



FRIENDSHIP ASPIRE ENROLLMENT PROCESS

Friendship Aspire Charter School is a tuition-free, open admissions charter school that accepts all students. Friendship Aspire seeks to create and develop a high performing public charter school that moves all students to grade level mastery regardless of socioeconomic status, prior achievement, or educational needs. Friendship's philosophy is that all students can achieve at high levels when provided with a consistent message of achievement from all stakeholders, strong organizational leadership to promote and maintain rigorous instruction, and research based curriculum that engages all learners.

Enrollment at Friendship Aspire Charter Schools is a two-step process. Applications for admission will be accepted year round through the school's website or in person at the school. Enrollment will occur on a continuous basis as spaces are available. When the number of applicants is greater than the number of spaces available, students will be selected by random lottery in accordance with state law. A student who receives notice of acceptance will have 10 business days to complete an enrollment packet and provide the required documents.

To complete an enrollment packet for new students, parents must bring the following

- Child's official birth certificate and or passport
- Child's social security card
- Parent or legal guardian ID
- Two current proofs of residence:
 - lease agreement (signed by lessee/lessor) or
 - current utility bill, in the parent or legal guardian's name
 - personal property tax bill
- Child's immunization records
- Current and final Report Card from the previous school year, if applicable

Please provide these other documents if applicable to your child:

- IEP or IAP
- Income stub if you are applying for free and reduced meals

Friendship Aspire Charter School will also provide free morning and afternoon care. Students in afternoon care will participate in extra-curricular activities including academic and social clubs. Free transportation will be provided to those families upon request and each student will receive 2 free uniforms once enrollment is complete.

Please feel free to contact the school if you require further information.

Sincerely
Phong Tran
School Leader Arkansas
Friendship Aspire Charter School



NEW STUDENT ENROLLMENT

Dear Parents/Guardians:

The following documents must be attached to the enrollment packet to be considered complete.

1. Two proofs of residency
2. Guardian ID
3. Birth certificate
4. Current shot record
5. Current and final report card from the previous school year if applicable
6. 504 accommodations if applicable
7. IEPs and special education evaluation if applicable
8. Income if you are applying for free and reduced meals

If these documents are not attached to the enrollment packet at the time of registration, then the enrollment packet is considered incomplete.

If you have any further questions, please contact the school's registrar.

Sincerely,

Phong Tran
School Leader Arkansas
Friendship Aspire Charter School



A signed Acceptance Letter does not ensure an applicant's admission if any one of the following conditions exist: (1) If it is determined that the applicant has not met State-mandated and/or District testing and/or promotional requirements for the grade of enrollment; (2) The applicant's Admission Folder is incomplete, and/or; (3) The parent or guardian has falsified and/or presented incorrect and/or inaccurate information, either verbally, inwriting, through electronic transmission, or by any other means, with regard to his/her minor child's.

ENROLLMENT ACCEPTANCE LETTER

Student's Last Name: _____
(Please Print)

Student's First Name: _____
(Please Print)

Grade Applying For:

CHECK ONE ONLY:

_____ I ACCEPT* admission to Friendship Aspire Charter School. (Check off, Sign and Date)

_____ I REJECT admission to Friendship Aspire Charter School (Check off and Initial only)

*My signature indicates that I ACCEPT the PLACEMENT offered to my child by FRIENDSHIP ASPIRE CHARTER SCHOOL for the 2023-2024 school year, and that I will comply with all Federal, State, District, and School Education Policies and Regulations.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Notice of Non-Discrimination: The Friendship Aspire Charter School Board does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and to provide equal access to designated youth groups.



NEW STUDENT ENROLLMENT

Student's Information

Grade Applying For _____ Parent/Guardian Signature: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YY): _____ Gender: M F Country of Birth: _____

Previous School Attended: _____

Please check one or more of the following that best describes your child:

American Indian Asian Black White Multiple Hawaiian-Pacific Islander

Hispanic: Yes No (If Yes, make sure to select Black or White as the Ethnicity)

Mother's/Legal Guardian's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Father's/Legal Guardian's Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

With whom does the student live: Mother Father Both Other _____

Guardian papers attached: Yes No Other

(Please provide all legal documentation of custody, restraints, or other information.)



ALTERNATE CONTACT FORM

Alternate Contacts and Authorized Adults to check out your child. Please provide 3 additional names, phone numbers, and relationship. These adults are authorized to check out your child in your absence.

Name	Phone Number	Relationship	Date & Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any type of illness we should be aware of? Yes No

If yes, please indicate: _____

Will your child be taking any prescribed medications while at school? Yes No

If yes, please complete Authorization for Medication Administration Form which can be obtained in the school office.

Does your child have any type of allergies or food allergies? Yes No

If yes, please indicate: _____

Your child will arrive to school by:

Private vehicle Bus transportation Walk Other _____

Your child will arrive to school by:

Private vehicle Bus transportation Walk Other _____



**Arkansas Department of Education (ADE)
Home Language Usage Survey**

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas schools.

