



Thank you for your interest in the Ledyard Charter School!

To assist with the interview process, following is a checklist of the forms we'll need to review your application. Please do not hesitate to call with any questions (603-727-4772). We look forward to meeting you!

- Application/Guardian & Residence Information Form
- Student Health History Form
- Proof of Custody documents (if applicable)
- Proof of Residency documents (i.e., tax bill, lease, utility bill)
- Photocopy of Birth Certificate
- Photocopy of Health Insurance Card
- Free & Reduced Lunch Eligibility Form
- Parent Military Status Identification Form

- Photo / Video Permission Slip
- Field Trip Permission Slip

- Personalized Learning Plan (please complete page 1 – Student Goals)

- Release of Records Form



Application/Guardian & Residence Information Form

2021-2022

Please Print

Student Name:		Gender:
Birthdate: (need copy of birth certificate):	Town & State of Birth:	Ethnicity:
Student's Email Address:	Student's Cell Phone:	Entering Grade:
Custodial/Primary Parent (NEED COPY OF CUSTODY AGREEMENT/PARENTING PLAN):		Email Address:
Home Phone:	Work Phone:	Cell Phone:
Street Address (NEED PROOF RESIDENCY, i.e., deed, lease, tax/utility bill):		
Mailing Address:		
Non-Custodial/Secondary Parent:		Email Address:
Home Phone:	Work Phone:	Cell Phone:
Street Address:		
Mailing Address:		
What will be your child's primary mode of transportation to and from LCS?		
* Custodial Parent's/Legal Guardian's Signature:		Date:
<p>*Signature indicates a non-binding interest in Ledyard Charter School. If more applicants apply than can be served, all additional applicants will be placed in a lottery. If fewer applicants apply than can be served, applicants will be served based on the date of the completed application. Ledyard Charter School will request transcripts, applicable testing and other data from the student to aid in designing the student's Personalized Learning Plan.</p>		

Please return to: Ledyard Charter School, 39 Hanover St., Basement Level, PO Box 327, Lebanon, NH 03766

Student Health History Form

2021-2022

Form must be signed at the bottom of page two before returning to Main Office

Student Name	Birthday	Social Security
Custodial/Primary Parent's/Guardian's Name:		Phone #
Non-Custodial/Secondary Parent's/Guardian's Name:		Phone #
Emergency Contact Name #1	Relationship	Phone #
Emergency Contact Name #2	Relationship	Phone #
Student's Primary Care Physician	Hospital	Phone #
Health Insurance Company (need copy of insurance card)	Member #	Phone #

Please complete the following medical history.

List All Allergies (include drug, food and environmental):

Does student require an epi-pen for bee stings? __Y __N

List all current medications, including medication name, dosage, and time given

Describe any chronic or reoccurring health conditions (such as Asthma & any known triggers)

List any operations or serious past injuries

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Vision: Date of Last Exam _____
Glasses? __Y__N Contact Lenses? __Y__N

List any Hearing problems:
Ear Infections? __Y__N Tubes? __Y__N Date(s):
Recurrent Strep Infection? __Y__N
Sinus Headaches? __Y__N

Date of last physical exam: _____ (attach copy of Visit Summary & List of Immunizations)

This health history is correct so far as I know, and this person herein described has permission to engage in all school activities except as noted.

Custodial/Primary Parent/Guardian Signature

Date

I give my permission to give my child Tylenol/Advil for headache or minor discomfort, if needed. I also give my permission to give Benadryl, antacid, apply Calamine lotion, sting kill swabs, antibiotic ointment, hydrogen peroxide, betadine, or hydrocortisone cream, as needed.

Custodial/Primary Parent/Guardian Signature

Date

Authorization for Treatment: I hereby give permission to Ledyard Charter School personnel to send my child for emergency room treatment and to call his/her primary physician if necessary.

Custodial/Primary Parent/Guardian Signature

Date

No child will be admitted to School until the following state requirements have been met and this form is returned to school.

THE NEW HAMPSHIRE STATE LAW REQUIRES
RSA 200:32

There shall be a complete physical examination by a licensed physician, physician assistant, or advanced practice registered nurse of each child prior to or upon first entry into the public school system and thereafter as often as deemed necessary by the local school authority. The result of the child's physical examination shall be presented to the local school officials on a form provided by the local school authorities.

RSA 200:141-C

The immunizations listed below must be completed prior to school entry.

