



Polk Avenue Elementary
110 East Polk Avenue
Lake Wales, FL 33853
Home of the Cardinals

- You must complete one application for each child you wish to enroll (Both pages)
- To be valid, the application must be complete, signed by a parent or guardian, and dated
- Print legibly
- Incomplete applications will be returned, if possible
- Enrollments are set by grade level, racial balance, and physical space
- Polk Avenue Elementary School will give preference to students in the current school attendance zone
- It is your responsibility to advise the school if you have a change of address and/or phone number

STUDENT INFORMATION

Student ID #	Student Social Security #	Gender	Date of Birth (MM/DD/YYYY)	Current Grade	Applying for Grade
5300 <input type="text"/>	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STUDENT'S LEGAL NAME

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current School

Ethnic Code – Choose only one code from the list and circle. Is your child Hispanic/Latino? Y N

- | | |
|---------------------------|-------|
| White | Asian |
| Black/African American | |
| American Indian | |
| Hawaiian/Pacific Islander | |

Check ALL that apply

- | | |
|--|---|
| <input type="checkbox"/> Regular Education Student | <input type="checkbox"/> Alpha/Gifted Student |
| <input type="checkbox"/> School Employee's Child | <input type="checkbox"/> ESE Student |
| <input type="checkbox"/> Board Member's Child | <input type="checkbox"/> ESOL Student |
| <input type="checkbox"/> Other: _____ | |

HOME ADDRESS

Street Address (If applicable, include Apartment #)

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS – IF DIFFERENT FROM STREET ADDRESS

Street Address (If applicable, include Apartment #)

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

FAMILY INFORMATION – Parent/Guardian living in the same household as the student)

Last Name	First Name
<input type="text"/>	<input type="text"/>
Home Telephone Number	Work Telephone Number
<input type="text"/>	<input type="text"/>

For Office Use Only!

Date Received



Polk Avenue Elementary
 110 East Polk Avenue
 Lake Wales, FL 33853
 Home of the Cardinals

Please check the following if requested:

Bus Transportation is needed

PRIORITIES – Please list any sibling(s) (brother, sister – half or step) in the same household currently enrolled/applying to Polk Avenue Elementary School

Last Name <input style="width: 100%; height: 20px;" type="text"/>	First Name <input style="width: 100%; height: 20px;" type="text"/>	Middle Name <input style="width: 100%; height: 20px;" type="text"/>
Date of Birth (MM/DD/YYYY) <input style="width: 100%; height: 20px;" type="text"/>	Current Grade <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Sibling presently: <input type="checkbox"/> Enrolled <input type="checkbox"/> Applying/Waiting List
Last Name <input style="width: 100%; height: 20px;" type="text"/>	First Name <input style="width: 100%; height: 20px;" type="text"/>	Middle Name <input style="width: 100%; height: 20px;" type="text"/>
Date of Birth (MM/DD/YYYY) <input style="width: 100%; height: 20px;" type="text"/>	Current Grade <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Sibling presently: <input type="checkbox"/> Enrolled <input type="checkbox"/> Applying/Waiting List
Last Name <input style="width: 100%; height: 20px;" type="text"/>	First Name <input style="width: 100%; height: 20px;" type="text"/>	Middle Name <input style="width: 100%; height: 20px;" type="text"/>
Date of Birth (MM/DD/YYYY) <input style="width: 100%; height: 20px;" type="text"/>	Current Grade <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Sibling presently: <input type="checkbox"/> Enrolled <input type="checkbox"/> Applying/Waiting List
Last Name <input style="width: 100%; height: 20px;" type="text"/>	First Name <input style="width: 100%; height: 20px;" type="text"/>	Middle Name <input style="width: 100%; height: 20px;" type="text"/>
Date of Birth (MM/DD/YYYY) <input style="width: 100%; height: 20px;" type="text"/>	Current Grade <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Sibling presently: <input type="checkbox"/> Enrolled <input type="checkbox"/> Applying/Waiting List

Signature of Parent/Guardian: _____ Date: _____

***Must be signed or application will be returned**

Mail Completed and Signed Applications to:

Polk Avenue Elementary
 Home of the Super Cardinals
 110 East Polk Avenue
 Lake Wales, FL 33853

Polk Avenue Elementary
Student Entry Form

Student #: _____

Walker _____ Car Rider _____
Bus# _____ Day Care _____

Legal Student Information

Last Name First Name Middle Name Social Security #

Home Address:

Street address
City, State Zip

Mailing Address:

Street address or P.O. Box
City, State Zip

Ethnicity: Are you Hispanic/Latino? () YES () NO Language spoken at home: _____

Race: Check at least one. (NOTE: Hispanic/Latino is not a race)
() White () Black/African American () American Indian/Native Alaskan () Asian () Native Hawaiian /Pacific Islander

