

CHARTER STUDENT ADMISSION APPLICATION

Please complete the following information. Be sure to fill in all blanks (entering N/A where applicable).

(Por favor complete la siguiente información. Asegúrese de completar todos los espacios en blanco (ingresando N/A donde corresponda).)

Charter School Campus Name/Charter School Name
(Nombre del campus de la escuela charter / Nombre de la escuela charter)

Ki Charter

School Year
(Año escolar)

2025 - 2026

Student Information *(Información estudiantil)*

Please enter the student's full legal name as shown on birth certificate.

(Por favor ingrese el nombre como se muestra en el certificado de nacimiento.)

*Required Information

(Información requerida)

First Name *(Primer nombre)**

Middle Name *(Nombre del segundo)**

Last Name *(Apellido)**

Suffix *(Sufijo)**

Ethnicity *(Etnia)**



Race *(Raza)**



Gender *(Género)**



Date of Birth *(Fecha de nacimiento)**

Grade Applying For
*(Grado que solicita)**



School District of Residence *(Distrito escolar de residencia)*

Student Identification *(Identificación del estudiante)*

The Texas Student Data System matches students to their existing school records using one of the following identifiers. You may access your child's S-number or Texas Student Unique Identification on previous school records or by contacting the child's previous school.

(El Sistema de Datos Estudiantiles de Texas relaciona a los estudiantes con sus registros escolares existentes utilizando uno de los siguientes identificadores. Puede acceder al número S de su hijo oa la identificación única de estudiante de Texas en los registros escolares anteriores o comunicándose con la escuela anterior del niño.)

Please provide one of the following identifiers. *(Proporcione uno de los siguientes identificadores.)*

Social Security Number (SSN)*
(Número de Seguro Social)

S-Number
(Número S)

Texas Student Unique Identification
(Identificación única de estudiante de Texas)

My child has never been enrolled in Texas public schools. *(Mi hijo nunca ha estado inscrito en las escuelas públicas de Texas.)*

*Providing a SSN is voluntary and used to match a student's Unique ID through the Texas Student Data System. If you do not wish to supply the SSN, please supply the S-number or Texas UID. If no S-number or Texas UID exists, one will be generated.

(Proporcionar un SSN es voluntario y se usa para hacer coincidir la identificación única de un estudiante a través del Sistema de datos de estudiantes de Texas. Si no desea proporcionar el SSN, proporcione el número S o el UID de Texas. Si no existe un número S o UID de Texas, se generará uno.)

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Additional Information *(Información adicional)*

If Yes is selected, please enter the name of the person.
(Si selecciona Sí, ingrese el nombre de la persona.)

Sibling, Staff, or Board Member Name
(Nombre del hermano o miembro del personal o de la junta.)

I have another child applying to this charter school.
(Tengo otro hijo que solicita ingreso a esta escuela charter.) Yes *(Sí)* No

I have another child attending this charter school.
(Tengo otro hijo que asiste a esta escuela charter.) Yes *(Sí)* No

This is a child of a staff or board member.
(Este es un hijo de un miembro del personal o de la junta.) Yes *(Sí)* No

If offered by the school or programming, my child prefers an A.M. or P.M. schedule. A.M. P.M.
(Si lo ofrece la escuela o la programación, mi hijo prefiere un horario de mañana o tarde.)

My child may qualify for free prekindergarten, based on the following criteria: Yes *(Sí)* No
(Mi hijo puede calificar para prekínder gratuito, según los siguientes criterios:)

- is unable to speak and comprehend the English language; or *(no puede hablar ni comprender el idioma inglés; o)*
- is educationally disadvantaged; or *(tiene desventajas educativas; o)*
- is a homeless child, as defined by 42 United States Code §11434a; or *(es un niño sin hogar, según lo define el Código 42 de los Estados Unidos §11434a; o)*
- is the child of an active duty member of the armed forces of the United States; or *(es hijo de un miembro en servicio activo de las fuerzas armadas de los Estados Unidos; o)*
- is the child of a member of the armed forces of the United States, who was injured or killed while serving on active duty; or *(es hijo de un miembro de las fuerzas armadas de los Estados Unidos, que resultó herido o muerto mientras prestaba servicio activo; o)*
- is or ever has been in the conservatorship of the Department of Family and Protective Services; or *(está o ha estado bajo la tutela del Departamento de Servicios Familiares y de Protección; o)*
- is the child of a person eligible for the Star of Texas Award. *(es hijo de una persona elegible para el Premio Estrella de Texas.)*