- 1) MMR (measles, mumps, rubella)
 - a. 2 doses of MMR given on or after 1st birthday.

- 2) Oral Trivalent Polio Vaccine (Sabin)
 - a. A minimum of 3 doses (or 4 doses IPV) as long as the third (or 4th) is after 4th birthday.

- 3) Diphtheria, Tetanus and Pertussis (DTaP)
 - a. A minimum of 4 doses of DTaP, DT, or TD, as long as last dose is after 4th birthday. (Adult type TD when Child is over six years of age).
 - b. If it has been ten years or longer since the last documented dose of a tetanus toxoid containing Immunization, another dose is required.
 - c. TDaP – 1 dose after 10th birthday.

- 4) Hepatitis B Vaccine (Hep B)
 - a. A minimum of 3 doses for children born on or after January 1, 1993.

- 5) Varicella
 - a. 2 doses given on or after first birthday

IMMUNIZATIONS Administration Dates (MM/DD/YY)

Immunization	1	2	3	4	5
MMR					
Polio (OPV -3) (IPV - 4)					
DTaP (4) TDaP (1)					
Hep B					
Varicella					

Voluntary Identification of Low-Income Students

This form is only for schools that do NOT participate in the National School Lunch Program (NSLP). This form does not mean your child will receive a free lunch.

Why do we want to know about your household income? The number of low-income students attending our school is important because the New Hampshire Department of Education (NHDOE) uses this information to calculate State Adequacy Aid for districts and Charter School Tuition Aid. In most cases, the State will provide an extra \$1,700 for each low-income student, allowing us to expand the breakfast and lunch program we provide to our students. The number of low income students is also used to calculate federal grant awards.

NHDOE's definition of low income uses the same household income thresholds used by the NSLP. Amounts are adjusted each year to account for inflation. The current table is below.

Income Guidelines for the School Year July 1, 2021 – June 30, 2022

Household	Yearly	Monthly	Weekly
1	\$23,828	\$1,986	\$459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943

Household size	Yearly	Monthly	Weekly
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
Each additional person	+\$8,399	+\$700	+\$162

What is a household? It is a group of people who live together, share their income and expenses, and share at least some meals. It is not required that they be related family members. If a person pays rent for a room but does not share income and other expenses this person is not part of the household. Report this room rent as income in section 3. (The renter may qualify as a separate household.)

Who may submit this form? Submit ONLY if you can provide a case number in Section 1, OR you have a foster child to report in Section 2, OR the household monthly income is below the amount shown in the chart. The head of a household may submit a form.

Do I need to complete Section 3, Household Income? Skip section 3 if you provide a case number in Section 1 or the only students in Section 2 are foster children. Otherwise, enter gross (before tax and withholdings) average monthly income for all children and adults, except foster children. Include overtime and occasional earnings to the extent you usually earn this amount each month. You must keep records, such as one month of pay stubs, for ALL earners. For cash earnings keep notes. Keep these records for one year.

Privacy Promise: The school will protect the confidentiality of information on this form, using it only to report to NHDOE the student ID number of a low-income student. The form will be kept in a locked location, and only persons that prepare the report will have access. Information will not be shared with any other government agency or other school staff.

Questions? Contact John Higgins, Executive Director, (603)727-4772 or jhiggins.lcs@gmail.com

Voluntary Identification of Low-Income Eligibility Students (cont.)

Please return this form to Lisa Swett, LCS Executive Asst., with Application Packet

READ INSTRUCTIONS BEFORE COMPLETING FORM

Section 1

If anyone in your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), or Family Assistance Program (FAP, formerly TANF) enter name and case number for that person.

Name: _____ SNAP FAP (circle one) Case Number: _____

Section 2

List ONLY students enrolled at this school **on October 1, 2021.**

	First Name and Middle Initial <u>Only</u>	Birthday Month & Day	Enter "Foster" if a Foster child (Automatically Qualifies)	For School Use Only SASID
1.				
2.				
3.				
4.				
5.				

Attach a second sheet if you have more than 5 students to report.

If you reported a SNAP or FAP case number in Section 1 OR all students listed in Section 2 are Foster, skip Section 3. All students are automatically qualified.

