



Student Services Verification
2020-2021

This information will be used ONLY to determine academic services that your child may require to be successful and will NOT affect your child's opportunity to enroll and attend Atlantis Charter School.

I verify and confirm that, prior to entering Atlantis Charter School, my child

Child's Full Name

Date of Birth

(Check all that apply)

- ☐ **HAS NEVER** received any type of special services (see list below).
- ☐ **HAS** received special services such as:
- ☐ **IS CURRENTLY** receiving:

(Check all that apply)

- ☐ Individualized Education Program (IEP)
- ☐ 504Plan
- ☐ Counseling
- ☐ Testing (Psychological, O.T., Speech, Educational, Behavioral)
- ☐ Is Receiving ELL Services/(English Language Learners)
- ☐ Other _____

Please specify

School, organization or agency where child receives or has received services

Address

City

State

Zip

Please direct documentation to the Student Services Director as soon as possible.

Parent/Guardian Signature

Date

- ☐ **By checking here, I hereby agree and acknowledge that I am executing this document electronically and that my electronic signature set forth above is the legal equivalent of my manual signature on this document. Further, I agree and acknowledge that my electronic signature serves as a certification that I am the legal parent/guardian of the student named on this form.**

Atlantis Charter School does not discriminate on the basis of race, color, religion, national origin, age, handicap, or veteran status in the provision of educational opportunities or employment opportunities and benefits, in compliance with Title VII of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973. Any hearings or public discussions of any case are covered by the Family Educational Rights Privacy Act.

Rev. 6.1.18



RELEASE OF INFORMATION

STUDENT
NAME: _____ **DATE OF**
BIRTH: _____ **GRADE:** _____

ADDRESS: _____
No. and Street, Apt. # City/Town State Zip Code

To assist the individual student listed above with all aspects of their educational placement, school authorities are requesting your authorization for release of information in accordance with **Chapter 71 of the General Laws of the Commonwealth of Massachusetts**.

I authorize the release of information from (List prior schools and year(s) attended by your child):

My child attends the above listed preschool/childcare: ☐ Less than 20 hours per week ☐ 20 hours or more per week

School/Childcare Address City/Town State ZipCode

as requested by the Atlantis Charter School for the receipt of information to include but not limited to the following:

- ❖ Pre-school/daycare and/or early intervention reports; ASQ Questionnaire
- ❖ Academic records, school transcripts, attendance records
- ❖ IEP records to include psychological and/or behavioral testing; Speech, Occupational Therapy, 504Plan and/or Title 1 records
- ❖ MCAS, benchmark, school-administered test results, (i.e.: Add+Vantage Assessments, etc.)
- ❖ LEP, ELL, and follow up progress reports
- ❖ Discipline, behavior management reports
- ❖ Medical records/reports
- ❖ Other:

Parent/Guardian Signature

Date

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Student Records: 991 Jefferson Street, Fall River, Massachusetts 02721 Phone: 508-646-6410 Fax: 508-672-3489

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information			
First Name _____	Middle Name _____	Last Name _____	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	
School Information			
Start Date in New School (mm/dd/yyyy) _____	Name of Former School and Town _____		Current Grade _____
Questions for Parents/Guardians			
What is the primary language used in the home, regardless of the language spoken by the student? _____		Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Seldom <input type="checkbox"/> Often </div> <div> <input type="checkbox"/> Sometimes <input type="checkbox"/> Always </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Seldom <input type="checkbox"/> Often </div> <div> <input type="checkbox"/> Sometimes <input type="checkbox"/> Always </div> </div>	
What language did your child first understand and speak? _____		Which language do you use most with your child? _____	
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____		Which languages does your child use? (check one) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Seldom <input type="checkbox"/> Often </div> <div> <input type="checkbox"/> Sometimes <input type="checkbox"/> Always </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Seldom <input type="checkbox"/> Often </div> <div> <input type="checkbox"/> Sometimes <input type="checkbox"/> Always </div> </div>	
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>		Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>	
If yes, what language? _____		If yes, what language? _____	
Parent/Guardian Signature: X		_____ Today's Date: (mm/dd/yyyy)	

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Dear Parents and Guardians,

There are many opportunities for our students to be photographed or videotaped for a variety of reasons including sharing classrooms activities, school recruitment, and school communication. Please complete this form and return it to school as soon as possible.

THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR THE DURATION OF THE CHILD'S ENROLLMENT AT THE ATLANTIS CHARTER SCHOOL.

