

# STRONG CASTLE LEADERSHIP ACADEMY

## Student Enrollment Form

**PLEASE PRINT LEGIBLY**

### **Student Information:**

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

\*Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Place of Birth /City & State: \_\_\_\_\_ Country (If not USA): \_\_\_\_\_

### **Parent/Guardian Information:**

Mother/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

*Please indicate City, State and Zip Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

*Please indicate City, State and Zip Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's email address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Automated Message Preferences:**

This pertains to both school closures and emergency messages during the school day.

Best Phone Number for automated call: \_\_\_\_\_

Best email for automated email: \_\_\_\_\_

### **Military Family Status: Please check the appropriate box if this student is a child of:**

- An active duty member of the Uniformed Services, National Guard or Reserves on active duty orders
- A member or veteran medically discharged or retired within one year
- A member of the Uniformed Services, National Guard or Reserves who died on active duty

Please indicate who you would like contacted first and second in the event of an emergency.

Mother     Father     Guardian

**Please list five local contacts that we may release your child to in the event of an emergency.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Prior School Information:*

Name of Last School Attended: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Has your child ever attended SCLA Private School:     Yes     No

Name of School: \_\_\_\_\_ Year: \_\_\_\_\_

Has your child ever attended any other Texas Privat School?     Yes     No

City/Town: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Proof of Residency verified by: \_\_\_\_\_ Date: \_\_\_\_\_

## Home Language Survey

Strong Castle Leadership Academy regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for SCLA to provide meaningful instruction to all students. If a language other than English is spoken in a home, SCLA is required to do further assessment of your child. Please help us meet this important requirement by providing the necessary information. Thank you for your assistance.

Student Information			
_____ First Name	_____ Middle Name	_____ Last Name	F <input type="checkbox"/> M <input type="checkbox"/> Gender
_____ Country of Birth	____/____/____ Date of Birth (mm/dd/yyyy)	____/____/____ Date first enrolled in ANY U.S. school (mm/dd/yyyy)	
School Information			
____/____/20____ Start Date in New School (mm/dd/yyyy)	_____ Name of Former School and Town		_____ Current Grade
Questions for Parents/Guardians			
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)		Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
What language did your child first understand and speak?		Which language do you use most with your child?	
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write		Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
Will you require written information from school in your native language?    Y <input type="checkbox"/> N <input type="checkbox"/>		Will you require an interpreter/translator at Parent-Teacher meetings?    Y <input type="checkbox"/> N <input type="checkbox"/>	
Parent/Guardian Signature: X		____/____/20____ Today's Date: (mm/dd/yyyy)	

## **\Race/Ethnicity Survey**

### **Department of Elementary and Secondary Education Definitions**

#### **Ethnicity**

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race. The term “Spanish origin,” can be used in addition to Hispanic or Latino.
- **Not Hispanic or Latino**

#### **Race**

- **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- **Black or African American** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Race/Ethnicity Survey  
 This form must be completed for all incoming students.

	Not Hispanic or Latino	Hispanic or Latino
<b>One race</b>		
White	01	33
Black or African American	02	34
Asian	03	35
American Indian or Alaska Native	04	36
Native Hawaiian or Other Pacific Islander	05	37
<b>Combination of Two Races</b>		
White & Black or African American	06	38
White & Asian	07	39
White & American Indian or Alaska Native	08	40
White & Native Hawaiian or Other Pacific Islander	09	41
Black or African American & Asian	10	42
Black or African American & American Indian or Alaska Native	11	43
Black or African American & Native Hawaiian or Other Pacific Islander	12	44
Asian & American Indian or Alaska Native	13	45
Asian & Native Hawaiian or Other Pacific Islander	14	46
American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	15	47
<b>Combination of Three Races</b>		
White & Black or African American & Asian	16	48
White & Black or African American & American Indian or Alaska Native	17	49
White & Black or African American & Native Hawaiian or Other Pacific Islander	18	50
White & Asian & American Indian or Alaska Native	19	51
White & Asian & Native Hawaiian or Other Pacific Islander	20	52
White & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	21	53
Black or African American & Asian & Native Hawaiian or Other Pacific Islander	22	54
Black or African American & Asian & American Indian or Alaska Native	23	55
Black or African American & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	24	56
Asian & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	25	57
<b>Combination of Four Races</b>		
White & Black or African American & Asian & American Indian or Alaska Native	26	58
White & Black or African American & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	27	59
White & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	28	60
White & Black or African American & Asian & Native Hawaiian or Other Pacific Islander	29	61
Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	30	62
<b>Combination of Five Races</b>		
White & Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	31	63

STRONG CASTLE LEADERSHIP ACADEMY  
Health Services

---

**MEDICAL INFORMATION:**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
*First* *Last*

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Primary Language at Home: \_\_\_\_\_

**Medical Problems** (and/or Major Illness, Surgery, Psychological Concerns):

---

---

---

---

**Medications** your child takes and what they are taking it for:

---

---

---

**Allergies** – Please describe the type of reaction:

---

---

---

**Vision Problems:** \_\_\_\_\_ **Hearing Problems:** \_\_\_\_\_

**Doctor:** Name / Address / Phone #

\_\_\_\_\_  
**Dentist:** Name /Address / Phone #

---

Signature of Parent/Guardian

Date

**Please return this form to the School Nurse, or Senior Administrator**

STRONG CASTLE LEADERSHIP ACADEMY  
PO Box 705  
Fort Worth, Tx 76101

Notice of Possible Publication of Student Information during the School Year

Dear Parent/Guardian,

The Strong Castle Leadership Academy regulations permits the school to release certain information concerning your child from time to time without first obtaining consent, unless you specify otherwise. The information which may be released for publications in local papers, school related websites or cable news includes the student's name, class, participation in officially recognized activities and sports, degrees, and honor awards.

