



Southwest Preparatory School

**Northeast Campus**

1258 Austin Hwy
San Antonio, Texas 78209
(210) 829-8017
Fax: (210) 829-8514

Southeast Campus

735 S. W.W. White Rd
San Antonio, Texas 78220
(210) 333-1403
Fax: (210) 333-3024

Northwest Campus

6535 Culebra Road
San Antonio, TX 78238
(210) 432-2634
Fax: (210) 432-5482

Alternative Campus

1258 Austin Hwy, Bldg. 2
San Antonio, Texas 78209
(210) 828-2161
Fax: (210) 826-9962

E-mail: swwf@swwf.org

Website: www.swprep.org

2008-2009

Registration Package

Number (for staff only)

Student Name: _____
Last First Middle

To officially apply for enrollment, all documents/actions listed below must be completed and/or submitted.

Checklist:**Forms in this application to be completed by Parents/Students and returned:**

- _____ 1. Student Enrollment Application
- _____ 2. Lottery System Acknowledgement
- _____ 3. Parent/Student Handbook & Code of Conduct Acknowledgement
- _____ 4. Attendance Warning Notice Acknowledgement (TEC Ch 25)
- _____ 5. Enrollment Verification
- _____ 6. Home Language Survey
- _____ 7. Emergency Physician and Care Authorization
- _____ 8. Employment Survey (Migrant Education Program)
- _____ 9. Release of Liability for Field Trips/Physical Fitness
- _____ 10. Initial Course Schedule Request
- _____ 11. Texas Health and Human Services Flyer (Children's Health Insurance Program)

Please detach and keep if desired.

- _____ 12. Activities Application For Free and Reduced-Price Meals

Documentation that needs to be turned in with application:

- _____ 1. Proof of Residency
(Acceptable documents are Utility, Telephone, or Property Tax Bills; Driver license is **not** acceptable)
- _____ 2. Copy of Social Security Card
- _____ 3. Copy of Birth Certificate
- _____ 4. Transcripts (official or unofficial), Testing Records, TAAS/TAKS scores, & Special Education Records
Shot Records indicating current immunizations
- _____ 5. Proof of Guardianship, if applicable (if student does not live with parents)

Final steps for registration:

- _____ 1. Schedule and complete an interview with SWPS administrator (if this is your first enrollment)
- _____ 2. Complete and submit Withdrawal Form from previous school **after SWPS interview** (if applicable)

Notes/Remarks (for staff only):

Enrollment Application Continued:

Section III: Student School History Information

Resident School: _____ Last School Attended: _____

Resident ISD School District: _____ Last School County District Code: _____

Resident County District Code: _____ Last ISD School District: _____

*Please note the school/ school district in which the student lives.
The school/school district a student resides in is sometimes called the
Home School” or “Home District”.*

*Please note the name of the LAST school/ISD the student attended.
It may be the same as the resident school/ISD school district. The student’s previous
school records will be requested from this school/district.*

Date Withdrew from LAST school: _____

Please list any other schools where you may have earned high school credits:

Were you expelled from your last School? Yes No Unknown

If “Yes” please note reason: _____

Have you had attendance problems in the past (e.g., referrals to court or loss of credit)? Yes No

If you attended SWPS in the past, please indicate which campus(es): NE SE NW ND Never attended

If you attended SWPS in the past, please indicate which school year(s) you previously attended SWPS:

2003-2004 2004-2005 2005-2006 2006-2007 2007-2008 N/A

Section IV: Emergency Contacts:

1st Emergency Contact: _____ 2nd Emergency Contact: _____

1st Contact Relationship: _____ 2nd Contact Relationship: _____

1st Contact Home Phone: _____ 2nd Contact Home Phone: _____

1st Contact Work Phone: _____ 2nd Contact Work Phone: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Office Use Only:

Complete Application Received: _____
Staff Signature Date

Data Entered into Access Database: _____
Staff Signature Date

Data Entered into PEIMS Database: _____
Staff Signature Date

**Southwest Preparatory School
Parent/Student Handbook & Code of Conduct Acknowledgement**

Dear Student/Parent/Guardian:

The Southwest Preparatory School Trustees officially adopted the Parent/Student Handbook & Code of Conduct to promote a safe and orderly learning environment for every student.