****YOU MUST PROVIDE A WRITTEN REQUEST TO REVOKE THIS AUTHORIZATION****

PHOTO-VIDEO AUTHORIZATION

You must choose 1 below:

☐ **I DO consent to SCHOOL USE:**

Classroom, yearbook, class pictures, in-school displays.

☐ **I DO NOT consent to SCHOOL USE:**

Classroom, yearbook, class pictures, in-school displays.

You must choose 1 below:

☐ **I DO consent to OUTSIDE OF SCHOOL USE:**

ACS website, newspaper, television, brochure, social media.

☐ **I DO NOT consent to OUTSIDE OF SCHOOL USE:**

ACS website, newspaper, television, brochure, social media.

Student name: _____ Date of Birth: _____

Parent/Guardian signature: _____ Date: _____

☐ By checking here, I hereby agree and acknowledge that I am executing this document electronically and that my electronic signature set forth above is the legal equivalent of my manual signature on this document. Further, I agree and acknowledge that my electronic signature serves as a certification that I am the legal parent/guardian of the student named on this form.



Cell Phone Agreement Grades K-8

**THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR
THE DURATION OF THE CHILD'S ENROLLMENT
AT THE ATLANTIS CHARTER SCHOOL IN GRADES K-8.**

Student name: _____ Date of Birth: _____

Permission is granted to the teacher, to collect and secure cell phone upon arrival at school. Cell phones will be returned to the students at the end of the school day.

Parent/Guardian signature: _____ Date: _____

☐ By checking here, I hereby agree and acknowledge that I am executing this document electronically and that my electronic signature set forth above is the legal equivalent of my manual signature on this document. Further, I agree and acknowledge that my electronic signature serves as a certification that I am the legal parent/guardian of the student named on this form.



Parent **OPT OUT Form** for Massachusetts Charter Public School Association

THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR THE DURATION OF THE CHILD/CHILDREN'S ENROLLMENT AT THE ATLANTIS CHARTER SCHOOL.

****YOU MUST PROVIDE A WRITTEN REQUEST TO REVOKE THIS AUTHORIZATION****

The following is the *Parent/Guardian Opt Out Form for Parent Directory Information to be provided to the Massachusetts Charter Public School Association (MCPSA)* for the entire time your child is enrolled at Atlantis Charter School. **To opt out means that a parent, guardian, or eligible student is denying permission for the school to share the parent(s) directory information with the MCPSA.**

To make your request known, you must put your request in writing to the head of school or complete the form below and send it to the attention of the Student Records Office, Atlantis Charter School, 991 Jefferson St., Fall River, MA 02721 or by dropping off the request at the Main Office.

**If you do not express your preference,
you are giving permission to share your directory information.**

Only one form per family is needed.

Please list all of your children on the form who attend Atlantis Charter School

Parent's Name (printed) _____ Date: _____

Student Name: _____ Date of Birth _____ Grade: _____

Student Name: _____ Date of Birth _____ Grade: _____

Student Name: _____ Date of Birth _____ Grade: _____

Student Name: _____ Date of Birth _____ Grade: _____

Student Name: _____ Date of Birth _____ Grade: _____

Please CHECK the statement below if you are denying permission to share the parent(s) directory information with the Massachusetts Charter Public School Association.

☐ **Please do not share my directory information with the MCPSA**

Parent's Name (printed) _____ Date: _____

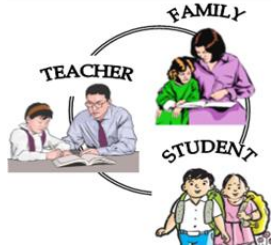
☐ By checking here, I hereby agree and acknowledge that I am executing this document electronically and that my electronic signature set forth above is the legal equivalent of my manual signature on this document. Further, I agree and acknowledge that my electronic signature serves as a certification that I am the legal parent/guardian of the student named on this form.

Rev. 4/2020

Home and School Involvement Compact

PARENTS AS PARTNERS

THIS FORM WILL REMAIN IN EFFECT FOR THE DURATION OF YOUR CHILD'S ENROLLMENT HERE AT ATLANTIS CHARTER SCHOOL



PARENT

I understand that Atlantis is a “school of choice” and that, by signing the Compact, I agree to accept all the responsibilities listed in this document and in the Student Handbook. Failure to do so on my part or the part of my child will result in a reassessment of the placement of my child at Atlantis. I also agree that involvement in my child’s education is necessary to ensure his/her high academic achievement, positive attitude, and exemplary behavior. Therefore

I WILL:

1. Have my child in school every day on time and in uniform.
2. Ensure that my child arrives at school prepared to learn.
3. Support all the school’s regulations - including the homework, attendance, discipline, and uniform policies.
4. Communicate with my child’s teachers regularly.
5. Attend all meetings as scheduled by the teacher and/or site leader including all Parent/Teacher Conferences.
6. Respond to all school communications promptly.
7. Address any concerns openly, honestly, and politely with my child’s teacher or other appropriate staff member.
8. Provide my child with a safe, healthy, positive home environment.
9. Help my child develop a positive attitude about school.
10. **Volunteer a minimum of six hours a year** during school or parent sponsored events for each child I have at Atlantis.
11. **Participate in at least two family activities a year** made available through the Atlantis Family and Community Resource Center.