Primary Guardian Information *(Tutor legal información)*

Last Name *(Apellido)**

First Name *(Primer nombre)**

Street Address of Primary Residence
*(Dirección de la residencia principal)**

City
*(Ciudad)**

State
*(Estado)**

Zip Code
*(Código postal)**

Contact Phone Number *(Teléfono de contacto)**

Email Address *(Correo electrónico)*

Preferred contact *(Contacto preferido)* Phone *(Teléfono)* Text Message *(Mensaje de texto)* Email *(Correo electrónico)*

CERTIFICATION (Required): By checking this box, I certify to the best of my knowledge and belief that the information in this application is complete and accurate, I am the legal guardian of the child listed above, and I understand that any false information, omission, or misrepresentation of facts may result in the rejection of this application or future dismissal of the applicant.

CERTIFICACION (Requerida): Al marcar esta casilla, certifico a mi leal saber y entender que la información en esta solicitud es completa y precisa, soy el tutor legal del niño mencionado anteriormente, y entiendo que cualquier información falsa, omisión, o la tergiversación de los hechos puede resultar en el rechazo de esta solicitud o en el futuro despido del solicitante.

This school does not discriminate on the basis of sex, national origin, ethnicity, religion, disability, or academic or athletic ability.
(Esta escuela no discrimina por sexo, origen nacional, etnia, religión, discapacidad, or capacidad académica o atlética.)



Student Identification Information

First Name	Middle Name	Last Name	Generation
Date Of Birth		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Age
Address Street City State Zip Code			
Phone Number		Email	
Please select one choice for Ethnicity AND select one or more for Race		Ethnicity Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>	
Race American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>			

Enrollment Information

Date of Student Enrollment	Grade Level	Student's Home District/Campus based on Parents address	
List educational facilities during the past three years where the student has attended academic classes including summer programs, night school, juvenile justice programs, treatment facilities etc. High School Enrollees - list all schools where credit toward graduation may have been awarded.			
Last Campus/District Attended	Grade Level Attended	Has student ever been retained? Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade Retained
Previous School Attended Name Address			Date Attended
Previous School Attended Name Address			Date Attended

Please answer the following questions

Is student a military dependent? Yes <input type="checkbox"/> No <input type="checkbox"/>	What was the first year the student enrolled in grade 9?
Does student have a food allergy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain
Has student received Special Education services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student received ESL services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student received 504 services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student received dyslexia services? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:
Has student been suspended or assigned to alternative school? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when and where:

Contact Information

CPS Student JPD Student TYC Student

Primary Contact 1 Name		Relationship	
Primary Phone	Alternate Phone	Email	Employer
Address Street City State Zip Code			
Primary Contact 2 Name		Relationship	
Primary Phone	Alternate Phone	Email	Employer
Address Street City State Zip Code			

Emergency Contact (if Primary cannot be reached)

Name	Relationship	Release To Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone
Name	Relationship	Release To Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone

Parent /Guardian/Caseworker Signature _____ Date _____

For Campus Use Only

Original Enrollment Date:	Student Local ID:	Classroom:	Withdraw Date:
Re-enrollment Date:	Enrolled By:		Withdraw Date:
Re-enrollment Date:			Withdraw Date:

Military Connected Families Student Data

Student Name: _____ **Grade:** _____

The Texas Education Agency is mandated by Texas State Law to collect data on military connected students enrolled in Texas public schools.

Section §25.006, Texas Education Code. The agency shall collect data each year from school districts and open-enrollment charter schools through the Public Education Information Management System (PEIMS) relating to the enrollment of military-connected students.

