



Phone: 817-283-1771 Fax: 817-684-0892

www.treetops.org

Pre-Admission Information

New applicants: After initial lottery is held and all spots are filled, the remaining applications are placed on the waitlist in order drawn; this includes late applications. As spaces become available during the year, the next name on the waitlist is contacted and offered the spot. Once you have completed and turned in the Pre-Admission form of the enrollment packet, your child goes on the waitlist or if space is available, the student would be admitted.

NOTE: In order to enroll, a student must be 5 years of age to enter Kindergarten and 6 years of age to enter 1st grade by September 1st of the enrollment year.

Treetops School International is a Texas Open Enrollment Public Charter School. No tuition is required.

Prior to admission, parents must provide the following information and documents:

- Transcript or last report card
- Utility bill showing enrolling parents name and address
- Parents will need to take a campus tour of the school

Upon admission, parents must provide the following information and documents:

- Copy of birth certificate
- Copy of Social Security card
- Copy of up-to-date shot records
- Withdrawal sheet from previous school (if transferring during the school year)
- Special Education/504 records (if applicable)

Application will remain inactive until ALL above documents are received.

Additional paperwork will need to be completed once a student has been accepted. Please call the school office if you have any questions. Completed forms may be mailed, hand delivered, faxed, or scanned and emailed to registrar@treetops.org

Admission will not be based on gender; national origin; ethnicity; religion; disability; academic, artistic, or athletic ability; or the district the child would otherwise attend.



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For Office Use Only

Student Name: _____

Grade: _____

Year: _____

Pre-Admission Form

Dear Parent(s) and Applicant: Please be aware that, if called for placement, you must respond within 24 hours of the time that you were first called. If you do not, you will be removed from our wait list. Falsifications, misrepresentations, or omissions may result in the rejection of this application or future dismissal of this applicant. Applications received unsigned or incomplete may not be considered for acceptance.

Either type or print clearly using black or blue ink.

Student Information		
Student's Last Name:	First:	Middle:
Date of Birth: MM / DD / YYYY	Current Grade Enrolled:	Grade Applied For:
City	Zip Code	County
1 st Contact Name & Phone Number		2 nd Contact Name & Phone Number

Does the student have any documented history of a criminal offense, juvenile court adjudication, or removal to an alternative education program for cause or expulsion?

Yes No

If yes, please explain _____

How did you hear about Treetops School? _____

Does the applicant have any siblings attending this school? Yes No

If yes, list: Students name: _____ Current Grade Level: _____

Does the applicant have any siblings attending this school? Yes No

If yes, list: Students name: _____ Current Grade Level: _____

Parent/Guardian Printed Name

Signature

Date



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Student Name: _____

Grade: _____

Year: _____

STUDENT INFORMATION						
Student's Last Name:		First:	Middle:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	
Student Social Security Number _____ - _____ - _____						
Household Income:						
Under \$16,500		\$16,501-\$30,000	\$30,001-\$50,000	Over \$50,000	# of people in household: _____	
Ethnicity (circle one)		Race (circle all that apply)				
Hispanic Non-Hispanic		White	Black	Asian	Pacific Islander	Native American/Alaskan Native
SCHOOL INFORMATION						
Previous School:		City/State:		School Phone Number:		
Campus ID of Residency: list the closest public school to your home that your child would normally attend if he/she were not attending a charter school _____						
1. Did the student attend public school last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Has the student ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Has the student ever been serviced under Special Education, Dyslexia, or Section 504 programs? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Has the student ever been home schooled? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, please name the program and grade in which student was enrolled in the program:		In which grade(s) was the student home schooled?				
***Please include all Special Education and 504 records with this application, along with your child's full individual evaluation, eligibility report, and last ARD or 504 form. Please contact your previous school for records.						

I attest all the above information is true to the best of my knowledge, and recognize that any falsification of records is grounds for immediate dismissal.

Parent/Guardian Printed Name

Signature

Date



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Grade: _____

Year: _____

STUDENT INFORMATION			
Student's Last Name:		First:	Middle:
Date of Birth:			
Student Address:		Apt#:	City:
State:		Zip Code:	
Student Cell Phone Number:		Student Email Address:	
PARENT/GUARDIAN INFORMATION			
Parent/Guardian:		Parent/Guardian:	
Address:		Apt#:	Apt#:
Address:		Address:	
City/State/Zip Code:		City/State/Zip Code:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
()	()	()	()
Contact e-mail:		Contact e-mail:	
Parent/Guardian Place of Employment:		Parent/Guardian Place of Employment:	
Position:	Work Phone:	Position:	Work Phone:
	()		()
Work e-mail address:		Work e-mail address:	
Managing Conservator of child:			
List the names of the people who can pick up your child:			
Emergency Contact Information other than parent/guardian ***Parent/guardian will always be contacted first***			
Emergency Contact Name:		Home Phone:	Cell Phone:
		()	()

I attest that all the above information is true to the best of my knowledge, and recognize that any falsification of records is grounds for immediate dismissal.