Section 3 Number of people (all ages) in household: _____ (see instructions)

Monthly Income of all household members <u>except foster children</u>	(Enter "0" if none)
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$
2. Monthly Welfare Payments, Child Support, Alimony	\$
3. Monthly Payments from Pensions, Retirement, Social Security	\$
4. Monthly Dividends or Interest on Savings	\$
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$
6. Other Monthly Income (Rent, SSI, VA, Disability, other)	\$
Total Monthly Household Income (Add lines 1-6)	\$

Section 4

I certify (promise) that this information is true and all required income is reported. If asked, I will provide income documents to verify this information. I expect that the school will abide by the privacy promise on the instructions page. I understand that if I purposely give false information I may be prosecuted.

Print Name: _____ Signature: _____ Date: _____

PARENT MILITARY STATUS IDENTIFICATION FORM

In conjunction with ESSA (Every Student Succeeds Act), we are required to identify parents' military status to bring light to any achievement gaps between military vs. non-military students. Please identify if any of the following definitions/scenarios are applicable to your family. Thank you.

Federal Definitions:

1. "Armed Forces" means the Army, Navy, Air Force, Marine Corps, and Coast Guard.
2. "Active duty" means full-time duty in the active military service of the United States, including full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.
3. "Full-time National Guard duty" means training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.

PLEASE CIRCLE THE APPLICABLE MILITARY STATUS:

- (A)** Active Duty in Armed Forces (not including the National Guard)
- (B)** Full-Time National Guard
- (C)** Student has parents or legal guardians in both A and B
- (D)** Student has parent/guardian in Armed Forces Reserves OR Part-Time National Guard
- (E)** None of the above apply.

Print Name: _____ Signature: _____ Date: _____

Photo/Video Permission Form

In connection with the educational programs in our school, opportunities may occur to photograph or videotape your child. These photographs and/or videos may be used in the school, newsletters, school website, school Facebook page, or in local or regional newspapers, on television, or as part of a public performance.

To grant the school district permission to photograph and/or videotape your child, parents/guardians of all students must complete and return the form below.

I hereby give permission for my child _____ (Child's name) to be photographed, videotaped, audio-taped, named or shown on television, named or pictured in a newspaper, and/or appear in a public performance (which may be photographed or videotaped).

(Custodial/Primary Parent/guardian name – please print)

(Custodial/Primary Parent/guardian signature)

(Date)

**PERMISSION FORM FOR FIELD TRIPS, STUDY TRAVEL ACTIVITIES AND
TRANSPORTATION FOR CO-CURRICULAR ACTIVITIES**

I/we, the parents/guardians of the student named below, understand the nature of the school programming and that Ledyard Charter School will provide numerous activities in the community. I/we hereby grant permission for _____ (Student's Name) to participate in these various opportunities. I/we understand that adequate and appropriate supervision will be provided. I/we understand that my/our child may be transported by bus/van or in a school employee's vehicle. I/we recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I/we further agree to release and hold harmless the Ledyard Charter School, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I/we hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my/our son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In the event that a student must return to Ledyard Charter School independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., I/we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

Parent or Guardian (print)

Parent or Guardian (signature)

Date _____

Home Phone _____

Work Phone _____

Cell Phone _____

Please check below IF your child has sensitivity to:

Bee Sting Nuts Dairy Latex Other _____

Required medications: _____

Please check below IF your child has:

Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition Other

Explain: _____

If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form are on record in the Health Office. (If ordered by the student's physician, an epi-pen must be provided for all field trips).

PERSONALIZED LEARNING PLAN

Student Name:

DOB:

NH SASID#:

Cohort:

Projected Graduation Date:

Date of Updated PLP:

I. STUDENT GOALS

LCS wants to help all students with their long-term and short-term goals.

Please tell us what your goals are in complete sentences.

1. Academic Goal During High School:

Example: Get all A's and B's

2. Academic Goal After High School:

Example: Go to a 4 year college

3. Working/Job Training Goal During High School:

Example: Work 20 hours a week and earn work study credit

4. Career Goal After High School:

Example: Work in construction

5. Personal Goals During High School:

Example: Create art in my free time and join a gym

6. Personal Goals After High School:

Example: Move across the country and have a family

II. ACADEMIC PROGRAMMING

Learning Strategies:

(What has worked for you in the past? Example: a quiet place to work and written instructions)

2021-22 Classes scheduled:

Semester One	Semester Two
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Extended Learning Opportunity:

(For Juniors and Seniors Only)

Work Study, Internship, or Vocational Training:

Hours logged:

Graduation Requirements Remaining:

English – 4.00 credits

Physical Science – 1.00 credit

Biology – 1.00 credit

3rd Science – 1.00 credit

IT – 0.50 credit

Health – 0.50 credit

Phys Ed – 1.00 credit

Art – 0.50 credit

Math – 4.00 credits

US/NH History – 1.00 credit

Civics/Gov't – 0.50 credit

Economics – 0.50 credit

World Geo/History – 0.50 credit

Electives – 6.00 credits

Total Credits Remaining:

GRADUATION PLAN

English (4 credits required)

Course Name	Year	School	Grade	Credit

TOTAL: /4.00

Science (3 credits required)

Course Name	Year	School	Grade	Credit
Physical Science (1.00)				
Biology (1.00)				
Elective Science (0.50)				
Elective Science (0.50)				

TOTAL: /3.00

Miscellaneous Required Credits (2.5 credits required)

Course Name	Year	School	Grade	Credit
IT (.5 req)				
Health (.5 req)				
PhysEd (1 req)				
Art (.5 req)				

TOTAL: /2.50

Math (4 credits required)

Course Name	Year	School	Grade	Credit
Algebra (1.00 req)				

TOTAL: /4.00

Social Studies (2.5 credits required)

Course Name	Year	School	Grade	Credit
US & NH History (1 req)				
Civics (.5 req)				
Economics (.5 req)				
World History, Global Studies or Geography (.5 req)				

TOTAL: /2.50

Electives (6.00 credits required)

Course Name	Year	School	Grade	Credit

TOTAL: /6.00

III. INDIVIDUAL PROGRAMMING NEEDS

Remedial Support:

Name & Location of Support Provider:

Dates of Support:

Communication with LCS:

Counseling Support:

Name & Location of Support Provider:

Dates of Support:

Communication with LCS:

Other Support:

Name & Location of Support Provider:

Dates of Support:

Communication with LCS:

IV. LIFE SKILLS / TRANSITION

Current Job/Internship/Work Study:

Education & Vocational Plans/Progress:

Next Steps to Reach Academic and Vocational Goals:

V. COMMUNITY SERVICE

All LCS students will complete 20 hours of community service as a graduation requirement. Students will be given opportunities to gain hours through school wide activities and encouraged to explore additional opportunities outside of school. Students are required to log hours and gain signatures for hours completed.

ORGANIZATION/LOCATION:

VOLUNTEER ACTIVITIES/RESPONSIBILITIES:

Date: _____ Time: _____ Authorized: _____

ORGANIZATION/LOCATION:

VOLUNTEER ACTIVITIES/RESPONSIBILITIES:

Date: _____ Time: _____ Authorized: _____

ORGANIZATION/LOCATION:

VOLUNTEER ACTIVITIES/RESPONSIBILITIES:

Date: _____ Time: _____ Authorized: _____

ORGANIZATION/LOCATION:

VOLUNTEER ACTIVITIES/RESPONSIBILITIES:

Date: _____ Time: _____ Authorized: _____

ORGANIZATION/LOCATION:

VOLUNTEER ACTIVITIES/RESPONSIBILITIES:

Date: _____ Time: _____ Authorized: _____

Total Time Completed This Year: _____ **Student Signature:** _____



**AUTHORIZATION FOR RELEASE OF RECORDS
AUTHORIZATION FOR WRITTEN AND SPOKEN COMMUNICATION**

**I HEREBY REQUEST THE TRANSFER OF ALL SCHOOL RECORDS
AND GRANT PERMISSION FOR WRITTEN AND SPOKEN COMMUNICATION**

NAME OF STUDENT

STUDENT'S DATE OF BIRTH

FROM:

NAME OF CURRENT SCHOOL

CURRENT SCHOOL'S STREET ADDRESS

CURRENT SCHOOL'S CITY, STATE, ZIP CODE

CURRENT SCHOOL'S PHONE NUMBER

TO:

**Ledyard Charter School
Attn: Executive Director
PO Box 327, 39 Hanover Street, Basement Level
Lebanon, NH 03766
PHONE: 603-727-4772**

SIGNATURE OF PARENT OR GUARDIAN

DATE

PARENT/GUARDIAN'S PHONE

Date Sent from School to LCS: _____

Date Complete Records Received by LCS: _____

Date Parent Contacted: _____ **Date Registration Approved:** _____

Please return to: Ledyard Charter School, 39 Hanover St., Basement Level, PO Box 327, Lebanon, NH 03766