Please check one of the following:

\_\_\_\_\_ I allow the school to release public information as indicated above.

\_\_\_\_\_ I **do not** allow release of publication information as stated above.

May your child's photo be published in the school Yearbook?

\_\_\_\_\_ Yes \_\_\_\_\_ NO

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**STRONG CASTLE LEADERSHIP ACADEMY**

**PO Box 705**

**Fort worth, TX 76101**

**PHONE (817) 395-7431**

Authorization for transfer of Academic and Health Records for students to attend SCLA

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

I hereby give permission to \_\_\_\_\_ (name of previous school) to release and transfer all of the records for the student named above to:

**STONG CASTLE LEADERSHIP ACADEMY Student Services**

These records should include:

- Present Transcript
- Present Report Card
- Withdrawal grades
- Key to Grading Code/System
- Attendance, Tardy Information
- Discipline Information
- Health Record (Including immunization information)
- All standardized test dates, including all intelligence, aptitude and achievement tests. ALL testing and progress reports.

- Any initial evaluations, IEPs, progress reports or 504 plans that are part of the student's file
- Legal documents pertaining to guardianship and or parental rights.
- Any other pertinent information that would assist in the student's transition to SCLA School
- Other: \_\_\_\_\_

\*\*\*\*\*Please Print All Information\*\*\*\*\*

Name & Address of Previous School:

---



---



---

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

Thank you, SCLA Student Services



**STRONG CASTLE LEADERSHIP ACADEMY**  
**Internet Permission Form**

**Overview of the Acceptable Use Policy**

In November of 2023, the SCLA School Committee adopted an Acceptable Use Policy for access to the Internet. This policy was amended in 2024. All School Committee policies are available to the public. SCLA is responsible for enforcing that policy by means of user agreements and by interpretation at the building level. The school requests that both you and your child indicate your agreement to follow the prescribed guidelines and policies by signing below. After signing, please return the form, as we shall keep it on file in the school. We recommend that you retain a copy for your own reference.

The primary purpose of the SCLA School User's Agreement is to ensure that, in addition to supporting the education goals of the Strong Castle Leadership Academy, the user take full responsibility for his or her own actions. The SCLA School is not liable for the actions of anyone connecting to the Internet. All users shall assume full liability, legal, financial or otherwise, for their actions. Access is a privilege rather than a right. When privileges are granted it comes with responsibilities.

It is important to understand that the information available on the Internet is not always age-appropriate or accurate. It is not possible to guarantee that students will not accidentally or intentionally find inappropriate material. Families bear responsibility for student use of many information sources such as magazines, television, telephones, radio, movies and other possibly offensive media. They should exercise the same responsibility with this media source as well.

The main purpose of the Internet access is to support the educational programs of the SCLA. An underlying assumption is that access is occurring as a direct result of a teacher-directed project. All other requests for access must be pre-approved.

**Guidelines for Acceptable Use at SCLA:**

- 1. All use of the Internet must be lawful and ethical**
- 2. The administration reserves the right to change these guidelines in response to system needs.**
- 3. Users may not use the Internet for commercial purposes or political lobbying.**
- 4. Users may not vandalize hardware or software nor introduce viruses into the network.**
- 5. Users are to observe copyright procedures and laws.**
- 6. Users are to respect the rights, privileges and privacy of others.**
- 7. Users are responsible for taking reasonable precautions such as not sharing access to their accounts and not giving out personal information on the web.**
- 8. Users are aware that files stored on school-based computers are not private.**
- 9. At a minimum, violation of the Guidelines will result in denial of the privilege of access.**
- 10. Additional disciplinary action may be necessary including action by law enforcement agencies.**

Date \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**STRONG CASTLE LEADERSHIP ACADEMY**

**Health Service**

Dear Parent/Guardian:

In an effort to keep our children healthy, the Commonwealth of SCLA has certain requirements that must be met **before** a child is allowed to enter school. Your child will also **need a copy of a recent physical exam** (within 2 years). Any immunizations or tests that your child may require are listed below. Please be aware that this is a **State Law** and must be completed before they enter school.

The State and Department of Public Health requires the following: **HIGH SCHOOL REQUIREMENTS FOR ENTRY 2024**

***A checkmark is placed next to the immunizations your child is missing!***

- Five (5) doses of DPT (unless 4<sup>th</sup> dose is given after 4<sup>th</sup> birthday)
- Four (4) doses of Polio (unless 3<sup>rd</sup> dose is given after 4<sup>th</sup> birthday or 6 month interval)
- Two (2) doses of Measles, Mumps and Rubella (MMR)
- Three (3) doses of Hepatitis B
- Grade 7 – 10 – One (1) dose Tdap**
- Grade 7 – 10 Two (2) doses of Varicella vaccine**  
Grade 11 & 12 One (1) dose of Varicella vaccine  
**OR** written documentation by the physician of a reliable history of Chickenpox Disease.
- PHYSICAL EXAM (A recent physical exam with two years prior to school entry)
  
- NO IMMUNIZATIONS ON FILE – ALL OF THE ABOVE ARE NEEDED!

Please submit all updates to the senior administrator as soon as possible to avoid exclusion from starting school. Also, please let the administration know if your child has any medical concerns and/or is taking any type of medication. Please contact your child's physician as soon as possible to schedule an appointment to be sure your child will meet all the requirements before starting school.

**Remember this is a State Requirement and your child will NOT BE ALLOWED TO BEGIN SCHOOL until this information is on file and COMPLETED.** If you have any questions, please feel free to contact us at any time. Thank you for your cooperation.

SCLA School Administration,  
PO Box 705  
Fort Worth, TX 76101

Phone: 817. 395. 7431