

— CARLTON LANDING —
ACADEMY
— CHARTER SCHOOL —

Dear Parent,

We are thrilled that you are considering enrolling your child(ren) in Carlton Landing Academy, a tuition-free, PK–8th public charter school open to students throughout Oklahoma. The mission of the Academy is **“to cultivate and equip students to be well-rounded, valued, contributing members of society through rigorous curriculum and project-based learning experiences so that they can understand and take an active role in improving their natural, built, social and economic environments.”** Our vision is to be nationally recognized as the premier school that equips students to excel at their life’s passions.

To enroll for the 2021-22 school year, you must submit the attached *Parent’s Application for an Open Transfer* as required by the Oklahoma Department of Education. You are required to submit one **signed** form per family with each child’s information listed in the Student Information section of the application. Along with the *Parent’s Application for an Open Transfer*, parents should also provide a completed and executed *Student Enrollment Form* to Carlton Landing Academy for each student they wish to enroll. **Forms must be received by 2:00pm on Monday, May 31, 2021.** Following this date, transfers may or may not be granted by the sending school under the Oklahoma Department of Education’s provisions for emergency transfers.

You may submit the referenced formwork by email to aboling@carltonlandingacademy.org).

Residents of our Tier 1 Priority Boundary area, including all of the municipal boundaries of the Town of Carlton Landing as well as the current district boundaries of Canadian Public Schools, will have first priority admission to our school. Students residing outside of the Tier 1 Priority Boundary area who become enrolled in the Academy will earn a position in the second priority group.

After the first year of applications, the Academy intends to grant students enrolled at the Academy an opportunity to continue to attend the Academy prior to determining the available seats for subsequent year’s application and enrollment. We also intend to grant a priority preference to siblings of students that are already attending the Academy, teachers and staff working at the Academy, and children of any Board members.

On behalf of the Board of Education, we appreciate your interest in joining us at Carlton Landing Academy Charter School. We look forward to working together in “Learning and Leading with Head, Heart and Hands!”

Sincerely,

Kirk Humphreys
Chair, School Board
Carlton Landing Academy Charter School

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APPLICATION CHECKLIST

Priority Level #1 includes:

- Any child who resides within the designated attendance boundaries of the Academy, which includes all of the municipal boundaries of the Town of Carlton Landing as well as the current district boundaries of Canadian Public Schools.
- Enrollment and admission decisions will be based on Academy capacity limitations, class / grade capacity limitations, program availability, and/or educational needs of the student.
- If, at any time, the number of eligible students applying for admission exceeds the capacity of the school, a lottery will be held within the priority level and/or grade that is oversubscribed to select the students that may be admitted to the School.

<input type="checkbox"/> Application Forms for the Academy
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Two (2) Proofs of Residency (e.g. Mortgage statements, leases, utility statements- no telephone or cable statements)
<input type="checkbox"/> Immunization Records, as required by law
<input type="checkbox"/> Consent to Release Information (SDE Form 11)
<input type="checkbox"/> Educational Records (Assessments, IEP, 504, Gifted)
<input type="checkbox"/> Home Language Survey
<input type="checkbox"/> School-Parent-Student Compact

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2021-2022 STUDENT ENROLLMENT FORM

<p>Student enrollment forms are very important — for your family and for the Academy. The information you provide allows us to:</p> <ul style="list-style-type: none"> ✓ Distribute important school information to you including your student’s academic progress reports and attendance information. ✓ Respond appropriately in the event of a medical situation involving your student. ✓ Contact you or others if there is a school emergency. 	<p>Information from enrollment forms also supports students’ academic success by allowing the school to:</p> <ul style="list-style-type: none"> ✓ Help your student receive support such as language services. ✓ Seek grants to strengthen classroom instruction. ✓ Evaluate our work on behalf of student groups (racial/ethnic, socioeconomic, etc.). ✓ Ensure that we are in compliance with civil rights laws regarding students and staff.
<p>Instructions: The enrollment form is a required official record. The questions on this form ask for information that will help us provide services for your student. If you need help filling out this form, please contact us. Please print using a dark ball-point pen, complete all pages, and sign & date the last page. If any information should change during the school year, notify the school immediately.</p>	

Student Information:

Grade Entering _____ **Priority Level:** 1 2 (designate each that apply)

Explain Priority Level(s) Designated: _____

Legal Last Name _____ Legal First Name: _____

Usual Last Name _____ Preferred First Name: _____

Legal Middle _____ Gender Female Male

Birth: MM/DD/YYYY ____/____/20____ Place of Birth: City _____ State _____ Country _____

Family Primary Phone # (Note: Family phone number will be used for attendance and emergencies.) (____) _____

Home Address _____ Apt. # _____

City _____ State _____ Zip _____

Mailing Address (If different from home) City _____ State _____ Zip _____

Federal and State Regulations require us to gather the following information for statistical reports. If you need more information, the Enrollment Coordinator can help.

Ethnicity — Hispanic/Latino? Yes No ****Note: Both Ethnicity and Race must be selected**

Race — select at least one:

- | | |
|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black | |

PARENT INFORMATION:

Contact phone numbers and email addresses will be used to distribute important school information.