Students and parents are required to read and discuss the Handbook. Questions about the rules and consequences may be referred to the student’s teacher, the school counselor, or the campus administrators for clarification or more detailed explanation.

Students and parents are required to sign this letter below acknowledging receipt and willingness to comply with the school rules and policies as established by the Southwest Preparatory School Parent/Student Handbook & Code of Conduct.

Please note that there may be exceptions to the Code of Conduct for students with disabilities whose ARD committee determines that the code is inappropriate due to the specific disability(ies) of the student.

Sincerely,

Southwest Preparatory School Administration

We acknowledge that we have received a copy of the Southwest Preparatory School Parent/Student Handbook & Code of Conduct, and that we have read, discussed, and agree to comply with the rules and policies established therein.

Print Student Full Name

Student Signature

Date

Print Parent/Guardian Full Name

Parent/Guardian Signature

Date

Southwest Preparatory School Attendance Notification

Enrollment Date

Student Name

Parent/Guardian Name

Street Address/Apt #

Parent/Guardian Drvr. Lic. #/Issuing State

City/State/Zip

Parent/Guardian SSN

Parent/Guardian Date of Birth

Dear Parent/Guardian:

The Texas Education Code (TEC) mandates that a school district shall give a written warning notice to a student's parent/guardian of Chapter 25, Section 25.095, at the beginning of the school year. This letter is considered the district's written warning notice to you reference the contents of TEC, Chapter 25, Section 25.095. Another recent legislation change to TEC, Chapter 25, Section 25.002, now mandates that; a school district shall record the name, address, and date of birth of the person enrolling a child. Please complete the Enrolling Parent/Guardian information section above.

TEC Chapter 25, Section 25.095 Warning Notices

- (a) A school district shall notify a student's parent in writing at the beginning of the school year that if the student is absent from school on 10 or more days or parts of days within a six-month period in the same school year or on three or more days or parts of days within a four-week period:
1. The student's parent is subject to prosecution under Section 25.093
 2. The student is subject to prosecution under Section 25.094 or to referral to a juvenile court in a county with a population of less than 100,000 for conduct that violates that section.
- (b) A school district shall notify a student's parents if the student has been absent from school, without excuse under Section 25.087, on three days or parts of the days within a four-week period. The notice must:
1. Inform the parent that:
 - (A) It is the parent's duty to monitor the student's school attendance and require the student to attend school; and
 - (B) The parent is subject to prosecution under Section 25.093 and
 2. Request a conference between school officials and the parent to discuss the absences.
- (c) The fact that a parent did not receive a notice under Subsection (a) or (b) does not create a defense to prosecution under Section 25.093 or 25.094
- (d) In this section, "parent" includes a person standing in a parental relation.

Please contact the school if you have any questions.

I have read and understand the information in this notification: _____

Enrolling Parent/Guardian Signature

Southwest Preparatory School Enrollment Verification

Southwest Preparatory School is an open-enrollment charter school. The charter, awarded by the Texas Education Agency, governs the operation of the school. The provisions of the charter stipulate that as an open-enrollment charter school, Southwest Preparatory School will serve the following student population.

1. Students must be 14-20 years of age and must be in the ninth grade level or above.
2. Any eligible student who resides within the boundaries of Bexar County may enroll; **except** students who live within Bexar County but whose residence is within the boundaries of the following school districts:
 - a. Schertz Independent School District
 - b. Somerset Independent School District
 - c. Smithson Valley Independent School District
3. Students who are 17 years of age, or older, and who are considered school dropouts at the time of enrollment must have earned a minimum of 17 academic credits before being enrolled as a student. Students who are 17 years of age or older and have not earned 17 academic credits must complete their GED prior to enrolling into the diploma program.
4. Students expelled from other public schools in Bexar County and assigned to JJAEP as part of the terms of that expulsion may not enroll at SWPS until completion of the JJAEP assignment.