Parent/Guardian Printed Name

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Grade: _____

Year: _____

Student Disciplinary Attestation Disclosure

1. Has the student been in an Alternative Disciplinary Campus in the past year?

Yes No

DAEP (Disciplinary Alternative Education Program)

JJAE (Juvenile Justice Alternative Education Program)

OTHER (OTRO) _____

When (dates) _____

For what reason:

2. Has the student ever been suspended or expelled from school?

Yes No

When (dates) _____

3. Does the student have a documented history of criminal offense?

Yes No

If yes, please explain _____

4. Does the student have a documented history of discipline problems?

Yes No

If yes, please explain _____

You will be required to provide discipline records as part of the enrollment process.

I attest that all of the above information is true to the best of my knowledge, and recognize that any falsification of records is grounds for immediate dismissal.

Parent/Guardian Printed Name

Signature

Date



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For Office Use Only

Student Name: _____

Grade: _____

Year: _____

Home Language Survey

Student Name:

What language is spoken in your home most of the time?

English Spanish Other (specify) _____

What language does your child speak most of the time?

English Spanish Other (specify) _____

Parent/Guardian Printed Name

Signature

Date

Nombre del Alumino:

¿Cual idioma se habla in su hogar casi siempre?

Ingles Español Otro (especificar) _____

¿Cual idioma habla se hijo casi siempre?

Ingles Español Otro (especificar) _____

Nombre del Padre/Tutor Impresa

Firma

Fecha



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Grade: _____

Year: _____

Permissions and Acknowledgments

Initial each statement and sign and date the bottom of the page.

Attendance: Texas Education Code (TEC) 25.085 requires compulsory attendance for students who are at least 6 years old as of September 1st of the applicable school year. The law requires a student to attend school until the students' 18th birthday, unless the student is exempt under TEC 25.086. This requirement is enforced through TEC 25.093 and 25.094. The State of Texas says that your child must be in attendance 90% of each of their classes, for the year, in order to receive credit for their classes. If your child's absences exceed the allowed 10% limit for the year, your child will be returned to their local public school and a loss of credit may occur. 90% attendance averages out to 18 absences per class per year; this includes both excused and unexcused absences. I understand the compulsory laws regarding attendance and understand that these laws apply to my child.

Health Screening: I give permission for my child to receive a vision and hearing screening and to be checked for scoliosis and acanthosis marker (diabetes) as required by Texas law. Screenings will be performed by Texas certified examiners.

Photographs/Recordings: Students are, at times, involved in activities that are recorded or photographed. These video recordings or photographs are sometimes used by the media, displayed on our website or other social media pages, or shown to parent organizations. I give Treetops School International permission to record or photograph my child in school activities.

Conduct: Posted on our website is our Student Handbook (paper copies will be made available upon request only) concerning policies relating to attendance, drugs, alcohol, smoking, weapons, and various other school policies as a condition of ongoing enrollment. Treetops School International is committed to being a DRUG-FREE, WEAPON-FREE, VIOLENCE-FREE school. I understand that my child will be subjected to school discipline and subject to criminal prosecution if he/she is found to have violated Treetops Code of Conduct, which prohibits the use, possession, sale, or distribution of illicit drugs (or any substance represented as) and alcohol, possession of weapons, and involvement in any violent act on school premises or at any school activity. Failure to sign this form does not exempt your child from compliance with the laws, policies, rules, and regulations of the state and school. All information requested is required to complete the student record.

Field Trip/Community Service: I give Treetops School International my permission to take my student off campus for field trips and/or community service projects.

Parent/Guardian Printed Name

Signature

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Year: _____

Medication Permission

Only fill out this form if your child is required to take a medication while at school.

The dispensation of medication will be permitted when the student's health or continuing attendance so requires. Medication is administered in accordance with the following policy, excluding medicated treatments such as nebulizers or wound dressing changes, which will be the responsibility of the parent/guardian.

Action steps:

- 1. A medication authorization form must be completed by the parent/guardian for the duration of the prescription.
2. Medication (including Epi-pens) is to be delivered to the medication coordinator of each building and labeled with the child's name, date of prescription or date of expiration if over the counter, directions, and physician's name and phone number.
3. Medication will be maintained and secured in a locked box in the care of the medication coordinator.
4. Non-prescription emergency use medication (for stings, headaches, etc.) may be stored with a medical authorization form stating the specific condition and dosage for which the medicine is to be dispensed.
5. Inhalers of asthmatic children need to keep the labeled inhaler on their person.

Treetops School International disclaims any and all responsibility for the diagnosis and treatment of the illness of any student as well as evaluation of the effectiveness of medication in dispenses under the policy.

Form with fields for Student Name, Medication Name, Dosage, Time Dispensed, Duration, Physician's Name, and Physician's Phone Number.

I have read the school policy for the administration of medication and give my permission for the medications listed above to be administered while my child is at school.

Parent/Guardian Signature

Date



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Grade: _____

Year: _____

Medical Information

Treetops does not have a nurse on campus. The information in these documents are needed as a permanent school record and will be used by school personnel. This is to certify that the information is correct. I, the undersigned, do hereby authorize officials of this school to contact directly the person named on this form, and do authorize any public physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event the physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. As the parent/guardian of the child named below, I hereby authorize Treetops School International to call for medical care and assistance in the event of injury, accident, or emergency illness involving my child. It is my intention that this statement serves as authorization for such medical care to be administered

Student Name:			
Medication Name	Dosage	Allergies	Special Needs
Physician's Name		Physician's Phone Number	
		()	

Parent/Guardian Signature

Date