Please check appropriate box, if applicable:

- Student in grade KG – 12 is a dependent of an active duty member of the United States military.
- Student in grade KG – 12 is a dependent of a current member of the Texas National Guard (Army, Air Guard, or State Guard).
- Student in grade KG – 12 is a dependent of a current member of a reserve force in the United States military.
- Pre-kindergarten student is a dependent of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority OR is the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty.
- Student in grade KG – 12 is a dependent of a former member of one of the following: the United States military, the Texas National Guard (Army, Air Guard, or State Guard), or a reserve force in the United States military.
- Student in grade KG – 12 was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty.
- None of the above.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ **Date:** _____

Exhibit 1A

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ Student/Staff Name (please print)

_____ (Parent/Guardian)/(Staff) Signature

_____ Student/Staff Identification Number

_____ Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.	
Ethnicity – choose only one: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic/Latino	Race – choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Observer signature:	Campus and Date:

Ki Charter
 120 Bert Brown Road
 San Marcos, TX 78666

Consent for Disclosure of Confidential Information

Student Name	Id#	Date of Birth
Medicaid#	Date of Request	<input type="checkbox"/> Request Information
		<input type="checkbox"/> Release Information

Please complete this form to authorize the person /agency named below to release/request specified records containing confidential information regarding the above- named student.

Name of Requesting Agency Ki Charter	Address 120 Bert Brown Rd San Marcos, TX 78666	Phone (512) 270-1220
Attention Mariah Grant mariah.grant@kicharter.org	Position SPED Records Specialist	Fax (817) 719-9832

Request for Information sent to:

Agency to fulfill request

Contact Name/Email

Address

Phone

Records to be Released/Records Requested	Purpose of Disclosure
<input checked="" type="checkbox"/> Medical Records <input checked="" type="checkbox"/> FIE, ARD, IEP, TAKS/STAAR /SDAA <input checked="" type="checkbox"/> ITP, Vocational testing <input checked="" type="checkbox"/> Other Sp. Ed Records <input checked="" type="checkbox"/> Psychological evaluations <input type="checkbox"/> Initial Consent to Placement	<input checked="" type="checkbox"/> To assist ARD committee in educational planning. <input type="checkbox"/> To assist outside agency in providing non-educational support <input checked="" type="checkbox"/> For Educational Planning

I have been informed and understand the school's request for my consent, as described above. This information will be disclosed/requested upon receipt of my written consent. I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive. I give permission for the identified records to be released/disclosed to the above named agency.

Name of Parent, Guardian or Adult Student

Date

Signature of Parent, Guardian or Adult Student

Date

Return this form to Ki Charter Special Education Records Specialist

Student Name: _____

District Name: _____ Ki Charter

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child’s enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____

KI CHARTER MIGRANT STUDENT SURVEY

Dear Parents,

In order to better serve your children, Ki Charter Academy is helping the state of Texas identify students who may qualify to receive additional educational services. This form will be evaluated and you may be contacted if additional information is required. The information provided below will be kept confidential.

Student: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

Street Address: _____ City: _____ Zip Code: _____

1. Have you or your family traveled within the last three (3) years in the USA? Has it been to seek or work in agricultural related jobs?

NO

YES

If yes, please check the appropriate items below:

Ranch or Farm

Packing or sorting in warehouses

Field work

Canneries

Weeding crops

Meat, poultry, or fish processing

Picking or harvesting crops

Other agriculture work

2. Did the children in your family travel with you or did they join you later at the worksite?

NO

YES

3. Was this move from one town/city (school district) to another in state or out-of-state?

NO

YES

Parent/Guardian Signature: _____ Date _____

Office Use Only		
If document indicates Yes on all three questions, please forward to Migrant Contact.		
Referred Date:		

Ki Charter

Parent Portal Application

Parent Portal is a free web-based service that allows parents/guardians to view their child's assignments, grades and attendance, online at their convenience. We believe that strong parental involvement is a key component for students to be successful. We encourage all parents/guardians to complete this form to gain access to real-time data regarding your child's academic performance.

In order to receive Parent Portal Access, an **application** must be completed. A unique ID and password will be emailed to you by the district. The district will either have a link to Parent Portal on the school website or give you other instructions on how to login.

Please Print Clearly - Only **one** application per parent or guardian is necessary. Your login and password will allow access to all students in your family.

Parent or Legal Guardian Information

(One Parent/Guardian per form)

Parent/Guardian **Last Name**

Parent/Guardian **First Name**

Parent/Guardian **E-mail Address**

Parent/Guardian **Phone Number**

List all Students for which the applicant is the parent or Legal Guardian

Student Last Name	Student First Name	Campus/Grade

By completing the application for this account, you allow the school district to make information, confidential under the Family Educational Rights and Privacy Act, available to you by means of the Internet on a website that is secure and accessible by a unique login and password. You understand and agree that the district is not responsible for unauthorized Internet access to your student's records by persons who do not have your consent. By signing the signature line below, you confirm that you understand and accept the guidelines and conditions for access and you waive any claims or causes of action that you may have against the district by reason of such unauthorized access.