Parent/Guardian _____

Date _____

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TEACHER

Teachers understand the importance of the educational experience for every student and their role as a teacher and role model. Therefore, in order to encourage learning at home, at school, and in the community, Teachers agree to carry out the following responsibilities and are committed to:

1. Providing a quality program of instruction.
2. Having high expectations of success that will help all children become more independent.
3. Addressing students’ individual needs and encourage individual talents.
4. Providing a safe and positive learning environment for each student.
5. Communicating and meet with all parents regularly regarding their child’s progress and behavior.
6. Helping parents support learning and positive behavior at home.
7. Modeling respectful behavior by treating students respectfully.

STUDENT

I understand that my education is important. I know that I am responsible for my own success. Therefore, I agree to carry out the following responsibilities and *I WILL:*

1. Attend school and be on time and in uniform every day.
2. Arrive at school prepared and ready to learn.
3. Respect my teachers, other school staff, volunteers, and other students.
4. Do my best every day and in every class.
5. Follow all school and class regulations.
6. Complete and turn in all my homework on time
7. Be responsible for my own behavior – no excuses.
8. Resolve problems by using appropriate words.
9. Respect the property of others.
10. Promptly return all corrected assignments and other school information to my parents/guardians.

Student _____

Date _____

ATLANTIS CHARTER SCHOOL

EMERGENCY & ILLNESS INFORMATION 2020-2021

PERSONAL DATA

Student's Name _____ Grade _____ Date of Birth _____ Today's date _____

Father's Name _____ Mother's Name _____

Home Address _____ Street _____ Apt. # _____ City _____ State _____ Zip Code _____ Phone No. _____

PLACE OF EMPLOYMENT:

Father _____ Working Hours _____ Business Phone _____

Mother _____ Working Hours _____ Business Phone _____

NAME OF LOCAL PERSONS TO CONTACT IF PARENT(S) ARE NOT AVAILABLE (*THIS MUST BE COMPLETED.*)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY HEALTH CONDITIONS? ☐ YES IF YES, PLEASE COMPLETE BACK SIDE OF THIS FORM ☐ NO

PHYSICIAN / DENTIST INFORMATION

Family Doctor _____ Office Phone _____

Health Insurance ☐ Yes ☐ No If YES, please list provider: _____

Family Dentist _____ Office Phone _____

Address _____

RELEASE

If emergency treatment is required, and the parent or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent/Guardian Signature _____ Date _____

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SPECIAL NOTE: Please notify school officials immediately as to any changes or modifications to any/all information. In an effort to provide safe and informed care for your child at school, Atlantis Charter School **requires a copy of yearly physical and updated health information as part of student enrollment.** Atlantis Charter School keeps all medical information about your child confidential as required by the Family Educational Rights & Privacy Act (FERPA). However, health information about your child will be communicated to Atlantis Charter School personnel on a need to know basis, to better serve your child. **If your child has an acute and/or chronic medical condition, or any medical changes that occur during school year, it is your responsibility as the parent/guardian to notify the school nurse and update this information.**

INTERVENTIONS

For Cuts/Abrasions:

Triple Antibiotic Ointment
Peroxide
Antiseptic Spray for Cleaning
Bandages

For Insect Bites/Rash:

Calamine Lotion
Hydrocortisone Cream 1%
Itch Relief Spray

For Sore Throats:

Salt Water Gargles

For Toothaches:

Ora-gel

For Eye Irritation:

Sterile Isotonic Eye Wash
to Flush Eyes

If you **DO NOT** want your child to receive the above interventions throughout the school year, please sign below. If there is no signature, then the above interventions will be used for your child as deemed necessary by the school nurse.