Student Name:		Grade:	Date:
School:	Student State ID #:	Gender:	Date of Birth:
Parent/Guardian Name:		Parent/Guardian Signature:	
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child’s education in a language they understand.</p> <p>1. a) In what language do you prefer to receive written communication from the school? _____</p> <p>b) In what language would you prefer to communicate with school staff when speaking? _____</p>		
<p>Eligibility for Language Development Support Information about the student’s language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) is (are) spoken in your home? _____</p> <p>3. What language did your child learn first? _____</p> <p>4. What language does your child use most often at home? _____</p> <p>5. What language does your family speak most often at home? _____</p> <p>6. What language do adults speak most often with each other at home? _____</p>		
<p>Prior Education Your responses about your child’s birth country and previous education give us information about the knowledge and skills your child is bringing to school. <i>This form is not used to identify students’ immigration status.</i></p>	<p>7. Where was your child born? _____</p> <p>8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12th grade) _____ Month Day Year</p>		

Thank you for providing the information needed on the Home Language Survey. Contact your child’s school if you have further questions about this form or about services available at your child’s school.



Note to district: This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.

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STUDENT INFORMATION CONSENT FORM

To assist our continuous efforts to provide high quality educational opportunities for the students of Friendship Aspire Charter School, Friendship Aspire contracts with various private entities. These entities perform a wide array of services intended to enhance the educational experience of our students. Services that are provided to Friendship Aspire by private entities may require the use and transfer of your child's personally identifiable information. Personally identifiable information, for example, may include your child's name, date of birth, or other information which alone or in combination can reasonably and specifically identify your child.

Examples of the types of services that require the use of personally identifiable information include, but are not limited to:

- publication of annual yearbooks
- photography services for school pictures or school publications
- publications in periodicals of the honor roll or other student achievements
- publication of graduation programs
- information for the purchase of class rings
- creation of sports programs
- bus routing and transportation services
- Internet and Wi-Fi access

The personally identifiable information shared or transferred is for the purpose of and necessary for the performance of services conducted on behalf of or provided to the school or its students. The private entities are bound by federal and State confidentiality laws and will take affirmative steps to protect student information.

Prior to Friendship Aspire sharing or transferring your child's personally identifiable information with or to any individual or entity which may perform services that require access to your child's personally identifiable information, Act 1196 requires consent, in writing, by the parent or legal guardian of each student. Unless allowed under federal or another Arkansas law, without this written consent, Friendship Aspire shall not provide your child's personally identifiable information to any individual or entity with whom Friendship Aspire has a contract for services (as described above).

I HEREBY CONSENT to Friendship Aspire's release of my child's personally identifiable information to any person or entity providing services to Friendship Aspire and who requires my child's personally identifiable information in order to perform those services.

I further understand and acknowledge that this consent is valid for the entire school year.

Signature of Parent/Legal Guardian

Child's Full Name (print)

Printed Name of Parent/Legal Guardian

Date

I DO NOT CONSENT to Friendship Aspire's release of my child's personally identifiable information to any person or entity providing services to Friendship Aspire and who requires my child's personally identifiable information in order to perform services. **I understand that by declining consent to Friendship Aspire's release of my child's personally identifiable information such decision will affect or prevent, among other things, my child's ability to have other services provided by Friendship Aspire Charter School.**

Signature of Parent/Legal Guardian

Child's Full Name (print)

Printed Name of Parent/Legal Guardian

Date

Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil)

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price**

Child's First Name	MI	Child's Last Name	Name of School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in the following assistance program: Supplemental Nutrition Assistance Program (SNAP)?

If NO > Go to STEP 3. If YES > Write a case number or identifier here then go to STEP 4. (Do not complete STEP 3) Write only one case number or identifier. **Case Number or Identifier:** _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income \$ _____ How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance / Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if no SSN.

Disclosure (Optional) I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ArKids 1st).

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed name of the adult signing the form _____ Signature of adult _____ Today's date _____

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Source of Child Income	Example (s)
Earnings from work	A child has a regular full or part-time job where they earn a regular salary or wages.
Social Security • Disability Payments • Survivor's Benefits	A child is blind or disabled and receives social security benefits. A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from person outside the household	A friend or extended family member regularly give a child spending money.
Income from any other source	A child receives regular income form a private pension fund, annuity, or trust.

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) If you are in the U.S. Military: • Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from state or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments form outside household

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) case number or other SNAP identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442;

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out

For School Use Only

<p>School use only</p> <p>Total Income: _____</p> <p>Per: <input type="radio"/> Week <input type="radio"/> Every 2 Weeks <input type="radio"/> Twice a Month <input type="radio"/> Month <input type="radio"/> Year</p> <p>Household Size: _____ SNAP: _____ Categorically Eligible: _____ Date Withdrawn: _____</p> <p>Eligibility: <input type="radio"/> Free <input type="radio"/> Reduced <input type="radio"/> Denied</p> <p>Reason for denial : _____</p> <p>Determining Official's Signature: _____ Determination Date: _____</p>	<p>Annual Income Conversion: show calculations</p> <p>Weekly _____ X 52= _____</p> <p>2x/month _____ X 24= _____</p> <p>Every 2 wks _____ X 26= _____</p> <p>Monthly _____ X 12= _____</p> <p>Annual _____ X 1= _____</p>
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