

For Office Use Only

Student Name: _____

2022-2023 Campus: _____ Grade: _____

Education Center International Academy (ECIA)

Campuses:

302 North Town East Blvd, Sunnyvale, Texas 75182
(p) 214-628-9152 (f) 214-628-9124

8200 Schrade Road, Rowlett, Texas 75088
(p) 972-412-8080 (f) 214-628-9124

201 North Erby Campbell Blvd, Royse City, Texas 75189
(p) 972-636-2600 (f) 214-628-9124

2022-2023 Returning Student Enrollment Packet

ECIA **CANNOT** accept **INCOMPLETE** re-enrollment packets. Please make sure you have completed the entire packet, signed where needed, and all needed documents are attached. A student is not officially re-enrolled at ECIA until all documentation is complete. Please contact the school office with any questions, or if you need help completing the re-enrollment packet.

We are pleased that you have chosen ECIA as your "School of Choice," again, and we are looking forward to another rewarding school year together!

Needed Documentation

1. Completed Re-Enrollment Packet
2. Free and Reduced-Price School Meals Application
3. Up to date Immunization Records, if applicable
4. Copy of Current Utility Bill (Electric, Gas, Water, or Lease), if address has changed
5. Copy of both sides of Medical Insurance Card

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2022-2023 Campus: _____ Grade: _____

PEIMS Student Information

Grade for 2022-2023 Year: _____				For Office Use Only Enrollment Date: _____ Withdrawal Date: _____	
STUDENT INFORMATION					
Student Name Last First Middle			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth date:
Street Address		Apt#	City		Zip Code
Home Phone ()			Student lives with which parent?		Mother/Father/Both/Other
Social Security Number: ____ - ____ - ____		Hispanic: Yes ___ No ___	Race: (White, African American, etc.)		Student Family Status: (Single, Married, Separated, Divorced, Other)
PARENT/GUARDIAN INFORMATION					
<input type="checkbox"/>	Mother's Last Name		First Name		Middle Name
Home Phone () Cell Phone ()					
Street Address (if different from student)		Apt#	City		Zip Code
Employer		Employer phone ()		Occupation/Department	Email
<input type="checkbox"/>	Father's Last Name		First Name		Middle Name
Home Phone () Cell Phone ()					
Street Address (if different from student)		Apt#	City		Zip Code
Employer		Employer phone ()		Occupation/Department	Email
Parent/Guardian Military Service: Active Duty _____ Veteran _____					
EMERGENCY INFORMATION					
In case of a MEDICAL EMERGENCY, the school will call the paramedics, and if necessary, your child will be transported to the nearest emergency room for immediate care. <input type="checkbox"/> YES <input type="checkbox"/> NO I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in case of an emergency.					
Physician's Name		Address		City	Telephone ()
Health Insurance Information (please provide a copy of both sides of your child's medical insurance card)					
In case my child becomes seriously ill or is injured, and neither parent can be reached by phone, please notify the following person(s). Please list two contacts that do not live in the household.					
Primary Emergency Contact		Relationship	Home Phone ()	Cell ()	Work ()
Secondary Emergency Contact		Relationship	Home Phone ()	Cell ()	Work ()

STUDENT HEALTH HISTORY

Students name: _____ Grade: _____

Is your child allergic to any medication, food, bee sting, etc.? Yes No

List foods, medications or any other cause of allergic reactions: _____

Does your child require an EPI pen on campus? If yes, prescription is required. Yes No

Adaptive Equipment & Special Needs: Yes No

Does your child wear glasses or contacts? Yes No

Does your child require a hearing aid? Yes No

Does your child require the use of a wheelchair, braces, cane, or crutches? Yes No

If yes, what equipment used and reason for usage: _____

Does your child require use of an inhaler or require breathing treatments? Yes No