PLEASE DON'T USE THE ABOVE INTERVENTIONS ON MY CHILD FOR SCHOOL YEAR 2020-2021

Date _____

Signature: _____

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INTERVENTION NOT TO BE USED (LIST):

ABDOMINAL ISSUES: YES ☐ NO ☐

Due to: ☐ Irritable Bowel Syndrome
☐ Gastric Reflux ☐ Crohns disease
☐ Colitis ☐ Constipation

What medications _____
are taken for this? _____

ADD/ADHD: When was your child diagnosed? _____
Is your child under medical care at this time? Yes ☐ No ☐
What medications _____
are taken for this? _____

ALLERGY: (other than seasonal)
☐ Food (specify) _____
☐ Medication (specify) _____
☐ Insect (specify insect) _____
☐ Latex
Symptoms of reaction? _____
Has MD ordered EPI pen for this allergy? No ☐ Yes ☐
IF YES(please contact school nurse) What medications are taken for allergy?

BLOOD DISORDERS:
☐ Sickle Cell Anemia ☐ Sickle Cell trait
☐ Clotting disorder ☐ Other _____
What medications _____
are taken for this? _____

BREATHING DISORDERS:
☐ Asthma ☐ Cystic Fibrosis
☐ Other _____
When was your child diagnosed? _____
What medications are taken? _____
How often does your _____
child use a rescue inhaler? _____
Does your child use a nebulizer? ☐ Yes ☐ No

DIABETES: ☐ Type 1 ☐ Type 2
When were they diagnosed? _____
What medications _____
are taken: _____

Can your child complete testing on his/her own?

OTHER HEALTH CONDITIONS:
(not already covered in questionnaire)

_____ " "
_____ " "
_____ " "
_____ " "
_____ " "
_____ " "

aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

☐ Frequent ear infections

☐ Hearing loss ☐ right ☐ left

☐ Hearing aids ☐ right ☐ left

☐ Frequent nose bleeds; caused by _____

☐ Wears Glasses ☐ Contacts

EMOTIONAL ISSUES:

☐ Depression ☐ OCD ☐ Bipolar

☐ School Phobia ☐ Other _____

When was your child diagnosed? _____

Has your child had a psychological evaluation? _____

Is your child under medical care at this time? Yes No

What medications _____
are taken for this? _____

HEART CONDITIONS:

☐ High Blood Pressure ☐ Irregular heart rate

☐ Heart Defect: type _____ repaired? ☐ Yes ☐ No

☐ Other _____

What medication _____
is taken for this? aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

MUSCLE/BONE/JOINT DISORDERS:

☐ Arthritis ☐ Scolosis

☐ Other _____

Are there any PE restrictions for this condition? _____

Is your child under medical care at this time? ☐ Yes ☐ No

What medications _____
are taken for this? "

NEUROLOGICAL:

☐ Migraines ☐ Cerebral Palsy

☐ Seizures; type _____ Last seizure _____

☐ Spina Bifida ☐ Other _____

Has your child had a neurological evaluation? If yes, when

What medications _____
were taken for this? _____

DEVELOPMENTAL: ☐ Autism Spectrum Disorder

Developmental delay ☐ YES if yes please explain ☐ No

Has your child received Early Intervention Services? ☐ Yes ☐ No

If yes, what services _____
did they receive? _____

SPECIAL PROCEDURES NEEDED DURING SCHOOL:

_____"

_____"

_____"

_____"

_____"

_____"

_____"

_____"

aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa



Legal Restrictions: Please provide copies of all legal documentation. All documents will be kept confidential.

Do you have: ☐ Physical Custody ☐ Legal Custody ☐ Both OTHER: DCF Custody ☐

Legal Guardianship: ☐ Temporary ☐ Permanent

Restraining order or any other legal restriction currently in effect? NO ☐ YES ☐ (please provide a copy)

Restraining order is against: ☐ Mother ☐ Father ☐ Other (relationship to student): _____

If there is any other legal documentation you feel the school should have on file, please provide a copy.

Residency Data

Is this student's home address a temporary living arrangement? Yes ☐ No ☐

If yes, where is the student living? Shelter ☐ Double Up ☐ Hotel/Motel ☐ Unsheltered ☐

Is this a temporary living arrangement due to a loss of housing? Yes ☐ No ☐

Is this a temporary living arrangement due economic hardship? Yes ☐ No ☐

Foster Care

Is this student living with someone other than a parent or legal guardian? Yes ☐ No ☐

Is this student in a temporary foster care placement or awaiting foster care? Yes ☐ No ☐

Are you an active military family? (veterans and retirees are included up to one year, as well as if military personnel died) NO ☐ YES ☐

Siblings Please list brothers and/or sisters (including half or step) who attend Atlantis Charter School, even if they don't live with you.