Grade: _____ Sex: () M () F Migrant /Farm Worker: () YES () NO

Date of Birth: _____ Place of Birth: _____
City County State Country

Name and Address of previous school /Pre-K: _____ Has the student ever been enrolled in a Polk County School? () Y or () N

_____ Has the student ever been retained? () Y or () N what grade? _____

_____ Is the student enrolled in an ESE Program? () Y or () N

_____ Is the student enrolled in the ESOL program? () Y or () N

City County State

Family Information:

Student lives with: () Both Parents () Mother only () Father only () Parent and Step Parent

Documentation Required: () Surrogate Parents () Legal Guardian () Guardian Ad Litem () Other

Father

Mother

Guardian

Name: _____ Name: _____ Name: _____

Home Phone: _____ Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____ Work Phone: _____
Relation: _____

Siblings that attend school (please note the school they attend):

Name: _____ Age: _____ Grade: _____ Name: _____ Age: _____ Grade: _____

Does the student have an illness or physical condition of which the school should be aware of? () YES () NO

If yes, please explain: _____

Is the student currently taking medication? () YES () NO If yes, please identify: _____

Is your family residing in any of the following situations?

() Sharing the housing of others due to loss of housing or economic hardship?

() Living in a hotel or motel due to loss of housing or economical hardship?

() Staying in a shelter? Name of shelter: _____

() Staying in substandard housing; without electricity, running water, health code violations, etc.?

() Sleeping in a car, campground, park, or public space?

(For office use)

Teacher _____ Grade _____ Date _____ Affidavit _____

Admitting Personnel _____ Records request date _____



LAKE WALES CHARTER SCHOOLS
HOME LANGUAGE SURVEY

(For official use only)
ID Number: _____

TO BE COMPLETED BY THE PARENT OR GUARDIAN OF A STUDENT ENTERING A FLORIDA PUBLIC SCHOOL FOR THE FIRST TIME

ANY "YES" ANSWER WILL RESULT IN TESTING TO DETERMINE ELIGIBILITY FOR ESOL SERVICES

Student's Last Name: _____ Student's First Name: _____

School Name: _____ Date of Birth: ____/____/____

Date Entered U.S. School: ____/____/____ Current Grade: _____

Country of Birth: _____ Gender: _____

The information provided on this form is used solely to offer appropriate educational services.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- a. Does the student have a first language other than English? Yes No What language? _____
- b. Is a language other than English spoken at home? Yes No What language? _____
- c. Does the student most frequently speak a language other than English? Yes No What language? _____

Parent/Guardian Signature

Date

What are the primary languages spoken in the child's home?

- English Spanish Haitian Creole Portuguese Vietnamese Chinese

ESPAÑOL

ESCUELAS DEL CONDADO DE POLK
ENCUESTA DEL IDIOMA DEL HOGAR

A SER COMPLETADO POR EL PADRE O TUTOR DEL ESTUDIANTE QUE INGRESA A UNA ESCUELA PÚBLICA DE FLORIDA POR PRIMERA VEZ

CUALQUIER RESPUESTA "SÍ" RESULTARÁ EN PRUEBAS PARA DETERMINAR LA ELEGIBILIDAD PARA LOS SERVICIOS DE ESOL.

Apellido del Estudiante _____ Nombre del Estudiante: _____

Nombre de la Escuela: _____ Fecha de nacimiento: ____/____/____

Fecha de Ingreso a la escuela en EE. UU. ____/____/____ Grado actual: _____

País de nacimiento: ____/____/____ Género: _____

La información proporcionada en este formulario se utiliza únicamente para ofrecer servicios educativos adecuados.

FAVOR DE CONTESTAR LAS SIGUIENTES PREGUNTAS:

- a. ¿Tiene el estudiante un primer idioma que no sea el inglés? Sí No ¿Cuál idioma? _____
- b. ¿Se habla en el hogar otro idioma que no sea el inglés? Sí No ¿Cuál idioma? _____
- c. ¿Habla el estudiante con más frecuencia otro idioma que no sea el inglés? Sí No ¿Cuál idioma? _____

Firma del Padre/Tutor

Fecha

¿Cuáles son los idiomas principales que se hablan en el hogar del niño?

- Inglés Español Haitiano Portugués Vietnamés Chino



Student Residency Questionnaire

The answers to this housing questionnaire help in determining eligibility for services that may be provided through the federal McKinney-Vento Act, 42 U.S.C 11435. The McKinney-Vento Program provides certain rights to families who are experiencing housing transition.

PLEASE ONLY COMPLETE THIS FORM IF YOU ARE EXPERIENCING HOUSING TRANSITION. Housing transition can mean that due to financial hardship, your family is living in a hotel, a home where you have a mortgage or lease but the home is bug infested or has other conditions causing it to be inadequate for living, a vehicle, shelter, or living with friends and family without a legal or valid lease. For more information on what qualifies under the McKinney-Vento Act, visit www.lwcharterschools.com/mckinneyvento.