Parent/ Guardian Signature

Date

Office Use Only	ID Verified/Processed By:	Application Campus:
	Family ID#:	Date of Notification:

Parent Academic Progress Questionnaire



When a student enrolls into a Texas Public School, all student records are requested and received from the student's previous school(s). These records are used to assess the needs specific to the student. The following questions serve as an initial screening to help in student placement prior to receiving the student's official records. If there is concern regarding one of the following scenarios please request to speak with a school official so that we can ensure your student's needs are accurately met

Student Information

Last Name	First Name	MI
DOB	Grade	School Year

2025 - 2026

Please mark the answer that best identifies your student

1. Has the student ever not performed satisfactorily on a reading readiness test given sometimes between pre-ki dergarten and 3 rd grade?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has the student made below a 70 average in any two or more courses during a single year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Has the student ever been retained or repeated a grade level?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Has the student ever not performed satisfactorily on a state assessment (i.e.: TAKS, STAAR, End of Course)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Does the student have a child or ever been pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Has the student ever been assigned to an Alternative Education Placement (AEP)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. During the current or previous school year, has your student ever been expelled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Is the student currently on parole, probation deferred prosecution or other conditional release?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Has the student ever been previously reported through PEIMS to have dropped out?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Does the student qualify for Limited English Proficiency (LEP) or received English Language Learner (ELL) s rvices?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Has the student ever been referred to or is currently in Custody of the Department of Protective and Regulatory Services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. During the current school year, has the student ever been homeless or participated in the McKinney-Vento Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Has the student resided in a Residential Placement Facility during the current or previous school year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Has been incarcerated or has a parent or guardian who has been incarcerated, within the lifetime of the student, in a penal institution as defined by Section 1.07, Penal Code, or, regardless of the student's age, each student who participates in an adult education program provided under a high school diploma and industry certification charter school program under Section 29.259.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

2025-2026 Letter to Households to Qualify

For Compensatory Education Funding

Dear Parent or Guardian:

The Ki Charter School District/Charter School may qualify for additional funding from the state if any of our students meet specific guidelines. The extra funding, known as the Compensatory Education Allotment, is used to provide supplemental services to students who are identified as at risk of dropping out of school. The purpose is to increase academic achievement and reduce the dropout rate of these students. Please help us collect the necessary information so that we may receive additional state dollars for the benefit of our students.

The district is automatically eligible for this funding if you receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF). Otherwise, the district may qualify for this funding depending on your income and family size. Please complete the attached ***Form for Compensatory Education Funding Qualification*** with your student enrollment packet.

Please complete a separate form for each child. Here are more detailed instructions to assist you in completing the form.

- Households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF): Complete the child's name and case number and have an adult household member sign the form. If you have more than one child attending school, complete a separate form for each child.
- Households with one or more foster children. List the child's name and the amount of "personal use" income the child received last month, and have an adult household member sign the form. If you have more than one foster child attending school, complete a separate form for each one.
- Households that do not receive SNAP or TANF: If you do not have a case number, please provide the names of all household members, the amount of income each person received last month, and the source of that income. An adult household member must sign the form and include their Social Security number or indicate that they do not have one. If you have more than one child attending school, complete a separate form for each child; you only need to complete this section once.

Frequently Asked Questions:

Will the form be verified? Yes. State officials require us to verify the information that qualifies the district for the extra funding, therefore, the information you send us may be checked at any time during the school year. School officials may request that you send written documentation to verify that your income meets the eligibility guidelines.

Should I report any changes? Yes. If your income meets eligibility guidelines, please inform us if it increases by more than \$50 per month or \$600 per year, or if your household size decreases. If your household receives food stamps (SNAP benefits) or TANF, you should notify us when you no longer receive these benefits.

Will this information be kept confidential? Yes. We will use the information on your form solely to determine if your child or children meet the eligibility guidelines that allow the district to receive extra funding. This information will not be used for any other purpose.