My signature attests that I meet all the requirements for enrolling at SWPS. I have read and clearly understand the requirements listed above. I understand that my enrollment may be terminated if it is found that I have misrepresented any enrollment criteria.

Student Signature	Date	Student Date of Birth
Parent Signature	Date	

Please complete the following information if you are an adult student (18 or older):

- 1. I authorize the following parent(s) / guardian(s) to review my educational records:***

Print Parent Name(s): 1. _____ 2. _____
 3. _____ 4. _____

Student Signature

OR

- 2. I do not authorize my parent(s) / guardian(s) to review my educational records.***

Student Signature

*Southwest Preparatory School
Home Language Survey*

Student Name: _____

School: Southwest Preparatory School Grade: _____

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN:

(1.) What language is spoken in your home most of the time? _____

(2.) What language does your child speak most of the time? _____

Parent/Guardian Signature

Date

Questionario De Idioma Hogarido

Nombre del Estudiante: _____

Escuela: Southwest Preparatory School Grado: _____

DEBE DE COMPLETARSE POR EL PADRE OR GUARDIAN

(1.) ¿Cual es el idioma que mas se hable en su hogar? _____

(2.) ¿Cual es el idioma que mas habla su nino(a)? _____

Firma Del Padre O Guardian

Fecha

For office staff to complete:

In the event the primary language is **other than English**:

1) I have notified the ESL Coordinator by e-mail.

AND

2) I have forwarded a copy of this completed form to the ESL Coordinator.

Staff Signature: _____

Southwest Preparatory School

Emergency Physician and Care Authorization

Student Name (Last) _____ (First) _____ (MI) _____ Sex _____ Grade _____ Date of Birth _____

Home Address _____ Zip _____ Home Phone _____

Father's/Guardian's Name _____

Business Name & Address _____ Business Phone _____

Mother's/Guardian's Name _____

Business Name & Address _____ Business Phone _____

Student Lives With: Both Parents _____ Mother only _____ Father only _____ Other (specify) _____

If parents cannot be contacted please indicate alternate adult(s) whom the school should call. Please indicate relationship (e.g. neighbor, grandparents, etc.)

Alternate Adult _____ Relationship _____ Address _____ Phone _____

Alternate Adult _____ Relationship _____ Address _____ Phone _____

Current Health Problems: (Check All That Apply)

- Cardiac _____
- Asthma _____
- Diabetes _____
- Seizure Disorder _____
- Blood Disorder _____
- Other _____
- Severe Drug Allergy _____
Name Of Drug And Reaction _____
Is Breathing Affected? Yes ___ No ___
- Severe Food Allergy _____
Name Of Food & Reaction _____
Is Breathing Affected? Yes ___ No ___
- Severe Insect Bite Allergy _____
Name Of Insect & Reaction _____
Is Breathing Affected? Yes ___ No ___
- Vision Problem _____
Type _____
Glasses Or Contacts? Yes ___ No ___
- Hearing Problem _____
Type/Cause _____
Hearing Aid Appliance? Yes ___ No ___
Hearing Loss: Permanent _____ Temporary _____

Past Health Problems: (Check All That Apply)

- Chicken Pox _____
- Hepatitis _____ A _____ B _____ Other _____
- Mononucleosis _____
- Surgery (Describe) _____

- Other: _____

- Medications Taken On A Regular Basis:

- Other Health Problems/Concerns:

- Date of Last Tetanus Booster: _____

NOTE: PLEASE INITIAL HERE IF THERE ARE NO HEALTH PROBLEMS: _____

Physician _____ Phone _____

Dentist _____ Phone _____

SWPS does not assume any financial responsibility but does wish to provide the best emergency service.

By signing this form you are giving school personnel authority to call EMS or to obtain medical care if you or the alternate adults cannot be reached and releasing SWPS and its staff from any financial responsibility.

I hereby grant permission for emergency medical care to be given by the attending physician and/or school personnel.

