WALATOWA HIGH CHARTER SCHOOL

Parent/Guardian Contact Info	rmat	<u>tion</u>					
Name:							
Current Physical Address:							
Email Address:							
Phone:							
Please list ALL chil	dren	ı (birth	through 2	21 years of	age) in you	r care.	
Name Gr		Age	Date of Birth	Current or Last School Attended		Student ID Number (if applicable)	
How can we	best	suppor	t you and	l your child	/children?		
Enrollment Documentation (What types of documents do you have		alth Informat types of		nce would be	Basic Needs (In what areas	would you like	
available for school enrollment?)			and your child		assistance for y child/children?	•	
☐Birth certificate ☐Immunizations		/ledicaid/P /ledical	EMOSA		School sup		
□Transcripts		Dental			☐Hygiene pr		
□ Proof of residency	□Vision				□Clothing/Uniform/PE shoes		
Other:			lth/Behavio	ral Health	_	school/weekend meals	
Other.			ve health/pre		☐Child care		
		_		-	☐ Other:		
Housing/ Utilities	Tra	nsportati	on		Legal		
(Is assistance needed in any of these areas?)				of these areas?)	(Is legal assista	nce needed?)	
☐ Emergency Shelter/Safety	\Box S	chool bus			□Guardiansh	nip	
□Housing	\Box B	Bus fares			□Emancipati	on	
□Furniture	\Box R	Reimburser	nent for gas		□Orders of P	Protection	

 \Box Train

□Other:_

☐ Custody/Child Support

□Other:_

□Utilities

□Other: _

How can we best support you	and your child/children? (continued)			
□Preschool/Headstart/Early Start	☐ Place to study			
☐Special Education/Expedited Evaluations	☐ Out-of-School Time Programs (before/after school), mentoring, or summer programs			
☐Migrant Education Program	☐ Tutoring, supplemental instruction, and other educational services			
☐Indian Education Program	☐Credit Recovery			
☐Bilingual program/Limited English Proficiency	☐ Advanced placement			
☐ Assistance with GED Testing	□Vocational/technical			
☐ Assistance with SAT/ACT Testing	☐Class projects or field trips			
□Support with High School Graduation	☐ Life skills development (budgeting, personal safety, cooking, personal grooming, social skills, time management, organization, household management, grooming, etc.)			
☐Support for Higher Education, FAFSA, Independent Status, Scholarships	☐ Place to study			
□Other:	Other:			
NOTES:				

Stu	dent Action Plan – (En	ter Student's Name)		
That does the student need?	What strategy will we use to assist in meeting that need?	Who is responsible for the strategy?	Are any supports needed to complete the strategy?	When will it be done
			, Cy	
			*Duplicate page as	needed for additional stud
eting Attendees				
Printed Name		Signature	Role	Date
Printed Name		Signature		Date
Printed Name		Signature		Date
			Homeless Lia	
Printed Name		Signature	Role	Date