



# ASTECHARTER SCHOOLS

## Intent -To- Enroll Checklist

### Elementary School

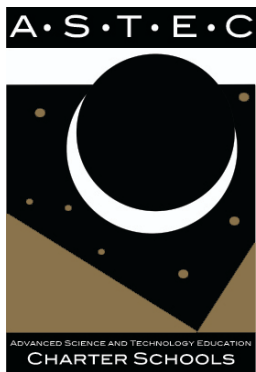
Student Name: \_\_\_\_\_ Incoming Grade Level: \_\_\_\_\_

**The following items must be completed and attached to the Intent- To- Enroll form.**

- Name of Student’s Last School Attended: \_\_\_\_\_ Phone Number \_\_\_\_\_
- Is your child on an IEP or receiving special education services? Yes or No
- Is your child on a 504 plan Yes or No If so, under what conditions? \_\_\_\_\_
- Birth Certificate
- Up to date immunization records (requirements listed below)
- Copy of Individualized Educational Program and eligibility evaluation (If applicable) (A copy is necessary to ensure that services are provided in a timely manner)
- Copy of Public Library Card or E-Card Register-([metrolibrary.org/about-us/account/registratation](http://metrolibrary.org/about-us/account/registratation))
- Proof of residence in Oklahoma City (Copy of water, gas, electric bill, lease, mortgage statement or property tax record. Documentation must show parent’s name)
- Parent/Guardian Acknowledgement Form (Included in this packet)
- Legal transfer- needed prior to school starting (if you reside outside the Oklahoma City Public School
- Parent/Guardian photo ID  
 \_\_\_\_\_in cases of divorce - current custody papers **required - prior to the start of school (do not mail)**  
 \_\_\_\_\_in cases of guardianship - current court ordered papers **required-prior to the start of school (do not mail)**
- Paid Activity Charge? \_\_\_\_\_ Interview Completed? \_\_\_\_\_

**Required Immunizations**

<b>Pre-K</b>	4 DTaP (diphtheria, tetanus, pertussis) 1 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	3 IPV (polio) 2 Hep A (hepatitis A)  3 Hep B (hepatitis B)	Seasonal influenza (flu) 2 varicella at 4 years old Polio on or after 4th birthday
<b>K-6th</b>	5 DTaP(diphtheria, tetanus, pertussis) * 2 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	4 IPV (polio) ** 2 Hep A (Hepatitis A) 3 Hep B (Hepatitis B)	Seasonal influenza (flu) 2 varicella at 4 years old Polio on or after 4th birthday



# ASTEC CHARTER SCHOOLS

## Intent -To- Enroll Elementary School

The Mission of the Advanced Science and Technology Education Charter (ASTEC) Schools is to be the leader in empowering and inspiring learners in reaching their highest potential.

### Who We Are

We are college preparatory, fully accredited, public school of choice. We focus on math, science, and technology within a liberal arts curriculum. Our philosophies are based on Four C's; Content, Character, Community, and Competency.

### What We Believe

1. Future generations of young people will be the stewards of our community, nation and world in increasingly complex and critical times
2. The present and future well being of our society requires an educated, involved, and caring citizenry with good moral character.
3. The character and conduct of our youth reflect the character and conduct of society; therefore, we have all the responsibility to teach, model and promote the development of strong character and moral decision-making.
4. Quality performance must be expected of all students, employees, and community.
5. Technology is a basic element of education.
6. An educational environment must exist which supports respect for oneself and others.
7. Understanding and valuing human diversity enriches individuals and society.
8. Constant change creates the need for lifelong learning.
9. High achievement will evolve from high expectations.
10. School should focus on learning and not clothing or status; therefore, we require uniforms.

### Our Vision

To create state-of-the-art schools where learners understand, regardless of background or ability, when reaching for their highest potential they can experience peace, prosperity and personal accountability.

### Our Curriculum

Hands On\*Project-based\*Experiential\*Core Knowledge\*Relevant\*Liberal Arts\*Integrated Across the Curriculum\*Teaming\*Authentic Assessment\*Student Centered\*Four C's: Content, Character, Competency and Community\*Technology Used Daily Within Classes\*Math, Science, and Technology Focus

ASTEC Charter Elementary School  
2600 General Pershing Blvd.  
Oklahoma City, Oklahoma 73107

[www.astec-K12.com](http://www.astec-K12.com)

Phone: 405-947-6272 \*Fax 405-947-0035

Email: [boconnor@astec-k12.com](mailto:boconnor@astec-k12.com)

\*405-947-6273 Si necesitan una aplicacion en Espanol, por favor de llamar a



**BROTHERS/SISTERS**

Current Grade(2020-2021)

Enrolled in ASTEC?