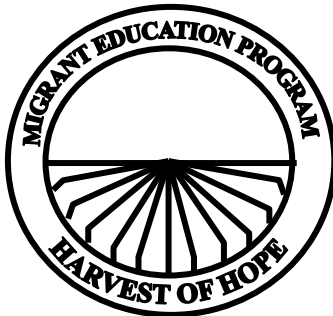
I also give permission for EMS to be called and for my child to be transported as necessary by school or EMS personnel to the nearest hospital.

Signature of Parent/Guardian _____ Date _____

EMPLOYMENT SURVEY

District: Southwest Preparatory School (015-807)

IMPORTANT: PLEASE FILL OUT THIS FORM AND RETURN IT TO THE SCHOOL OFFICE



ARE YOU (OR ANYONE IN YOUR FAMILY) A MIGRANT AGRICULTURAL WORKER?

Within the last three years has your child traveled or moved (alone or with a parent, relative, guardian, or a spouse) so that a family member could look for or do temporary or seasonal agricultural work?

YES _____ NO _____

If YES, please place a check by the line that best describes the work that was done (or sought) and fill in the blanks below:

- _____ Agricultural farms, Ranches, Fields
_____ Food Warehouses, Processing Plants, or Canneries
_____ Dairies
_____ Poultry farms
_____ Fisheries
_____ Slaughter Houses
_____ The Forestry Industry, Plant Nurseries, Landscaping
_____ The Transportation of any Agricultural Products
_____ Other: _____ (specify)

Southwest Preparatory School _____ GRADE _____ DATE OF BIRTH _____
SCHOOL

_____ PARENT/GUARDIAN _____ STUDENT NAME _____

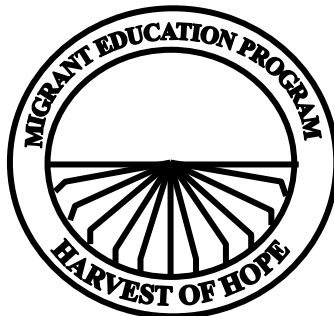
_____ STUDENT HOME ADDRESS _____ APARTMENT NAME (IF ANY) _____ TELEPHONE _____

_____ MAILING ADDRESS _____ APARTMENT NUMBER (IF ANY) _____ TODAY'S DATE _____

ENCUESTA DE EMPLEO

Distrito: Southwest Preparatory School (015-807)

**IMPORTANTE: FAVOR DE LLENAR ESTA FORMA Y REGRESARLA
A LA OFICINA DE LA ESCUELA**



**¿ES USTED O ALGUIEN DE SU FAMILIA UN
TRABAJADOR MIGRANTE EN LA AGRICULTURA?**

¿Se ha mudado o viajado su hijo/hija durante los últimos tres años (para vivir solo, con un padre, pariente, guardian o esposo/esposa) para que alguien de la familia buscara o hiciera trabajo temporal de agricultura?

SÍ _____ NO _____

Sí su respuesta es Sí por favor de indicar abajo marcando la línea que mejor describa el trabajo que usted ha hecho o buscado:

- _____ En Granos, Ranchos, O Campos De Agricultura
 _____ En Bodegas De Comida O En Enlatadoras
 _____ En Lecherías
 _____ En Pollerías
 _____ En Pescaderías O En La Pesca De Camarones
 _____ En Matadero De Animales
 _____ En La Industria Forestal, Invernaderos De Plantas O Árboles,
 _____ En La Transportación De Los Producto De Estos Trabajos De Agricultura
 Otro: _____
 (Indique)

Southwest Preparatory School _____
 ESCUELA

_____ GRADO

_____ FECHA DE NACIMIENTO

_____ PADRE/TUTOR

_____ NOMBRE DEL ESTUDIANTE

_____ DOMICILIO

_____ NOBRE DE APARTAMENTO

_____ TELÉFONO

_____ DIRECCIÓN PARA RECIBIR CORREO

_____ NUMERO DE APARTAMENTO

_____ FECHA DE HOY

Southwest Preparatory School
Release of Liability Form - Field Trip/Physical Fitness Activities

I, _____, the undersigned parent of _____
Print Parent/Guardian's Full Name Print Student's Full Name
and resident of the City of _____, County of _____, State of
Texas, do hereby authorize my child to participate in Southwest Preparatory School (SWPS) Physical Fitness
and Field Trip Activities. I agree to release and discharge SWPS, its staff members, and all others who may
be held liable from all claims, present and future, known or unknown, arising from my child's participation in
school physical fitness and field trip activities.