FAMILY INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Name of Parent(s)/ Legal Guardian(s):			
Current Student Nighttime Street Address:		City/ Zip Code	
Former Student Nighttime Street Address:		City/ Zip Code	
How long have you been at this address?	Phone Number		
	Email		
Do you or have you previously worked in agriculture, fishing, lumber, or dairy at any time during the last 3 years?	YES <input type="radio"/>	NO <input type="radio"/>	

Please list ALL students within the family, (including pre-K children) enrolling at ANY school.

Student Name (First, Middle Initial, Last)	Student ID#	M/F	DOB	Grade	School

TEMPORARY LIVING SITUATION INFORMATION – PLEASE NOTE ALL SECTIONS MUST BE COMPLETED

Check only **ONE** box that applies to your situation:

- Staying with another family member or friend due to financial hardship and do not have a valid lease. (B)
- Staying in a motel or hotel due to financial hardship or inability to find affordable permanent housing. (E)
- Sleeping in a vehicle, trailer park or campground, abandoned building, or other substandard housing. (D)
- Staying in an emergency or transitional shelter. (A)
- Rent or own with valid lease, *but* due to financial hardship home is inadequate (no bed/kitchen, bugs, water leak, etc.). (D)
- If the above do not apply, describe where the student/s most recently spent the night:

Check only **ONE** box that applies to the cause of your living situation:

- Economic hardship due to COVID pandemic (illness, loss of job, etc.) that resulted in loss of housing (P)
- Economic hardship or other circumstances (NOT related to the COVID pandemic) such as lack of affordable housing, long-term poverty, unemployment, medical concerns, domestic violence, etc. (N)
- Mortgage Foreclosure (M)
- Lost our housing due to a natural disaster (hurricane, flood, fire, etc.) and have no place else to go. Please indicate the natural disaster type here: _____ (E, F, H, S, T, or W)
- Lost our housing due to a manmade disaster (mold, poison gas release, etc.) and have no place else to go (D)
- If the above do not apply, describe the cause of your temporary living situation: _____

Please continue residency questionnaire

UNACCOMPANIED HOMELESS YOUTH (UHY):

The enrolling student(s) is/are:

- | | |
|---|--|
| <input type="radio"/> Staying with a parent or legal guardian
<input type="radio"/> Not staying with a parent or legal guardian and not staying with an adult who is acting as the student's parent as defined in s. 1000.21(5), Florida Statutes. | <input type="radio"/> Not staying with a parent or legal guardian, but staying with an alternate adult.
Caregiver Name: _____
Caregiver Phone: _____
Relationship to Student: _____ |
|---|--|

The undersigned certifies that the information provided is accurate to the best of their knowledge. Please note that Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Signature of Person Completing This Form

Printed Name of Person Completing This Form

Date

Please indicate the role of the person completing this form.

- | | |
|---|--|
| <input type="radio"/> Parent/Guardian or Unaccompanied Youth
<input type="radio"/> Caregiver for Youth | <input type="radio"/> LWCS Staff Member on behalf of the student
<input type="radio"/> Local Agency on behalf of family (Please indicate agency): _____ |
|---|--|

MCKINNEY-VENTO ACT RIGHTS

Students who qualify under the McKinney-Vento Act are entitled to the following rights:

- *Immediate enrollment (even if you lack proof of residency or other documents and are working on obtaining these documents).*
- *Free meals while at school.*
- *School stability with the option to remain in the school of origin (school last attended) and school of origin feeder pattern while in housing transition.*
- *Transportation to school if current housing location is over 2 miles.*
- *Rights are awarded for the current school year. If the student(s) continue to experience housing transition after July 1, 2025, please complete this questionnaire again for the 2025-2026 school year.*

For additional information on the McKinney-Vento Program and rights under the federal McKinney-Vento Act, please contact 863-456-4484 or email MVProgram@lwcharterschools.com.

FOR LWCS STAFF ONLY:

- All Student Residency Questionnaire (SRQ) forms should be provided to the district liaison for coding and emailed to MVProgram@lwcharterschools.com.
- Copies of SRQs should be contained in a master file at the school site.
- Date verified in FOCUS: _____

Additional Notes:

Polk Avenue Elementary

"Leadership Begins Here"

Student Name: _____

Date of birth: _____

Grade: _____

Is your child currently in an Exceptional Student Education program? ___Y ___N

Does he/she have a current IEP? (Individualized Education Plan? ___Y ___N

If yes, what is the ESE program? _____

If yes, what is the ESE placement/classroom type? _____

Examples of programs; Gifted, Speech, Specific Learning Disabled, Language Impaired, other health Impaired, Visually Impaired, Autism, and/ or Intellectually Disabled.

Name of previous School or preschool/VPK program: _____

Address: _____

Phone number: _____

** If available, please provide a copy of the most recent IEP at enrollment.

Parent Signature: _____ Date: _____