Applying to ASTEC

_____	Yes	No	Yes	No
_____	Yes	No	Yes	No
_____	Yes	No	Yes	No
_____	Yes	No	Yes	No

**SCHOOL HISTORY**

School where child currently attends: \_\_\_\_\_ Current Grade \_\_\_\_\_

# of years attended \_\_\_\_\_

Other schools where child has attended? \_\_\_\_\_

Student on an IEP? \_\_\_\_\_

Student on a 504? \_\_\_\_\_

Has student ever skipped a grade? \_\_ Yes \_\_ No Which grade and why? \_\_\_\_\_

Has student ever repeated a grade/ \_\_ Yes \_\_ No Which grade and why? \_\_\_\_\_

**DISCIPLINE/CONDUCT**

Maintaining an effective learning environment is critical to ASTEC Charter Schools' success. Because we are a project-based school, it is necessary for students to be able and willing to work independently, conform to behavioral expectations, and work well with other students. Please answer the following questions regarding your child's behavioral and conduct history:

Does your child have a history of discipline problems at home? \_\_ Yes \_\_ No

Does your child have a history of discipline problems at school? \_\_ Yes \_\_ No

Has your child ever been suspended? \_\_ Yes \_\_ No



## Parent/Guardian Acknowledgement Statement

Directions: Please read each section and check each item. Then provide your signature in the space provided. Note: Your signature implies understanding and acceptance of each individual policy.

### **Parents/Guardians of students accepted to ASTEC Charter Schools must support and agree to the following policy statements:**

\_\_\_ **Affirmation and Acknowledgement of the Mission:** The undersigned pledges support to the principal, faculty and staff in furthering the mission of the school. We, the ASTEC Charter School family, do affirm our mission to empower, motivate and inspire children to their highest potential in the Core Values of Content, Character, Competency and Community.

\_\_\_ **Commitment of Involvement:** The undersigned acknowledges and affirms parental involvement in a child's education is that of primary teacher and that the role of parents/guardians in a child's education is to reinforce and assist the teacher in the academic tasks of the classroom as well as with assignments for outside the classroom. The undersigned pledges to participate in their child's/ward's education to the fullest extent expected by ASTEC Charter Schools.

\_\_\_ **Commitment to Involvement In and Support of Student/Parent/Teacher (STP) Committee:** The parent/guardian understands that ASTEC Charter Schools relies on the active participation of all parents/guardians in the school association. Knowing this, the parent/guardian pledges that at the time of the student's official acceptance, he will sign up to either chair or actively work with at least one STP committee, and to make the mission of the committee a priority.

\_\_\_ **Affirmation and Consent to Uniform Policy:** The undersigned pledges participation and cooperation of his/her child/ward in the wearing of a uniform at school in order to further the purposes of a safe and academic environment. The undersigned understands that his/her child/ward will be required to wear the approved uniform to school and that not being in full uniform could result in removal from a school for the day.

\_\_\_ **Acknowledgment of Parental/Guardian Attendance Responsibilities:** The parent/guardian understands that ASTEC Charter Schools is a school of choice, and the parent/guardian must provide transportation for his/her student(s). The parent/guardian acknowledges that repeated tardies/absences will result in the removal of the student(s) from the school.

\_\_\_ **Acknowledgement of Student Responsibility/Accountability:** The parent/guardian understands that all ASTEC Charter Schools students are held fully accountable for their actions. The first step in being accountable is taking responsibility. The parent/guardians acknowledge and pledge to support ACS in decisions related to accountability and responsibility. The parents/guardians also understand that this accountability can result in disciplinary action.

\_\_\_ **Parent/Guardian Acknowledgement for the Transfer Application:** I hereby grant permission for my child/ward to apply for and attend (if accepted) ASTEC Charter Schools. I also give my permission for school officials to administer and report my student's achievement and aptitude test scores when required. I understand that all recommendations and test results will be maintained in confidence and that this application will not be returned to the student or parents/guardians and will become the sole property of ASTEC Charter Schools. I understand that enrollment consideration is on a space available basis only. I will be notified of my child's/ward's admission status in writing.

\_\_\_ **Acknowledgment of Activity Charge and School Supplies:** There is an annual activity charge per student at ACS. This is used to fund field trips, parties and other activities for ACS students. Additionally, students must provide a \$25 Staples card that will cover all school supplies for the year except lined paper and pens. The parent/guardian acknowledges that these charges are due in full before their student's first day of school and pledges to make arrangements to pay before the deadline. \*Waivers are available upon application.

