

EAGLE CHARTER SCHOOLS OF NEVADA
Student Registration

2023-2024SY

Name of Student:					
Student Last Name:		First Name:		Middle Name:	
Date of Birth: MM/DD/YYYY		Grade for SY23-24:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race (<i>check all that apply</i>) <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Filipino					
Address Information:					
Street:					
City:		State:	Zip code:		
Phone Number:			Email:		
Has the student ever received Special Education Services?				<input type="radio"/> Yes <input type="radio"/> No	
Has the student ever been expelled?				<input type="radio"/> Yes <input type="radio"/> No	
Language: <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other _____ <input type="radio"/> Other _____					
School History Information (<i>We will require the final report card that indicates the level of completion.</i>)					
School Name:					
Last Grade of Completion:			School Phone Number:		School Registrar:
Parent/Legal Guardian Information:					
Primary Contact:			Secondary Contact:		
Name:			Name:		
Current Address:			Current Address:		
City:		State:	Zip code:		
Is your current living condition temporary? ___Yes ___No			Is your current living condition temporary? ___Yes ___No		
Is it due to economic hardship? ___Yes ___No			Is it due to economic hardship? ___Yes ___No		
Are you active military? ___Yes ___No			Are you active military? ___Yes ___No		
Active Custody Court Order: ___Yes ___No If yes please provide copy.					
Primary Phone No.		Secondary Phone No.		Primary Phone No.	
Relationship to Student:		Relationship to Student:			
Parent/Guardian E-mail:			Parent/Guardian E-mail:		
I certify that all information is accurate and true to the best of my knowledge.					
Parent/Guardian Signature: _____ Date: _____					
Print Name: _____					

**Eagle Charter Schools of Nevada
INSTRUCTIONS FOR REGISTRATION**

Please fill out the Registration Form that is attached, and provide us with the listed supplemental documents. You can either email the documents or deliver them in person to our offices:

EMAIL: office@eagleschoolsnv.org
OFFICE: Eagle Office located at 1810 E. Sahara Ave. Suite #127, Las Vegas, NV 89104
OPEN: 9:00am-7:00pm (Monday-Friday) OR By Appointment (Saturday)
PHONE: (702)268-9794 (o)
OFFICE TEXT: (725)400-5775

STUDENT REGISTRATION: Parents/Guardians will need to provide:

Parent/Guardian ID: Driver's license or passport, must be valid and in the name of the legal guardian)

Proof of Address:

- One item proving your address, such as a recent utility bill (must include "service address" on the bill!), rent receipt, residential lease or mortgage document/contract.
- If you are living with a friend or relative due to economic hardship, you must bring:
 - A notarized statement signed by you and the owner/renter of the property indicating that it is your place of residence.
 - If you do not have the above documentation, please call the City of Las Vegas Homeless Education Program at 702-229-7529 or contact the school.

Student Birth Certificate

Student immunization record

Up-to-date medical records indicating that your child has had, or at least started, the following series of immunizations:

- Minimum of 4 DTap/DTP doses: Final dose must be on or after the 4th birthday.
- Minimum of 3 Polio doses: Final dose must be on or after the 4th birthday.
- Two MMR doses: 1st dose must be on or after the 1st birthday. 1st and 2nd dose must be separated by at least 28 days.
- One Tdap dose: A child enrolling in 7th grade is required to have 1 Tdap (Bordetella Pertussis) regardless of when the last Tetanus (Td) was given. The < 5 year rule since the last Tetanus no longer applies.
- Two Hepatitis A doses: 2nd dose must be given at least 6 months after the 1st dose. (Required for students new to Nevada or District after July 1, 2002.)
- Three Hepatitis B doses: Must have a minimum of 4 months between 1st and 3rd dose and > 6 months old when 3rd dose was given. (Required for students new to Nevada or District after July 1, 2002.)
- Two Chicken Pox (Varicella) doses: 1st dose on or after 1st birthday. 1st and 2nd dose must be separated by at least 28 days if age 13 years of age or older. Minimum interval of 3 months between doses 1 and 2 if age is less than 13 years. (Required for students new to Nevada or District after July 2, 2011). Or Physician verification of past disease for Varicella vaccine exemption.

Age Eligibility

State law requires that a student entering *Kindergarten must be 5 years old by the first day of school. A first-grader must be 6 years old by the first day of school.* NRS 392.040 (2)(5).

Commitment to Equal Opportunity

Eagle Nevada is committed to providing an equal opportunity education to all applicants without regard to race, religion, color, sex, gender identity, sexual orientation, national origin, citizenship status, age, disability or any other protected status in accordance with all applicable federal, state and local laws. (NRS 388A.453(6) & NAC 388A.538)

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