Has your child received the Varicella (chicken pox) vaccine? Yes No

Has your child had chicken pox? If so when? Month & Year _____

Does your child have Diabetes? Yes No

If yes, does your child have a current Diabetes Care Plan? Yes No

Does your child currently have or had any other health issues? Yes No

If yes, please explain: _____

Please list all medication (including those not taken at school) that your child is currently taking:

Med Name: _____ Dose: _____ Time: _____

Med Name: _____ Dose: _____ Time: _____

Med Name: _____ Dose: _____ Time: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only Student Name: _____ 2022-2023 Campus: _____ Grade: _____

STUDENT RELEASE AUTHORIZATION

Student Name: _____

Grade: _____

Please list the name(s) of the person(s) who has/have your permission to pick your child up from school **(Parent/Guardian - do not list yourself)**. ECIA **MUST** have a picture ID on file of the individual picking up your child.

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

I understand that my child will not be released into the custody of any person who is not on the above list. I also understand that it is my responsibility to inform the school (in writing) of any changes that need to be made to the above list.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Student Name: _____

2022-2023 Campus: _____ Grade: _____

STUDENT RESIDENCY QUESTIONNAIRE

Student Name: _____

The answers you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally required, such as proof of residency, school records, immunization records, or birth certificate.

Where is the student currently living?

- In a shelter
- With another family or other person (sometimes referred to as "Doubled-Up")
- In a hotel/motel
- In a car, park, bus, train or campsite
- Other temporary living situation (Please describe):
- In permanent housing
- In a Foster Home

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

(Both Parent and Student MUST Read and Sign)

COMPUTER/INTERNET USE PERMISSION

_____ I give permission for my child to use ECIA computers for assignments, research, documents and projects. If at any time he/she accesses any prohibited site, downloads information, infringes on the copyright law, destroys the computer property of ECIA, he/she shall be responsible for replacing the property and/or may be denied computer access for a time to be determined by the teacher and campus principal, and may result in additional disciplinary action.

MEDIA RELEASE

_____ ECIA has **my permission** to include my child in films, videos and/or audio tape recordings, slides and photographs taken during classroom instruction, assessment and other school-related activities, and yearbook. I understand that this media may be produced and used for educational and promotional purposes.

_____ ECIA does **not have my permission** to include my child in films, videos and/or audio tape recordings, slides and photographs taken for any reason.

PLAYGROUND RELEASE

_____ I give permission for my child to play on the playground at ECIA. I understand that ECIA will not be liable for any injury to my child, accept in cases of intentional neglect.

TEXTBOOK AGREEMENT

_____ I hereby agree that I will be responsible for all school issued textbooks used by my child. I further agree that I will reimburse ECIA for the replacement value of any book or books that are damaged, destroyed, or misplaced by my child.

Student Name (Print): _____ Date: _____

Student Signature: _____ Date: _____

Parent Name (Print): _____ Date: _____

Parent Signature: _____ Date: _____

For Office Use Only

Student Name: _____

2022-2023 Campus: _____ Grade: _____

ECIA CSD's guidelines for student dress may be more conservative than those of other districts; however, the ECIA CSD Board of Trustees has established what it feels are appropriate guidelines to teach hygiene, instill discipline, prevent disruption, and maintain a proper learning environment. Interpretation is up to each school principal, and his or her decisions regarding dress and grooming are considered final. Students will be expected to wear standard dress as defined in the Campus Handbook. If parents have questions about whether something is considered appropriate for their children to wear to school, they are encouraged to ask the school principal in advance of allowing their children to wear it.