I acknowledge that my child has no medical limitations and is fully capable of participating in said activities. I appoint
SWPS to act on my behalf in the event that my child should require emergency medical attention while participating in
field trip or physical fitness activities. This appointment gives SWPS the authority to sign releases to physicians who
may render medical care if it becomes necessary in case of an emergency.

I agree to assume liability for payment of all professional services and to reimburse SWPS for any expense
that it may incur resulting from any medical services for my child. I hereby agree to hold SWPS, SWPS
employees, and any other agent of SWPS who may act on behalf of SWPS, harmless of any decision and any
injury resulting from such decision concerning the care and treatment of my child.

I agree that if my child's behavior is such that it disrupts or endangers the welfare of others, SWPS has my
permission to deny him/her participation in such activities.

Printed Name of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Southwest Preparatory School

Initial Course Schedule Request

Please select 4 courses. Indicate course selections below by marking an “X” in the box next to the course needed to complete the grade level requirements.

All courses must be officially assigned by the counselor. Students may be assigned additional elective courses after finishing all initial core courses.

Core/Required Courses:

Freshman

Semester 1	
English 1 A	
Algebra 1 A	
W. Geography A	
IPC A or	
Biology A	
Tech App A	
P.E. 1	

Semester 2	
English 1 B	
Algebra 1 B	
W. Geography B	
IPC B or	
Biology B	
Tech App B	

Sophomore

Semester 1	
English 2 A	
Geometry A	
W. History A	
Biology A or	
Chemistry A	
Fine Arts A	
P.E. 2	

Semester 2	
English 2 B	
Geometry B	
W. History B	
Biology B or	
Chemistry B	
Fine Arts B	
Elective	
Health	

Junior

Semester 1	
English 3 A	
Math Models A or	
Alg. 2 A	
U.S. History A	
Chemistry A or	
Physics A	
Other Language 1 A	
Elective A	
Comm. Appl.	

Semester 2	
English 3 B	
Math Models B or	
Alg. 2 B	
U.S. History B	
Chemistry B or	
Physics B	
Other Language 1 B	
Elective B	

Senior

Semester 1	
English 4 A	
Alg. 2 A or	
Pre-Calculus A	
Government	
Physics A or	
4 th Science A	
Other Language 2 A	
Elective A	
Elective A	

Semester 2	
English 4 B	
Alg. 2 B or	
Pre-Calculus B	
Economics	
Physics B or	
4 th Science B	
Other Language 2 B	
Elective B	
Elective B	

All students will be enrolled in Character Education, a local elective course and requirement of Southwest Preparatory School.
(Note: Recommended order based on TAKS knowledge requirements for each grade level)

Electives:

Note: Not all elective courses are offered at all campuses. Check with the respective campus counselor.

- | | | |
|---------------------|-------------------------|------------------------------------|
| Art I and II | Spanish 1 | Tech App: BCIS (1 credit required) |
| Psychology | Spanish 2 | Web Mastering |
| Sociology | Spanish 3 | Multimedia and Animation |
| Child Development | Spanish 4 | Video Technology |
| Environmental Sys | Cosmetology | Independent Study |
| Dance | Business Law | |
| Theatre Arts | Intro to Business | |
| Parenting Education | Diversified Career Prep | |

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____









Children's Health Insurance Program

WHAT IS CHIP?

CHIP is a sponsored health insurance program for Texas children.

WHO QUALIFIES?

- Children from 0 – 18 years. Coverage ends on their 19th birthday.
- Children who are US citizens or legal permanent residents. Children must reside in Texas.
- Family meets CHIP income and assets requirements.