The schedule for Activity Charge payment is as follows:

**Through June 1 (Early Enrollment) - \$20.00**

**After June 1 - \$25.00**

**After July 1 - \$30.00**

**After August 1 - \$35.00**

**After August 31 - \$40.00**

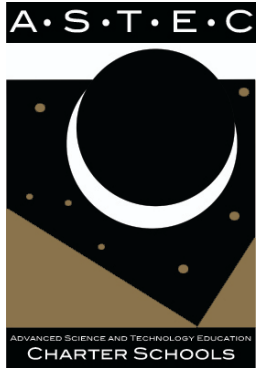
**THIS is NON-REFUNDABLE**

*Payment Arrangements are available. Financial waivers are available on a limited basis if requested in writing.*

Name of Student (Please Print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



**ASTEC CHARTER SCHOOLS**  
**Parent Intent -To- Enroll Statements**  
**Elementary School**  
*(Parents must complete this form)*

**Please tell us about your child so that we may be able to assist him/her in succeeding in school.**

**Why do you want your child to attend ASTEC Charter Schools?**

Will you make sure that your student reads 20 minutes each day? (Grades 2nd-5th)    Yes    No

Will you read to your student for at least 15 minutes each day?    (Grades PK-1st)    Yes    No

***NOTE: Students MUST write in cursive at ASTEC beginning in 3rd grade.  
Please have them practice at home.***



**ASTECC HARTER SCHOOLS**  
**Student Intent -To- Enroll Statements**  
**Elementary School (Grades 2nd -5th)**  
*(Student must complete this form independently)*

Please tell us why you are applying to ASTEC Charter Schools.

What are your goals in life and what do you hope to become?

What are your interest? Painting? Music? Drawing? Athletics? Drama? Other? Please elaborate.

What do you think you are really good at doing?

What do you think causes you the most problems?

Do you know how to write in cursive?

Yes No

Can you promise to read for 20 minutes each day?

Yes No

*NOTE: All 2nd grade -5th grade students MUST know their address and parents' phone numbers before the first day of school.*





# ASTECHARTER SCHOOLS ELEMENTARY SCHOOL

## CONFIDENTIAL TEACHER RECOMMENDATION

*Teacher must be from most recent school year. Core subject teacher recommendations are preferred.*

To Teacher: Your insight and evaluation of the following student will be helpful as we consider programming and placement in classes for the student. The information you provide will be strictly confidential. Thank you for taking the time to complete this recommendation.

Please mail directly to:

ASTECHARTER SCHOOLS  
2401 NW 23rd, Ste. 39A  
Oklahoma City, OK 73107  
FAX: 405-947-0035

Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

**Academic Evaluation:** *Please check appropriate ratings (X)*

Academic Potential	Limited	Fair	Average	Good	Outstanding
Academic Achievement	considerably below expectations	somewhat below par	as expected	better than tests	far above expectations
Self-motivation	does very little	only does what is required	some desire to learn	well motivated	set high goals
Study habits	poor	fair	good	excellent	
Intellectual curiosity	limited		occasional		strong
Ability to concentrate	easily distracted	occasionally distracted		usually good	exceptionally good
Ability to write	limited ideas and mechanics	fair ideas and good mechanics		good ideas and fair mechanics	excellent ideas and mechanics
Participation in discussion	rarely contributes	wants to dominate	contributes when called on	contributes occasionally	joins in readily
Ability to express ideas orally	limited	has some difficulty		good	exceptionally good
Computational skill (math)	weak		average		strong
Problem-solving ability (math)	limited		average		strong
Maturity in terms of age and grade	somewhat immature		average	above average	very mature
Integrity and honesty	needs improvement		usually trustworthy		highly developed
Consideration of others	needs improvement		usually considerate		always considerate
Social adjustment with peers	needs improvement		occasionally has minor problems		very healthy

Involvement with school activities	limited		considerable		outstanding
Independence	rarely shown		occasionally initiates		frequently displays
Classroom conduct	occasionally disrupts		usually respectful and responsible		always respectful and responsible
Emotional Stability	insecure	overly anxious	attention seeking		happy and stable
Sense of humor	rarely laughs or smiles		average		delightful
Self-confidence	needs much reassurance	appears overly confident		needs some support	healthy self-image
Fulfills responsibilities	sometimes		usually		always

Additional Comments:

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Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Subject/Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Thank you for taking the time to complete this recommendation.



# ASTEC CHARTER SCHOOLS

## ELEMENTARY SCHOOL

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Additional Comments:

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Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Subject/Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Thank you for taking the time to complete this recommendation.