Dress and Grooming Code

1. All students must wear a school Polo shirt (any solid color). Polo's can be short or long sleeved and must be tucked in at all times.
2. If undershirts are worn, they must be white, black, or gray short or long sleeved T shirts (no thermals or designs). All shirts must be tucked in at all times.
3. Navy, black, or khaki pants must be worn. No blue jeans or denim pants, sleepwear, jogging or exercise pants are allowed.
4. Navy, black, or khaki knee-length shorts no more than 2 inches above the knee may be worn. No boxers, sleepwear, exercise shorts or basketball shorts are allowed.
5. Girls may wear knee-length navy, black, or khaki skirts (with shorts underneath), skorts or one piece jumpers. Skirts, skorts or jumpers must be no more than 2 inches above the knee (NO EXCEPTIONS).
6. All uniforms must be neat/clean and worn properly. No sagging allowed at any time. A belt (black or brown) must be worn at all times, if there are loops on the item of clothing.
7. During cold weather, students are permitted to wear a sweatshirt (any solid color) with school Polo underneath. Non-hooded college sweatshirts with school Polo underneath may be worn. Jackets will be allowed without hoods. No hoodies of any type will be allowed in classrooms.
8. Socks or tights must be solid white or black and must be worn at all time. No designs, no panty hose, fish net stockings or any other colors are permitted.
9. Students must wear athletic shoes. Shoe laces should be black, white, gray, or color of the shoe. No expensive designer athletic shoes allowed. No flashing lights, roller wheels or sequins... No boots, house shoes, high heels, cleats, flip flops, sandals, or open toe shoes.
10. Facial hair such as beards, mustaches, and goatees will not be permitted.
11. Male students will not be permitted to wear make-up or earrings.
12. Male students will be required to wear their hair cleaned and combed, above the eyes, over their ears, and above their shirt collars.
13. No Mohawks, faux hawks or hair designs will be allowed by any student. Natural hair color only.
14. Facial and tongue jewelry are not permitted. Girls may wear one pair of earrings only.
15. Female students must be well groomed. Hair must be cleaned and combed. Hair in the eyes, hair glitter, and unnatural hair color are not permitted.
16. Caps or hats are not permitted in school building. However, these item are permitted while outside.
17. Tattoos of any kind are not permitted.
18. Sponsors of extracurricular activities may set individual dress and appearance standards with the approval of the principal.
19. **During free dress days the following additional rules will apply:**
 - a. Students will not be permitted to wear see-through or sleeveless clothing, tank tops, spaghetti strap tops or have midriffs exposed.
 - b. Clothes normally considered as undergarments are not permitted to be worn as outer garments.
 - c. Extremely sloppy or torn clothing (jeans) will not be permitted.
 - d. Apparel that advertises or depicts alcohol, drugs, nudity, tobacco products, satanic themes, skulls, gang membership, obscene language, graphics and/or other phrases that are offensive to others will not be permitted.
 - e. Any disruptive or distractive mode of clothing or appearance that adversely impacts the educational process is not acceptable and is subject to interpretation by campus principal.
 - f. Cutoffs, boxer shorts, pajama bottoms, bike shorts, short leggings as outer garments, etc., will not be allowed.
 - g. No revealing tops or bottoms are to be worn.

Student Name (Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

HEALTH LETTER 2022-2023

Dear Parent/Guardian:

In order to effectively meet your child's needs during the school year, it is necessary to obtain certain health information and current phone numbers where a parent/guardian or another designated adult can be reached in case of an emergency. As a school, we have also instituted specific procedures and policies that must be followed to protect students who attend ECI Academy. These procedures and policies are as follows:

IMMUNIZATIONS

- ImmTrac is used by the Health Coordinator to obtain immunization records from the Texas state database.
- All immunization records must be presented at the time of enrollment, and must be current..
- Further, it is the responsibility of the parent/guardian to submit an updated immunization record to the school.
- If immunization delinquencies occur during the school year, students will be excluded from attendance until an updated immunization record is submitted to the school office.

MEDICATION

- All medication must be provided by a parent and in the original container (No exception will be made to this policy).
- No members of the school staff will administer aspirin or medication containing aspirin, unless provided by a parent (No exceptions will be made to this policy).
- Students needing to receive medication during school hours must turn in a "Medical Release Form" (available upon request), completed and signed by the parent/guardian before any medication will be administered.
- All medications must be kept in the clinic and administered by approved personnel.
- Parent/Guardian should make every effort to schedule the administration of student medication in such a manner that medication will not need to be administered during school hours.