Will my child receive extra services if I complete this form? Not necessarily. Funding for this program is based on the number of students with certain qualifying levels of family income; however, the allocated funds must be spent on students who meet different eligibility criteria. If your child has performed poorly on the STAAR or other required tests or meets other criteria indicating they are at risk of dropping out of school, they will likely receive additional support services. Even if your child does not directly benefit, this funding may still help other children in the district.

If my family income does not qualify the district for extra funding now, can I apply later if my circumstances change? You may submit the required forms at any time. If your current income does not meet the eligibility guidelines but your circumstances change (such as a decrease in household income, an increase in household size, unemployment of a wage earner, or receipt of SNAP or TANF benefits), complete the form again.

If you need new forms or any other help or information, contact **Javier Garcia, Chief Operating Officer, 210-7059914**

Why does the consent in paragraph 6 refer to free or reduced-price meals or free milk when my school does not participate in that program? State compensatory education funds are partially allocated based on the number of students in a school district or charter school who qualify for the National Free or Reduced-price Lunch program, in which some schools participate. Therefore, for your school to receive the amount of state compensatory education funds to which it is entitled, you are being asked to provide the same information that would be provided in an application to participate in that program. The consent paragraph is included in the form because federal law prohibits the disclosure of information about children who are eligible for free or reduced-price meals or free milk without their consent. Additionally, the law requires that the consent statement clarify that not signing the form does not affect the child's eligibility for the meal or milk program.

Thank you for your help.

Sincerely,

Ki Charter Administration

(512) 270-1220

Instructions for Completing the Compensatory Education Funding Qualification Form

Please complete the **Compensatory Education Funding Qualification Form** using the instructions below. Sign, date, and return the form to Ki Charter. If you need assistance, call 512-270-1220. Complete a separate form for each child in your household who attends public school.

1. Child information. Print your child's name, grade, and the name of the school.

2. Foster child. Complete this section if this is a foster child. List the foster child's monthly "personal use" income. Put "0" if the foster child does not receive "personal use" income. A foster parent or other official representing the child must sign the form in section #5. You are not required to list a Social Security number.

3. Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits. If you are receiving SNAP or TANF benefits for the child, complete this section of the form. List the current SNAP or TANF case number for the child. An adult household member must sign the form in section #5. You are not required to list a Social Security number.

4. All other households. Complete this section of the form if the child is not a foster child and you are not receiving SNAP or TANF benefits for the child. (If you have more than one child attending public school and you are filling out a separate form for each one, you only need to complete this section once.)

List the names of everyone in your household, even if they do not have an income. Include yourself, your spouse, your child, and all other household members.

List the amount of income each person received last month before taxes or any other payroll deductions. List the income sources, such as earnings, welfare, pensions, and other income. (See examples below for types of income to report.) Each income amount should be entered into the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.

If anyone is self-employed, specify the amount of income earned from self-employment. Examples of self-employment income include earnings from operating a farm or running a business such as a daycare center.

Sign the form in section #5 and list your Social Security number. If you do not have a Social Security number, write "none."

5. Signature and Social Security number. The form must be signed by an adult member of the household. If you do not have a SNAP or TANF case number, or if the child is not a foster child, include the last four digits of the social security number of the adult who signs the form. If the signer does not have a Social Security number, please write "none."

6. Consent. The adult household member whose signature appears in section 5 should sign and date the consent.

Examples of Income to Report

Earnings from work

Wages/salaries/tips
Strike benefits
Unemployment compensation
Workers' compensation
Net income from self-owned Social Security business such as day care center, farm, or other

Pensions/Retirement/Social Security

Pensions
Supplemental social security income
Retirement income
Veterans' payments

Other Monthly Income/Self-Employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Confidential Information

Ki Charter Form for Compensatory Education Funding Qualification School Year 2025–2026

Please fill out one form for each child attending school, sign each form, and return it to Ki Charter. Instructions for filling out the form are attached. If you need help, please call 512-270-1220.

1. Child's name: _____
(Last Name) (First Name) (Middle Initial)
 Child's grade: _____ School: _____ SSN or student ID: _____
(Optional)

2. Is the child a foster child? If this is a foster child, check here [] and list the child's monthly personal use income: \$ _____.
 SKIP sections #3 and #4 and GO TO section #5.