Parent/Guardian #1:

Mother Father Guardian Other

Parent/Guardian used for Priority Level(s) Designated: Yes No

Legal Last Name _____ Legal First Name _____

Living with student? Yes No Permission to pick up? Yes No Same as Student Address Yes No

Address (if different than above) _____ Apt. # _____

City _____ State _____ Zip _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Work Phone: (____) _____ Email Address: _____

Employer: _____ Address: _____ In our attendance zone? Yes No

Parent/Guardian #2:

Mother Father Guardian Other

Parent/Guardian used for Priority Level(s) Designated: Yes No

Legal Last Name _____ Legal First Name _____

Living with student? Yes No Permission to pick up? Yes No Same as Student Address Yes No

Address (if different than above) _____ Apt. # _____

City _____ State _____ Zip _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Work Phone: (____) _____ Email Address: _____

Employer: _____ Address: _____ In our attendance zone? Yes No

ADDITIONAL EMERGENCY CONTACTS:

In an emergency, the parent/guardian(s) listed above will be called first. By listing a name or names in this section as an emergency contact, you are authorizing those people to pick up your student at school if you cannot be reached.

EMERGENCY CONTACT #1

Last Name _____ First Name _____

Relationship To Student _____ Primary Phone No. (_____) _____

Additional Phone No. (_____) _____ Additional Phone No. (_____) _____

EMERGENCY CONTACT #2

Last Name _____ First Name _____

Relationship To Student _____ Primary Phone No. (_____) _____

Additional Phone No. (_____) _____ Additional Phone No. (_____) _____

EMERGENCY CONTACT #3

Last Name _____ First Name _____

Relationship To Student _____ Primary Phone No. (_____) _____

Additional Phone No. (_____) _____ Additional Phone No. (_____) _____

PROGRAM INFORMATION:

In order to best serve the needs of your child, please answer the following:

Does your student have a current **Individualized Education Plan**? Yes No

If yes, please attach a copy of your student's most recent IEP.

If no, does your child have an expired IEP? Yes No

If no, is your child currently being evaluated for eligibility for an IEP? Yes No

Does your student have any special needs that the school will need to service? If yes, briefly explain:

Type of disability program: _____ Type of services: _____ (e.g. Speech OT, PT, other)

Does your student have a current **Section 504 Plan**? Yes No

(If yes, please attach a copy of your student's most recent 504.)

Is your child in the process of being tested for any special education services, or has your child been referred for such testing? Yes No

Is your student in a **Gifted and Talented** program? Yes No

PREVIOUS SCHOOL INFORMATION:

Last School Attended: _____ School District: _____

School Phone #: (_____) _____ Years Attended: _____ to _____

Previous School Attended: _____ School District: _____

School Phone #: (_____) _____ Years Attended: _____ to _____

Previous School Attended: _____ School District: _____

School Phone #: (_____) _____ Years Attended: _____ to _____

Is the student **currently** under suspension from *any* school or school district? Yes No

If yes, explain: _____

At any time, has the student ever been suspended from *any* school or district? Yes No

If yes, explain: _____

Has student ever been advanced (skipped) a grade? Yes No Which grade and why? _____

Has student ever been retained (repeated) in a grade? Yes No Which grade and why? _____

STUDENT MEDICAL INFORMATION:

Academy staff needs to know if your student has a medical condition for which he/she may require assistance during the school day. Remember to advise the school of any changes in information.

Doctor's Name (optional) _____ Phone No. (optional) (____) _____

Dentist's Name (optional) _____ Phone No. (optional) (____) _____

Preferred Hospital (optional) _____ Phone No. (optional) (____) _____

Emergency Medical Services Authority (EMSA) makes the final decision for site of best available care when serious illness, accident or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMSA of your hospital preference.

Insurance Carrier (optional) _____ Last physical exam date (optional) _____

Please check any current medical conditions:

Serious Allergies (List: _____) Life Threatening? Yes No

Asthma

Heart Disease

Seizure Disorder

Diabetes Type I Type II

Other special health needs at school: _____

Medications to be taken at school: (please list and also complete the Authorization for Medication form) _____

TITLE X MCKINNEY-VENTO PROGRAM:

This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. A school representative will be in touch if you check a box.

- You are staying in a motel, car or campsite until you can find affordable housing
- You are sharing housing with another family due to economic hardship
- Your child is living with a relative, friend or anyone other than his/her biological parents
- You are living in a shelter, temporary housing or moving from place to place without permanent housing
- You are experiencing housing difficulties related to finances and would like to be contacted about services.