ILLNESS

- A student with a fever of 100 or more, diarrhea, or vomiting will be sent home from school. The student must be picked up within the hour.
- Students must be free of fever for 24 hours without the aid of fever reducing medication before returning to school.
- Students must be diarrhea free for 24 hours without the aid of diarrhea suppressing medications before returning to school. Diarrhea is 3 or more episodes of loose stool in a 24 hour period.
- A student must not come to school if vomiting 2 or more times in 24 hours. A student should have 1 or 2 meals without vomiting before returning to school.
- Students with a communicable disease will not be allowed to attend school until the appropriate actions have been taken. The final decision to determine whether a child can return to school is at the discretion of the Campus Administrator or designee.
- Students will not be allowed to attend extracurricular activities when they have been sent home ill or when they have missed school due to illness.

For Office Use Only Student Name: _____ 2022-2023 Campus: _____ Grade: _____

RESTRICTION OF ACTIVITY

- Any student requiring restriction from any type of physical activity must have a written statement by their physician. The restriction of the physical activity must be clearly stated. The start and stop dates must also be stated on the statement. Restriction(s) will be in force until a written release from a physician is submitted to the school office.

EMERGENCY CONTACT

- It is imperative that school officials be able to contact one parent/guardian or their designee in the event of a medical emergency or illness involving your child. Any change in contact information must be given to the School Office immediately; we must be able to contact you at all times.

I agree to fully cooperate with the above policies and procedures.

Student's Name: _____ Grade: _____

Parent/Guardian Name (Print):

Parent/Guardian

Signature: _____

Date: _____

For Office Use Only

Student Name: _____

2022-2023 Campus: _____ Grade: _____

MEDICAL EMERGENCY

Student's name: _____ Grade: _____

In case of a MEDICAL EMERGENCY, the school will call the paramedics, and if necessary, your child will be transported to the nearest emergency room for immediate care.

Circle One: **YES** **NO** I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in case of an emergency.

Physician's Name:

Address:

City:

Telephone:

—

Health Insurance Information (please provide a copy of both sides of your child's medical insurance card)

In case my child becomes seriously ill or is injured, and neither parent can be reached by phone, please notify the following person(s). Please list two contacts that do not live in the household.

Primary Emergency

Contact: _____

Relationship:

Home Phone:

Cell:

For Office Use Only

Student Name: _____

2022-2023 Campus: _____ Grade: _____

Work:

Secondary Emergency Contact:

Relationship:

Home Phone:

Cell:

STUDENT HEALTH HISTORY

Student's name: _____ Grade: _____

Is your child allergic to any medication, food, bee stings, etc.?

Yes No

List foods, medications or any other cause of allergic reactions:

Does your child require an EPIpen on campus? If yes, prescription is required.

Yes No

Adaptive Equipment & Special Needs:

Yes No

Does your child wear glasses or contacts?

Yes No

Does your child require a hearing aid?

Yes No

Does your child require the use of a wheelchair, braces, cane, or crutches?

Yes No

If yes, what equipment used and reason for usage:

Does your child have Asthma? Does your child have an Asthma Care Plan?

Yes No

Does your child require use of an inhaler or require breathing treatments?

Yes No

Has your child received the Varicella (chickenpox) vaccine?

Yes No

Has your child had chickenpox? If so when?

Month & Year _____

Does your child have Diabetes? Does your child have a current Diabetes Care Plan?

Yes No

Does your child currently have or had any other health issues?

Yes No

If yes, please explain:

Please list all medication (including those not taken at school) that your child is currently taking:

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Student Name: _____

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Med Name: _____ Dose: _____ Time: _____

Med Name: _____ Dose: _____ Time: _____

Med Name: _____ Dose: _____ Time: _____

Parent/Guardian Name (Print):

Parent/Guardian Signature: _____ Date: _____