on April 3, 2025. If an application is deemed eligible after the 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 2025-2026

Enrollment Period: January 28, 2025 through March 31, 2025

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 (proof of eligibility needs to be submitted):  
\_\_\_\_ food assistance      \_\_\_\_ disaster food assistance      \_\_\_\_ cash assistance  
\_\_\_\_ health assistance      \_\_\_\_ free/reduced-priced school lunch program

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 for dyslexia, dysgraphia, or dyscalculia? Has he/she had a 504 plan for "characteristics of dyslexia"? 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 reading disability? Y N  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3. Do you anticipate your child passing on to the next grade level? Y N  
If not, 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? Y    N  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
7. Does your child currently take any prescription medication? Y    N  
 If yes, please list and give reason. \_\_\_\_\_  
 \_\_\_\_\_
8. Has your child ever had seizures? Y    N  
 If yes, please tell at what age they began and describe frequency.  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Has your child ever had accidents that have required medical treatment? Y    N  
 If yes, please describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Have you previously completed a MAX Charter Enrollment application? 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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about MAX? \_\_\_ relative \_\_\_ friend \_\_\_ newspaper \_\_\_ billboard  
 \_\_\_ social media \_\_\_ other \_\_\_\_\_

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

## Checklist & Explanation of **Required Items** 25-26

1.	<b>Application Form</b> Submit a completed and signed student application form.
2.	<b>Parent Questionnaire</b> Parent/Guardian should complete this as thoroughly as possible.
3.	<b>Report Cards</b> Submit a copy of your child's final report card from last year AND a copy of this year's most current report card.
4.	<b>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 the parent questionnaire.
5.	<b>Progress Monitoring/Diagnostic Assessment Documentation</b> Submit copies of <b>K-3 Literacy Screeners</b> , school progress monitoring and assessment documentation such as, but not limited to, the following: DIBELS, AIMSweb, STAR, iReady, Response to Intervention Data, Speech Therapy Data.
6.	<b>Individual Accommodations Plan (IAP) or Individual Education Plan (IEP)</b> If your student receives Special Services or has a Section 504 Accommodation Plan, you must submit the most current copy of this document.
7.	<b>State Testing Data</b> Submit copies of LEAP results if your child has completed the 3 <sup>rd</sup> grade and above at a Louisiana Public School. Submit K-3 Literacy Screener Data to apply to Grades 1-3.
8.	<b>Attendance and Discipline History</b> Submit a copy of your child's attendance and discipline from the current school year.
9.	<b>Shot/Immunizations Record</b> Submit a copy of your child's most current immunizations record.
10.	<b>Economically Disadvantaged</b> If applicable, submit proof of food assistance, disaster food assistance, cash assistance, health assistance, reduced-price lunch, homeless/migrant, or in foster care.
11.	<b>Birth Certificate</b> Submit a copy of your child's birth certificate.
11.	<b>Social Security Card</b> Submit a copy of your child's Social Security Card.

**Please submit all items at one time, not individually.**

(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>For Office Use:</b>	
Application is:	_____ Complete (all required documents submitted)
Date Completed	____/____/____ Time _____ Initials of School Staff Member _____