Last Name	First Name	Relationship to Student	Date of Birth	Grade/HR

Emergency Contacts – Please list a minimum of three (3) adult contacts in the event that the school is unable to contact a parent/guardian listed on the side of this form. I authorize my child to be released to any of the persons listed below. The adult contacts must be 18 years of age or older.

Contact #1 Name: Address:	Relationship to Student	Contact Number:
Contact #2 Name: Address:	Relationship to Student	Contact Number:
Contact #3 Name: Address:	Relationship to Student	Contact Number:

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment at Atlantis Charter School. I agree that it is my responsibility to notify the school immediately of any changes to information I have provided on this form.

Parent/Legal Guardian Signature _____ **Date** _____

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If you require information in your native language please indicate:

____ Portuguese ____ Spanish ____ Khmer ____ Creole ____ Other: _____

If you require an interpreter/translator at Parent Teacher Meetings please indicate:

____ Portuguese ____ Spanish ____ Khmer ____ Creole ____ Other: _____



Parent Request for Student Dismissal from School 2020 – 2021

*This form needs to be completed for **each student** in your household.*

Student Name: _____ Grade: _____

I give permission for my student to be dismissed by the following method (check all that apply):

☐ Picked up by an adult on student's dismissal list

☐ Check if student will be dismissed with sibling(s)

Name(s): _____ Grade(s): _____

☐ Walk home (off campus) *Student must be in grades 4 – 12 or accompanied by a sibling in grades 4 – 12*

☐ Check if student will be dismissed with sibling(s)

Name(s): _____ Grade(s): _____

☐ Kids' Cove (Must complete application that can be found on Atlantis website-family resources)

☐ Atlantis/SRTA Bus (Must complete bus registration form)

☐ Take a van to another daycare facility (*please indicate which*) _____

Please provide additional information regarding dismissal (if applicable):

I understand and agree that, as the parent/guardian, I accept full and sole responsibility for my student's safety after dismissal from school, as per my request. If I decide to change the conditions of this request, I will notify the school in writing and with sufficient notice to allow implementation of such notification.

Parent/Legal Guardian Name

Relationship to Student

Date of Request

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School Information Only

Received by: _____

Date: _____

Rev: 4.6.2020



Lower School: Grades K – 6

Bus Registration Form

2020-2021

Transportation services will be provided by Tremblay's Bus Company for students in Grades K-6.
Please complete a form for each student in your household.

Student Name: _____ **D.O.B:** _____ **Grade for 2020-2021:** _____

My student will be taking the bus with a sibling/s:

☐ **Yes** - Sibling Name: _____ Sibling Grade: _____

☐ **Yes** - Sibling Name: _____ Sibling Grade: _____

☐ **Yes** - Sibling Name: _____ Sibling Grade: _____

<i>Please complete the section for the bus route your student will be taking</i>		
Maplewood Park	Kennedy Park	Bicentennial Park
<input type="checkbox"/> Morning Bus: Departure Times: 7:35 AM, 8:05 AM	<input type="checkbox"/> Morning Bus: Departure Times: 7:30 AM, 8:10 AM	<input type="checkbox"/> Morning Bus: Departure Time: 8:00 AM
Afternoon Bus: <input type="checkbox"/> 3:20 PM for Grades 4-6 <input type="checkbox"/> 3:20 PM for Grades K-3 and Grades 4-6 students with younger siblings only	Afternoon Bus: <input type="checkbox"/> 3:20 PM for Grades 4-6 <input type="checkbox"/> 3:20 PM for Grades K-3 and Grades 4-6 students with younger siblings only	Afternoon Bus: <input type="checkbox"/> 3:20 PM for Grades K-6

<i>Dismissal from Bus</i>	
Grades K – 3	Grades 4 – 6
<input type="checkbox"/> Parent/Guardian Pick Up (Must be on dismissal list) <input type="checkbox"/> Walking Home from Bus with an older sibling that is in Grades 4 – 6	<input type="checkbox"/> Parent/Guardian Pick Up (Must be on dismissal list) <input type="checkbox"/> Walking Home from Bus

By signing this bus registration form, you are consenting to your student taking the bus at the scheduled pick up and/or drop off times designated by the school. Parents/Guardians are responsible for getting their student to the bus stop on time in the morning and are required to be at the bus stop on time to pick up their student in the afternoon. Students will not be released to adults that are not on the emergency contact list. Students taking bus transportation are to comply with all rules set forth by Atlantis Charter School. Unsafe behavior on the part of the student or parent/guardian failure to abide by the above rules will result in a conference with school administration and possible disciplinary action and/or loss of busing privileges.

Parent/Guardian Name

Date

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