Family Size Parents & Children	Monthly Family Income	Annual Family Income
1 	\$1,734	\$20,800
2 	\$2,334	\$28,000
3 	\$2,934	\$35,200
4 	\$3,534	\$42,400
5 	\$4,134	\$49,600
6 	\$4,734	\$56,800
7 	\$5,334	\$64,000
8 	\$5,934	\$71,200

*Information valid through March 2009.

WHAT DOES IT COVER?

- Choice of doctors
- Regular check-ups and office visits
- Prescription drugs and medical supplies
- Dentist visits, cleanings and fillings
- Access to medical specialists
- Eye Exams and glasses
- Shots and immunizations
- Hospital care and services
- X-rays and lab tests
- Coverage for special health needs
- Coverage for pre-existing conditions

WHAT IS THE COST?

CHIP is health insurance designed for families who earn too much money to qualify for Medicaid, yet cannot afford to buy private health insurance. CHIP enrollment fees and co-payments are based on the family's income. Enrollment fees are \$50 or less per family for each six-month term of eligibility and most co-payments for doctor visits and prescription drugs range from \$3 to \$10.

HOW DO I APPLY?

Call 1-877-543-7669 to apply in *English or Spanish* Monday through Friday from 8am – 8pm. Applications can also be downloaded and printed out from the web site www.texcarepartnership.com.

**For questions or renewal assistance please call:
1-877-543-7669**

CHIP Children's Health Insurance Program







PREGUNTAS Y RESPUESTAS

¿QUÉ ES CHIP?

CHIP es un plan de seguro médico para niños. Esta diseñado para las familias que no califican para Medicaid por sus ingresos muy altos pero que no son lo suficiente para comprar un seguro particular.

¿QUIÉN CALIFICA?

- ▶ Niños de 0 a 18 años de edad. La cobertura termina al cumplir los 19 años.
- ▶ Niños ciudadanos o residentes legales de los Estados Unidos. Niños deben ser residentes de Tejas.
- ▶ Las familias que satisfacen los requisitos de ingresos y bienes de CHIP.

Tamaño de Familia Padres e Hijos	<u>Ingreso Mensual</u>	<u>Ingreso Anual</u>
1 	\$1,734	\$20,800
2 	\$2,334	\$28,000
3 	\$2,934	\$35,200
4 	\$3,534	\$42,400
5 	\$4,134	\$49,600
6 	\$4,734	\$56,800

*Este guia de ingresos es efectivo Abril 1, 2008 – Marzo 31, 2009

¿QUÉ CUBRE?

- | | |
|---|--|
| <ul style="list-style-type: none"> ▶ Visitas al Doctor, Chequeos Regulares y Vacunas ▶ Equipo Médico ▶ Servicios Hospitalarios y de Clínica ▶ Servicios de Salud Mental Limitados ▶ Condiciones Preexistentes de Servicios Aprobados | <ul style="list-style-type: none"> ▶ Recetas Médicas ▶ Terapia Física y del Habla ▶ Servicios de Emergencia ▶ Cuidado de Salud en Casa ▶ Rayos X, Exámenes de Laboratorios y Transplantes |
|---|--|

¿QUÉ ES EL COSTO?

- ▶ La mayoría de las familias con ingresos mas altos pagarán \$15, \$20 o \$25 mensuales por todos los niños en su plan.
- ▶ Unas familias no pagarán una mensualidad dependiendo en los ingresos y tamaño de familia.
- ▶ La mayoría de las familias pagarán un co-pago al visitar el médico, por las recetas médicas y servicios de emergencia. Los co-pagos van a variar dependiendo de los ingresos de la familia.

¿CÓMO APLICO?

Llame al **1-800-647-6558** donde sus preguntas serán contestadas en *inglés* o en *español* de lunes a viernes de 9am – 9pm y de 9am – 3pm en sábado. Las solicitudes también están disponibles para imprimir por internet en www.texcarepartnership.com.

Para asistencia o ayuda con su renovacion, llame al:
(210) 354-CHIP (2447)

*Southwest Preparatory School
Application For Free and Reduced-Price Meals*

To Be Provided At The Campus