3. Are you receiving SNAP or TANF benefits for your child? If you are receiving SNAP or TANF benefits for this child, check here , list the case number, and then SKIP section #4 and GO TO section #5.
 SNAP case number: _____ TANF case number: _____

4. All other households. Complete this section if the child is not a foster child and you are not receiving SNAP or TANF benefits for the child (you did not complete sections #2 or #3). (If you have more than one child attending school and you are completing a separate form for each, you may complete this section only once.)

List all household members, including the child listed above. Show all income. Then, GO TO section #5.

NAMES	CURRENT MONTHLY INCOME					
	Name of household members (Include the child listed above)	Check if \$0 income	Monthly earnings (before deductions) Job #1	Monthly welfare, child support, alimony	Monthly payments from pensions, retirement, and social security	Monthly earnings from job #2 or any other monthly income
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$
5.			\$	\$	\$	\$
6.			\$	\$	\$	\$
7.			\$	\$	\$	\$
8.			\$	\$	\$	\$
9.			\$	\$	\$	\$
10.			\$	\$	\$	\$

5. Signature and Social Security number. I certify that the information provided above is accurate and that the SNAP or TANF case number is current and correct, or that all income has been reported. I understand that this information is being submitted to help the school receive additional state funding and that school officials may verify its accuracy.

Signature of adult _____ Social security number **xxx-xx-**_____
 Printed name _____ Date _____
 Home phone _____ Work phone _____
 Mailing address _____ City _____ State **TX** ZIP _____



2025-2026

Notice and Consent for Health Services

Dear Parents & Guardians,

It is our honor to serve the students and families of Ki Charter. During this critical juncture in their lives, Ki charter seeks to create a partnership with you as parents/guardians to be a lifeline of hope and a foundation for your children’s success.

Our district offers a variety of health-care services to each student. This notice is meant to inform you of all available health-related services we offer, **not necessarily to indicate any of these services will be provided to your child. We will assume consent is provided unless you opt out.**

Health-related services that may be offered outside of your child’s curriculum are listed in the table below. Please initial any service you wish to **REJECT**, that you **DO NOT** want your child to receive at any point in the school year. You can update your decisions at any time.

Health-Related Service	Parent Initial to OPT OUT
First Aid	
School Counseling Services Related to Mental or Emotional Health	
Emotional Regulation Activities	
Physical Health Screenings	
Mental Health Screenings	
Illness Symptom Support	

Health-Related Service	Parent Initial to OPT OUT
Wellness Promotion and Education	
Nutrition Health and Education (beyond what is taught through grade-level or course instruction)	
Substance Abuse Prevention	
Suicide Prevention	
Crisis Prevention Training	
Social Skills & Stress Management Training	

You have the right to opt out and withhold consent of any of these services to your child, by submitting this form to **Ki Charter** electronically using the below QR code, by scanning and emailing to HealthForms@kicharter.org or mailing it to:

**Attn: Ki Charter
120 Bert Brown rd.
San Marcos, TX 78666**





(Please print)

Student's name: _____

Current grade level: _____

Campus: _____

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date: _____

Please return this form at your earliest convenience to Ki Charter at HealthForms@kicharter.org

FERPA Directory Information Opt-Out Form

“Directory Information” means information contained in an educational record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. FERPA permits Ki Charter to designate certain personal information as “directory information,” which may be released to anyone who follows the procedures for requesting it as proscribed in school policy.

To prohibit Ki Charter from releasing your student’s directory information, you must circle NO adjacent to the appropriate statement(s) below, sign the form, and return it to your student’s school. **Completion of this form is optional. However, if you do not circle NO or return this form, directory information about your student may be released** in accordance with Ki Charter policy.

If you have more than one student enrolled, you must complete a separate for each student.

PLEASE CIRCLE YES OR NO

For all students:

YES	NO	I give permission for my student’s directory information to be used for school-related purposes.
YES	NO	I give permission for my student’s name, address, and telephone number to be provided upon request by law enforcement officials and authorities.

For secondary students only:

YES	NO	I give permission to release my student’s directory information to institutions of higher education.
YES	NO	I give permission to release my student’s directory information to military recruiters.

PRINT Student’s Full Legal Name

Student’s Date of Birth

PRINT Parent/Guardian Full Legal Name
or Eligible Student Full Legal Name

Parent/Guardian Signature
or Eligible Student Signature

Date