LANGUAGE INFORMATION:

Does your family need an interpreter for school meetings? Yes No If yes, please indicate language: _____

Does your family want to receive translated printed materials at home? Yes No If yes, please indicate which language: _____

BEFORE/AFTER SCHOOL CHILDCARE PROGRAM:

Do you plan to enroll your child in our before/after childcare program for a modest fee? Yes No

Other: Briefly state why you wish to have your child attend the Academy:

SIBLING INFORMATION:

Name	Age	DOB	School Attending	Grade Next Year



Instructions:

- No later than May 31st of the school year preceding the year the transfer is desired, parent/guardian may file an Open Transfer application to the Receiving District.
- No later than May 31st of the same year, the Receiving District must notify the resident district that a transfer application has been filed, and notification is via the Receiving District entering applications in the Wave online no later than May 31.
- No later than July 15th the Receiving District's board of education shall approve or deny Open Transfer applications, verified by entering the decision in the Wave online, and must notify the parent/guardian of their transfer decision.
- No later than August 1st a parent/guardian who was notified of an approved Open transfer shall provide written notice to the Receiving District that their child/student will be enrolling in the receiving district. [70 O.S. § 8-103] [OAC 210:10-1-18 (d) (4)]

Receiving District (transfer to)	Sending/Resident District (transfer from)
County Name _____	County Name _____
District Name _____	District Name _____
School Site Requested _____	School Site _____
	Check here if child is currently Home Schooled. <input type="checkbox"/>

Student Information

First _____ Middle _____ Last _____ Birth Date _____

Grade Level in Transfer Year _____ IEP* (Yes/No) _____ Date for IEP Meeting _____

*Receiving District: If above answer is "yes" that child is currently on an Individual Education Program (IEP) a representative from both districts must be present for an IEP meeting to discuss the student's IEP needs. Applicable records must be submitted from the student's last school to the Receiving District, and shall be maintained by both districts in accordance with federal and state laws. An "IEP Service Agreement" does not constitute a transfer under the Education Open Transfer Act and should not be formalized by using this form.

PARENT/LEGAL GUARDIAN MUST COMPLETE AND SIGN:

First and Last Name _____ Email (optional) _____

Street Address _____ City _____ Zip Code _____

Home Phone (Area Code) _____ Alternate Phone (Area Code) _____

- Does the child names on this Parent application for Transfer have a multiple-birth sibling (twin, triplet, etc) already attending this same receiving district on an Open transfer previously approved? Yes / No
If "Yes" enter Sibling(s) Name(s): _____
- Is this parent/legal guardian who is requesting this open transfer a TEACHER employed by this Receiving District (70O.S. 1-113)? Yes / No
- Is this parent/legal guardian requesting this open transfer specifically to a receiving district that provides a SPECIALIZED DEAF EDUCATION PROGRAM? Yes / No
- Is this parent/legal guardian requesting this open transfer a member of the active uniformed military services of the United States and on Full-time active duty status or active duty orders? Yes / No

An Open Transfer may occur outside of statutory time frame with documentation provided when above questions 1, 2 or 3 are "Yes."

Pursuant to the provisions of the statutes of the state of Oklahoma, and the rules and regulations of the State Board of Education, application is hereby made to permit the child listed on this form to transfer from their resident Sending District to the Receiving District as indicated on this form. The parent/guardian applicant verifies by their signature (below) that he/she is the custodial parent or legal guardian of the child/children listed above and hereby acknowledges that if this transfer application is approved, the parent/guardian shall be bound by the Compulsory School Attendance Laws of Oklahoma rules and all regulations of the Receiving District named on this transfer application.

SIGNATURE of the Parent/Guardian _____ Date _____

Received by district on _____ The Receiving District decision must be no later than July 15.

Receiving District Superintendent's Use Only

Approve Deny Cancel Signature _____ Date _____

Carlton Landing Academy
Telephone: 918-452-3572

Permission for Screenings, Field Trips, & Participation

While my child is enrolled at Carlton Landing Academy, I give my permission for the following events:

_____ Screenings (this may include vision, dental, hearing, speech/language, and educational screenings.)

_____ Field trips (Parents will be notified before trips.)

_____ Publishing of photos & work (this may include being published on the hall bulletin boards, school website, teacher web pages, & or social media.)

Parent/Guardian Signature: _____ Date: _____

School Year 2021 - 2022 Economically Disadvantaged Form

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: _____ Grade: _____ Student Number: _____

Student Name: _____

Please select the income range that represents the total annual gross income:

- | | | |
|-----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| <input type="radio"/> Less than \$23,606 | <input type="radio"/> Between \$48,470 and \$56,758 | <input type="radio"/> Between \$81,622 and \$89,910 |
| <input type="radio"/> Between \$23,606 and \$31,894 | <input type="radio"/> Between \$56,758 and \$65,046 | <input type="radio"/> Between \$89,910 and \$98,198 |
| <input type="radio"/> Between \$31,894 and \$40,182 | <input type="radio"/> Between \$65,046 and \$73,334 | <input type="radio"/> Between \$98,198 and \$106,486 |
| <input type="radio"/> Between \$40,182 and \$48,470 | <input type="radio"/> Between \$73,334 and \$81,622 | <input type="radio"/> Between \$106,486 and \$114,774 |

Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1) | <input type="radio"/> Five (5) | <input type="radio"/> Nine (9) |
| <input type="radio"/> Two (2) | <input type="radio"/> Six (6) | <input type="radio"/> Ten (10) |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4) | <input type="radio"/> Eight (8) | <input type="radio"/> Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: _____ Date: _____

Print Name: _____

For Office use only:

- Qualified Not Qualified