

2020-2021 School Enrollment Form

Scholar Information Scholar's siblings currently enrolled at GRCS:				5			
	Scholar ID #	έ L	ast	First		М.	l.
	Gender	Birth Date	Grade Level	Home	e Phone	Cell Ph	ione
Enrollment							
 No Prior Returning GRCS scholar Rockford Public School Other 		ous School		Address	City,		Zip
	Phone Num	iber	Fax Number			returning scl Year Attend	
Addresses							
Scholar's Home Address							
Email	Stree	t Address		Apt.	City	State	Zip
	Guardian E-Mail						
Parent/ Guardian Contact							
1st contact	Last Name		First Name	M.I.	Relc	itionship to S	Scholar
	Home Phone	Cell	Phone Work	Phone	Employer		
Parent/ Guardian Contact							
2 nd contact	Last Name		First Name	M.I.	Rela	itionship to S	Scholar
	Home Phone	Cell	Phone Work	Phone	Employer		
Demographics	Photo ReleaseGalapagos Rockford may use a photo of your child in promotional materials, both electronically and in print. Additionally, GRCS does allow TV stations and other media outlets to cover stories and events at the school. By signing below, you grant Galapagos Rockford the permission to include photos of your child in both electronic and print materials.Please note that we will not print or release the last name of any of our scholars.						
Ethnic Categories Asian Black or Afr. American Hispanic Native American Nat.Hawaiian/Pac.Islander White					tations and gning below, f your child in		
		Guardian Sign	ature		Date		



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Scholar Name:

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Grade

Walker Permission			
My scholar IS allowed to walk home			
	Parent Signature / Date		
Emergency Co	ontact Information		

Contac	ct #1	
Name:	Relatio	nship to Scholar:
Home Phone:		one:
E-Mail Address:		
	Check if Applicable:	
Legal Custody	Approved Pick Up	
Contac	ct #2	
Name:	Relatio	nship to Scholar:
Home Phone:	Cell Pr	one:
E-Mail Address:		
	Check if Applicable:	
Legal Custody	Approved Pick Up	
Contac	ct #3	
Name:	Relatio	nship to Scholar:
-		
Home Phone:		one:
E-Mail Address:		
	Check if Applicable:	
Legal Custody	Approved Pick Up	



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Please Note: All medications brought into the school require an Authorization to Administer form from your scholar's doctor. Please let us know if you have any issues acquiring this form.

No medications may be brought on campus or administered by the staff or scholar without this authorization form; **this includes pain relievers, cold medicine, and cough drops.**

Family Doctor/Hospital Information

Doctor/ Hospital:	Phone #:
Address:	
Address.	

Relevant Medication/Health Information:

Additional Information

If a scholar is sick or injured, the parent will be contacted first and given the responsibility of arranging transportation. In cases of emergencies, an ambulance may be called.

I attest that the information contained in this form is true to the best of my knowledge. I also promise that if, at any time, the information on this form changes that I will contact Galapagos Rockford Charter School immediately.

Guardian Signature	Date
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Acknowledgment Form

Galapagos Rockford Charter School upholds a high standard for the food that our scholars eat at school. We promise to provide quality, healthy meals to all scholars. We ask that you support our policy and efforts to maintain a productive and healthy environment by not providing or allowing your scholars to bring junk food to school, or on the bus. If your scholar brings junk food to school, it will be thrown away. By signing, you acknowledge and support the Galapagos Rockford Charter School Junk Food Policy.

Parent Signature

Date

Uniform Policy

- Scholars must wear a GRCS polo, black slacks, and all-black shoes.
- Upper Academy (5th-8th grade) scholars are required to wear a plain black belt. Black belts are optional for Lower Academy scholars.
- Undershirts and socks will be neutral; long sleeves

Parent Signature

Attendance Policy

Daily attendance is essential for academic growth and development. Scholars are expected to be in school unless they are ill or have lost an immediate family member.

- In the case of an absence, a parent should contact the office or leave a message regarding the absence prior to 8:00 am.
- Three tardies or early dismissals will count as one absence.
- Scholars accumulating more than 15 absences risk being retained.

Parent Signature

Date



Date





Academic Records and IEP Release Form

As the parent or legal guardian of ______, I authorize Galapagos Rockford Charter School to request and receive any information relevant to my child's scholastic record and performance. This request includes but is not limited to Individualized Education Plans (IEP).

By signing below, I attest that:

- 1) I am enrolling my child into Galapagos Rockford Charter School for the 2019-2020 school year.
- 2) I am legally authorized to request the release of this information.

Scholar Name: Previous Schoc City & State:	l:	DB:
	Print Name of Parent/Guardian	
	Signature of Parent/Guardian	Date
	Dnly from: by:	e: Date: