El Paso Leadership Academy

A Tuition Free Public College Preparatory Charter Academy
2101 Joe Battle El Paso, Texas 79938
(915) 298-3901

New Registration Packet

2026-2027

Please fill out all the information needed and attach the following documents:

- ☐ *Birth Certificate*
- ☐ *Social Security number and Card (If applicable)*
- ☐ *Parent Id*
- ☐ *Proof of Address (Recent water, gas or electric bill) or Notarized Letter*
- ☐ *Immunization Record.*

If documents cannot be attached to the Registration Packet, please send them directly to Ms. Ileana Cardoza to her email illeanacruz@epla.org within 10 business days. Registration is not complete until all documents are received.

EL PASO
LEADERSHIP ACADEMY

The mission of the El Paso Leadership Academy is to prepare students to obtain a four-year college degree and become engaged leaders in their community.

El Paso Leadership Academy

Grade:

El Paso Leadership Academy
New Student Enrollment Form
(Forma de Inscrpion De Estudiante Nuevo Al Distrito De El Paso Leadership Academy)

Studen's Legal Last Name *Apellido Del Estudiante*	
Studen's Legal First Name *Primer Nombre del Estudiante*	
Student's Legal Middle Name *Segundo Nombre del Estudiante*	
Date of Birth *Fecha de Nacimieto*	
Place of Birth *Lugar de Nacimiento*	
Gender/ Genero	Male ☐ Female ☐
Attended EPLA Before	YES ☐ NO ☐
Asisitio antes a EPLA	SI ☐ NO ☐
If yes please check what campus.	Central ☐ Middle East ☐ HS East ☐
Que Campus	Centro ☐ Este Secu ☐ Este Prepa ☐
Grade Attended	
Grado Escolar que Asisito	
Language Spoken by Student *Idioma que habla el estudiante*	
Social Security Number *Numero del Seguro Social*	___ ___ ___ - ___ ___ - ___ ___ ___ ___

IDENTIFICATION INFORMATION OF PERSON REGISTERING CHILD **INFORMACION DE IDENTIFICACION DE LA PERSONA INSCRIBIENDO AL ALUMNO**	
NAME(NOMBRE)	DATE OF BIRTH (FECHA DE NACIMIENTO)

1st Parent/Guardian (Person whom student resides.) *Padre/tutor (Persona con la que vive)*	
Parent Name/*Nombre del padre o tutor*	
Relationship To Student *Relacion con el Estudiante*	
Primary Phone Number *Numero de Telefono*	
Place of Employement *Lugar de Empleo*	
Cellphone/Celular	
EMAIL/*Correo Electronico*	
Street Address/ *Direccion* *APT/Apartamento*	
City/State/Zip *Ciudad/Estado/Codigo Postal*	

2nd Parent/Guardian *2do Padre/tutor*	
Parent Name/*Nombre del padre o tutor*	
Relationship To Student *Relacion con el Estudiante*	
Primary Phone Number *Numero de Telefono*	
Place of Employement/*Lugar de Empleo*	
Cellphone/*Celular*	
EMAIL/*Correo Electronico*	
Street Address/ Direccion *APT/Apartamento*	
City/State/Z /Ciudad/Estado/Codigo	

El Paso Leadership Academy

Student Name:
Nombre del Estudiante: _____

Emergency Contact(s) And Student Release

The persons listed below will be considered emergency contacts and persons to whom school personnel are authorized to release your child during school day. Parent listed as Parent/Guardian 1 and Parent/Guardian 2 on the first page do not need to be listed here.

Las personas que se enlisten a continuacion seran consideradas como contactos de emergencia y las personas que el personal esta autorizado a liberar a su hijos durante el dia escolar.

El Padre/tutor 1 y Padre/Tutor 2 de la primer pagina no las tienen que enlistar en esta pagina.

Name/ *Nombre*	**Phone Number/** *Numero de Telefono*	**Relationship/** *Relacion*

Permission Form to Participate in School Activities

Permiso Para participar en Actividades en la Escuela

I authorize my child to participate in school activiteies and or fieldtrips sponsored by EPLA. It is understood that all reasonable caution will be taken by those persons in charge to prevent injuries but neither those in charge nor the school district shall be held responsible in case of an accident./ Yo autorizo que mi hijo participe en las actividades escolares y/o excursiones patrocinadas por EPLA. Se entiende que todas las precausiones razonables seran tomadas por las personas encargadas de prevenir lesiones, pero ninguno de los responsables, ni el distrito escolar seran responsables en caso de un accidente.

_____ _____

Parent/Guardian Signature **Date**
Firma del Padre/Tutor *Fecha*

EL PASO LEADERSHIP ACADEMY

Welcome to El Paso Leadership Academy, please take a moment to check all that apply, if you are unsure of any of the statements below, simply put a question mark in the box and we will take of the rest. Thank you.

- ☐ *My child has IEP (Received Special Edu Services)*
- ☐ *My Child has a 504*
- ☐ My child is identified as English Language Learner (ELL)
- ☐ *My child is as a gufted abd talented (GT) student.*
- ☐ *Response to Intervention (RTI) was iin the process at my child's previos school.*

Bienvenido a El Paso Leadership Academy, tómese un momento para marcar todo lo que corresponda, si no está seguro de alguna de las declaraciones a continuación, simplemente coloque un signo de interrogación en el cuadro y nosotros nos encargaremos de lo de mas. Gracias!

- ☐ *Mi hijo tiene un IEP (recibe servicios de educacion especial)*
- ☐ *Mi hijo tiene un 504.*
- ☐ Mi Hijo esta identificado como aprendiz del idioma de Ingles.
- ☐ *Mi Hijo esta identificado como dotado y talentoso. (GT)*
- ☐ *La respuesta de intervencion (RTI) estaba en el proceso en la escuela anterior de mi hijo.*

_____ _____

Parent/guardian Signature **Date**
Firma del Padre/Tutor *Fecha*

El Paso Leadership Academy

Texas Education Agency

English Version

Commissioner Mike Morath

1701 North Congress Avenue • Austin, Texas 78701 1494 • 512 463 9734 • 512 436 9838 FAX • tea.texas.gov

Student Name: _____ **District Name:** _____

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.

El Paso Leadership Academy

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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 _____

El Paso Leadership Academy

Falsification of Documents

Identity Verification of Person Enrolling Student

Students Name: _____

Texas Education Code 25.001 (h) and (i) Texas Penal Code 37.10

A person who knowingly falsified information on a form required for enrollment of a student in a school district is liable for the greater of the maximum tuition fee or the amount the district has budgeted for each student as maintenance and operating expenses if the student is not eligible for enrollment in the district but is enrolled on the basis of false information.

Proof of Identity of Person Enrolling Student

Regardless of whether or not a child's parent, guardian, or other person with legal control of the child under a court order is enrolling a child, Texas Education Code as amended in 2001, a district is required to record the name, address, and date of birth of the person enrolling a child. TEC Section 25.002(f). Providing a copy of your government issued ID with a photo satisfies this request.

I UNDERSTAND THAT I MUST PROVIDE MY CURRENT ADDRESS, AND PROOF OF IDENTITY. I ALSO UNDERSTAND THAT IF I HAVE KNOWINGLY FALSIFIED INFORMATION ON FORMS REQUIRED FOR ENROLLMENT.

Parent Signature: _____

NOTICE OF PARENT AND STUDENT RIGHTS FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) and DIRECTORY INFORMATION

El Paso Leadership Academy maintains general education records which are available to the parent, guardian, or person standing in lawful control of the student under a court order. Both parents/guardians have access to the records unless the school is in possession of a court order limiting access.

Federal law provides that student "educational records" are confidential. School records are defined as being directly related to a student and maintained by the school including, but not limited to: attendance, grades, discipline, test scores, health and immunization, and psychological or counseling records. Directory information **is not** confidential under FERPA.

1. **Student directory information is available to the public unless the parent/guardian restricts the release of the information.** According to the Texas Public Information Act (TPIA), El Paso Leadership Academy must release directory information promptly upon request and may not ask requestors the reason for the requested information. Parents/guardians have the right to restrict the release of directory information, but must do so in writing within the first ten (10) days of the school year or enrollment or see number 3 below.

2. Parents with a Parent Portal account may review their child's privacy status and make changes if wanted. Privacy codes may also be changed any time by completing a Student Directory Information Release form (found in the list on the left of this webpage) and submitting it to their child's school.

3. Schools must notify parents and eligible students of their FERPA rights annually. In addition to this form, FERPA information is found in the Student/Parent Handbook available in both English and Spanish online at the district website or a paper copy, by request, from your child's school.

Parent Signature: _____Date: _____

El Paso Leadership Academy

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: _____Hispanic / Latino _____Not Hispanic/Latino	Race – choose one or more: _____American Indian or Alaska Native _____Asian _____Black or African American _____Native Hawaiian or Other Pacific Islander _____White
Observer signature:	Campus and Date:

Texas Education Agency – March 2018

Jan 2021
Form 4 White

El Paso Leadership Academy

MIGRANT EDUCATION PROGRAM - FAMILY SURVEY

District: El Paso Leadership Academy **Campus:**

Student Name: **Age:** **Grade Level:**

Dear Parents,

In order to better serve your children, our school district is helping the State of Texas identify students who may qualify to receive additional educational services.
The information below will be kept confidential.
Please answer the following questions:

1. Within the past 3 years have you, or your child, moved from one school district, city or state to another? ☐**YES** ☐NO

2. If yes, did you, or your child, move so you could work or look for work in agriculture or fishing? ☐**YES** ☐NO

If your answer above is NO, STOP here and submit the form.

If your answer is YES, please check all that apply below.

☐ Worked on farm, ranch, field or vineyard. Working in fruit, vegetable, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards.

☐ Working in nursery, orchard, tree growing or harvesting.

☐ Working in cannery.

☐ Working in slaughter house.

☐ Working on a dairy farm.

☐ Working on poultry farm.

☐ Working on poultry farm.

Best time to contact you:_____ Telephone:_____

Parent Name: _____ Home
Address:_____

Parent signature:_____

El Paso Leadership Academy
Military Connected/Foster Care/Asylee

The Texas Legislature requires that EPLA collect data regarding the foster care status of all students enrolled in EPLA (SB 833). In addition, EPLA is required to collect data regarding students who are Military Connected (SB 525).

Student Name: _____

FOSTER CARE:

1. Is your student currently in the conservatorship of the Department of Family and Protective Services? ◻ **Yes** ◻ **No**

Please attach a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student is in foster care.

ASYLEE/REFUGEE: ◻ Yes ◻ No

Please attach a copy of the Form I-94 Arrival/Departure record, or a successor document, issued by the United States Citizenship and Immigration Services that is stamped with "Asylee," "Refugee," or "Asylum."

MILITARY CONNECTED:

Is your student dependent on a member of the United States military serving in the Army, Navy, Air Force, Marine Corps, or Coast Guard on active duty? □ **YES** □ **NO**

Is your student dependent on a member of the Texas National Guard (Army, Air Guard, or State Guard)? □ **YES** □ **NO**

Is your student a dependent of a member of a reserve force of the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)? □ **YES** □ **NO**

Student is none of the above

Parent / Guardian: _____ DATE: _____

El Paso Leadership Academy
STATEMENT OF SPECIAL PROGRAM SERVICES

NAME OF STUDENT: DOB: GRADE:

A. 1. The above-named student has **NEVER** received special education services.
□ True □ False **If false, continue to section B.**

2. The above-named student **WAS RECEIVING** special education services at his/her prior school.
□ True □ False
If you answered TRUE, complete the remainder of the form below.

This form serves as a release of information authorization in order to request your child's special education records. Please work with the campus Admission Review Dismissal (ARD) committee to assist in identifying services to support your child.
Disabling conditions(s): (LD, ED, OI, MR, etc.)

Services received at previous school. Check all that apply:
□SE Speech Speech
□SE Self Contained Self Contained
□SE Auditory Impaired (hearing) Auditory Impaired (hearing)
□SE CMC CMC
□SE Visually Impaired Visually Impaired
Other services:

The above-named student received special education services in the past, **BUT WAS DISMISSED PER ARD COMMITTEE.**
□ True □ False
If you answered TRUE, enter year dismissed:

B. Has your child participated in any of the following programs?
(Any other program may be added at the bottom of the list)

Program	Yes/No	If YES,	When	Where
Bilingual	YES NO			
ESL	YES NO			
Dyslexia	YES NO			
504	YES NO			
Gifted & Talented	YES NO			
Remedial Math	YES NO			
Remedial Reading	YES NO			
Speech Therapy	YES NO			
Other	_____			

Parent Signature: _____Date: _____

El Paso Leadership Academy
STUDENT DIRECTORY INFORMATION RELEASE

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want El Paso Leadership Academy to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by the tenth (10th) day of the school year.

El Paso Leadership Academy has designated the following information as directory information: student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, degrees, honors and awards received, dates of attendance, grade level, most recent educational institution attended, participation in officially recognized activities and sports, and weight and height of members of athletic teams.

DISTRICT PUBLICATION El Paso Leadership Academy has my permission to release directory information for limited school sponsored purposes including, but not limited to: selected photography companies supporting campus pictures, and publicity (name and picture in yearbook, newsletters, awards, honors, PTA/PTO, booster clubs, etc.). Example: If you select NO, your child's name will NOT appear in the district's newsletter, the school's yearbook, etc.

☐ Yes ☐ No

PRIVATE REQUESTERS: El Paso Leadership Academy has my permission to release directory information (name, address, phone number, etc.) to any requestor in accordance with the Texas Publication Information Act (TPIA). The TPIA requires El Paso Leadership Academy to release this type of information to any company, individual, or group that requests it unless the parent/guardian requests the information not to be released. Example: If you select NO, your child's directory information will NOT be released to vendors or others who may be soliciting products and services.

☐ Yes ☐ No

HIGHER EDUCATION: The No Child Left Behind Act of 2001 requires schools to provide military recruiters and institutions of higher education student directory information unless the parent/guardian objects. El Paso Leadership Academy has my permission to release directory information to a military recruiter.

☐ Yes ☐ No

STUDENT MEDIA RELEASE

During the school year, opportunities arise to provide positive information and publicity about our programs and events to the general public or specific audiences. In some cases, we may receive requests from the news media or professional persons to interview, photograph, and/or film students for news or non-profit publications, television or radio broadcasts, or for educational information and training or various publications and brochures printed by El Paso Leadership Academy and parent-teacher organizations. Permission is needed for your child to be the subject of any news media publicity or to be included in district publications. Your selection will be kept on file for future reference and will remain in effect unless revoked in writing by the parent/guardian.

MEDIA: I give permission for my child to be interviewed, photographed, and/or filmed for public news media, professional education information, or any other non-profit publication for public use (e.g. newsletters).

☐ Yes ☐ No

Please consider your responses carefully prior to making final decisions. Should you have questions or need further assistance for a complete understanding, see your campus administrator. By submitting this form, you are signing, dating and indicating your preferences to the school district. Forms that are not signed will result in the release of your child's directory information when requested. Selecting NO below will result in blocking the release of directory information in the designated categories.

El Paso Leadership Academy

Parent Signature: _____ Date: _____

El Paso Leadership Academy

Annual Student Health Information Form

Student Name_____ **Date of Birth** _____

ABDOMINAL ISSUES: Due to: __ Irritable bowel syndrome __ Gastric reflux __ Crohn's disease __ Ulcerative colitis __ Constipation __ Other:_____ What medications are taken for this? _____	**DIABETES**: Type 1 Type 2 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? _____	**EMOTIONAL ISSUES:** Depression OCD Bipolar Other _____ When was your child diagnosed? _____ Is your child under medical care at this time? **Yes No** What medications are taken for this? _____
VISION: Does your child have a vision problem? **YES NO** Does your child wear glasses? **YES NO** Does your child wear contacts? **YES NO**	**HEARING:** Is there hearing loss or deafness? **YES NO RIGHT LEFT** Does the child wear a hearing aid? **YES NO**
BLOOD DISORDERS: Sickle cell anemia __Sickle cell trait Clotting disorder (i.e. hemophilia) Other _____ What medications are taken for this? _____	**HEART CONDITIONS**: Long Q/T syndrome High blood pressure Irregular heart rate Heart defect, type: _____ Repaired? **Yes No** Other _____ What medications are taken for this? _____
BREATHING ISSUES: Asthma Cystic fibrosis Tracheostomy Other _____ When was your child diagnosed? _____ Is your child under medical care at this time? **Yes No** What medications are taken for this? _____ How often does your child use a rescue inhaler? _____ Does your child use a nebulizer? **Yes No** Does your child wake at night with a cough? **Yes No**	**MUSCLE, BONE, JOINT DISORDERS**: Arthritis Scoliosis Other: _____ Are there any P.E. restrictions for this condition? **Yes No** Is your child under medical care at this time? **Yes No** What medications are taken for this? _____
COMMUNICABLE DISEASES: Has your child had chicken pox? **Yes No** Date: _____Has your child had a positive TB test? **Yes No** Date: _____	**NEUROLOGICAL**: Migraines Autism spectrum disorder Seizures, type: _____ Date of last? _____ Cerebral palsy Spina bifida Other _____ What medications are taken for this? _____

☐ My child has **NO KNOWN MEDICAL HEALTH CONDITIONS** and does not require any medications at home or school.

EMERGENCY HEALTHCARE CONSENT: I represent that I am a person who has the right to consent to medical, dental, psychological, and surgical treatment on behalf of the identified student. I authorize the El Paso Leadership Academy to contact the person(s) identified by the student's parent(s)/guardian(s) as emergency contact(s). In the event that the student's parent(s), legal guardian(s), emergency contact(s) and/or non parent adult caregiver(s) authorized by Texas Family Code Chapter 34 cannot be immediately contacted by telephone, I authorize the El Paso Leadership Academy to consent to medical, dental, psychological, and surgical treatment on behalf of the student.

Healthcare Providers

Physician_____ Phone _____Address _____

Hospital of Choice_____

Parent Signature: _____ Date: _____

El Paso Leadership Academy
Food Allergy Disclosure

Dear Parents,

The El Paso Leadership Academy is required to request, at the time of enrollment, that the parent or guardian of each student attending a El Paso Leadership Academy school disclose the student's food allergies. This form will satisfy this requirement.

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the El Paso Leadership Academy in order to enable El Paso Leadership Academy to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food. The parent will provide a doctor's note, notify the school nurse, and food & nutrition if your child has an anaphylactic food allergy that requires an Epipen. The school must have an EpiPen prescribed for students in the event of an emergency.

FOOD:

Nature of allergic reaction to the food:

Parent Signature: _____ Date: _____

El Paso Leadership Academy

Student Residency Questionnaire 2026-2027

PLEASE COMPLETE ONE FORM FOR EACH STUDENT BEING ENROLLED

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act (42 U.S.C.11435).

Today's Date: _____

Student(s) First and Last Name	Female / Male	Date of Birth	Grade

If you have any children between the ages of 3-5 who are NOT currently enrolled in school, list them below:

First and Last Name	Female / Male	Date of Birth

Section I: Is the student's current address a *temporary* or *permanent* living arrangement?

□ Temporary □ Permanent

a. If *permanent*, is this living arrangement equipped with all utilities and in adequate living conditions?
□ Yes □ No If no, explain: _____

If you responded 'Yes', please go to Section II (below).

b. **If *temporary*, this living arrangement is due to:**
□ Loss of Housing (foreclosure; eviction)
□ Economic Hardship (loss of job; reduction in wages)
□ Parent Incarcerated
□ Other: _____

If in a *temporary* living arrangement, please check all housing situations below that apply to the above named student(s):

☐ In an emergency or confidential shelter
☐ In a motel because of no other housing option
☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
☐ In a car, RV, park, campsite, abandoned building or similar location
☐ In a transitional housing program
☐ In someone else's home or apartment
☐ Moving from place to place/couch surfing
☐ Other: _____

Section II: The undersigned certifies that the information provided above is accurate.

Parent/Guardian/Adult caring for student (print name): _____(signature)_____

Phone: _____ Email: _____

Current Street address: _____ Emergency contact: _____

DISTRICT USE ONLY	
☐ Student qualifies for MKV Program	☐ Student does not qualify for the MKV Program
Homeless Liaison Signature:	Date:
Comments:	

Presenting a false record of falsifying information for enrollment purposes is an offense under Section 37.10, Penal Code. Enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC 25.002(3)(d).

El Paso Leadership Academy

STUDENT/PARENT HANDBOOK -

ACKNOWLEDGMENT AND APPROVAL OF STUDENT/PARENT HANDBOOK

My signature below acknowledges that the El Paso Leadership Academy has made its Student/Parent Handbook available to me via the school's website or through a hardcopy available upon request. I also acknowledge that I have beennotice of the rules, responsibilities and consequences outlined in the Student Code of Conduct. I acknowledge I hae b een informed that when I or my child is enroll at the school
all information herein is applicable to me, my child, and all school staff. I have expressed intent to review this Handbook and the Student Code of Conduct contained within and to abide thereby.

Student Name: _____
(Please Print) Last First MI

Grade: _____

_____
Student Signature Date

_____
Parent/Guardian Signature Date

YES □ NO □ Keep my child's personal information private from outside individuals or organizations that request it.

Please return this page to the school's front office.

Thank you for allowing our staff the opportunity to partner with you in the education of your child.

El Paso Leadership Academy

Technology Users Agreement

El Paso Leadership Academy provides students and staff with an opportunity to access computers and computer networks, including the Internet. Our goal in providing this service is to promote educational excellence in our school. Access to this technology is a privilege, not a right. All students are expected to abide by the following technology rules and to sign the attached user agreement. Form must be completed and returned to school before Chroomebooks are assigned.

Chromebooks Assignments

- Chromebooks will be assigned to all scholars for use during class time.
- Chromebooks are not allowed to leave school grounds at any time.
- Chromebooks should be secured safely in backpacks during transition times to prevent damage.
- Chromebooks should be plugged in and returned to the advisory classroom cart at the end of each day or before the scholar leaves campus, if picked up early.

Technology User Rules

1. Scholars may not use proxy sites or other such applications to avoid tracking of their online activity.
2. Scholars may not decorate or personalize Chromebook including STICKERS, paint or markers. A label with name and advisory is permitted.
3. Scholars may not install any program or app on any computer without teacher permission.
4. Scholars may not enter, read, or change another user's profile.
5. Scholars may not change any program settings, enter developer mode or reset Chromebook.
6. Scholars may not download information to the network.
7. Scholars may not share their name or any other information over the Internet unless approved by a teacher.
8. Scholars must report any inappropriate sites or information they encounter to a teacher.
9. Scholars may not use or check personal email or social media accounts at school.
10. Scholars will not mistreat any computer or technology equipment.
11. Scholars must report all computer-related problems to a teacher.
12. Scholars must keep their Chromebook clean and in good repair.

Failure to follow these rules will result in the loss of computer privileges for a length of time determined by the seriousness of the offense and in addition to discipline consequences, as applicable. Administration may assess a fee to replace or repair devices because of negligence.

Fees

Level	Example	Fee
Complete replacement Major Damage	Lost or severely Damaged Broken Internal Processor	$650 $350
Moderate Damage	Broken LCD Screen/Broken Keyboard/Broken Housing Covers	$200
Minor Damage	Broken Touchpad/Broken LCD Frame/Broken Camera/Broken charger	$150
	Remove Panda tag from assets	$30
	Sticker fee (per sticker placed on Chromebook)	$5

Signing the agreement form indicates that the user will abide by the rules governing technology access as stated in the Technology User Agreement.

Student Name (Please Print) _____Student Signature _____Date _____

Parent or Guardian Name (Please Print) _____ Signature _____Date _____

El Paso Leadership Academy

Student Name: _____ **Grade:**_____

Bus Conduct and Safety Rules

- Only 7th and 8th graders will be allowed to board the bus at the East Side Campus (2101 Joe Battle) and only 9th graders will be allowed to board at the Flagship Campus (1918 Texas) unless written consent has been provided by school administration.
- Students should be at their bus stop **ten minutes before pick up time.**
- Students should stay on the sidewalk and away from the curb while waiting for pickup.
- Please do not litter on the bus or at the bus stop.
- For the safety of all passengers, no large items, including but not limited to skateboards, bicycles, scooters, or oversized bags, will be allowed on the bus.
- Buses come equipped with seatbelts and they are required to be secured at all times while the bus is moving.
- Remain seated while the bus is in motion. Once the bus stops fully, students may get up and walk to the front door.
- Emergency door at the rear of the bus is only to be used for emergencies, not for boarding or departing the bus.
- Please do not mark or deface the bus or its equipment. Driver will inspect seats and surfaces before and after each bus run.
- Students shall be respectful and not use profane language.
- Students shall not bring tobacco, drugs, or alcohol on the bus.
- Students shall not throw food, trash, or objects in the bus or out the windows.
- Students shall keep their arms, legs and heads inside the bus at all times.
- Boarding rules and seating arrangements will be implemented at the driver's discretion. The driver is responsible for safety and discipline. Violations by students will be reported to the Principal who will take any necessary actions.
- Bus drivers and passengers are subject to audio and/or video recording.
- Riding a school bus is a privilege. The EPLA District has the right to deny transportation to students whose behavior jeopardizes the safety of others.

School Bus Application Form 2026-2027

A.M. Pickup Location (East/Flagship): _____

Parent/Guardian Name: _____ **Email:** _____

Address: _____ **Zip:** _____ **Phone:** _____

Emergency Contact:

Name: _____ **Relationship to Student:** _____

Address: _____ **Phone Number:** _____

☐ **I have read and understand the Bus Conduct and Safety Rules.**

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

Student Signature: _____ **Date:** _____

El Paso Leadership Academy
2026-2027 Bus Pass Form

Student's Name: _____ GRADE:_____

In order to better serve our scholars, we are pleased to provide free Sun Metro bus passes to any scholar who is in need of transportation to and from our school. Sun Metro provides public transportation service to all El Pasoans and is our alternative to a traditional yellow school bus. The Sun Metro student bus pass is valid on all Sun Metro bus routes. EPLA typically passes out monthly bus passes although weekly or daily passes are sometimes issued when it is practical to do so, such as short school months.

Allow my child to participate in the Sun Metro Bus Pass Program and take the bus to or from school? *

☐ Yes ☐ NO Note: Scholars will not be issued student bus passes without parental consent

Sun Metro Bus Pass Acknowledgements - Only required if participating in the Bus Pass Program

I understand that my child is responsible for the safekeeping of this bus pass and lost or stolen bus passes will not be replaced by the school. ☐ Yes ☐ NO

I understand that my child is responsible for bringing the bus pass to school each day and will be responsible for paying the daily bus fare or finding an alternative route home if the bus pass is not brought to school each day. ☐ Yes ☐ NO

I acknowledge that participation in the Sun Metro Student Bus Pass Program, includes, among other things, traveling to and from and being in or around transit stops and riding transit vehicles, involves a potential risk for damage to property or injury to person, up to and including death, and I assume these risks. ☐ Yes ☐ NO

Upon completion of this form, scholars may check out a Sun Metro Student Bus Pass from our office coordinator, Sonia Gomez during the hours of 7:30-3:00 PM.

Permission Slip for Students Walking Home Only

By signing this waiver, I authorize my child (listed above) to walk home, unaccompanied, from school: EPLA East- located at 2101 Joe Battle Blvd. Please note that this permission form grants permission for my child to leave school at the end of the school day (4:00 pm) without adult supervision.

While all precautions will be taken for the safety of the students, I understand that the El Paso Leadership Academy will not be held liable or responsible for the student once they are no longer on campus.

This permission slip is valid for (choose one option from list below):

- The 2026-2027 school year or; The following dates: _____ to _____.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Name: _____ Phone Number:_____

El Paso Leadership Academy

2026-2027 Socioeconomic Information Form

**Confidential*

EPLA is required to *collect the* socioeconomic *status* of *each student as* a *performance indicator for student achievement (TEC 39* for *Texas state requirements and ESEA sections 1111 and 1116 for* U.S. *Department* of *Education requirements) and for use in disbursement* of *federal funds (ESEA section 1113). This information may also be shared with district education and health programs* to *help them evaluate, fund,* or *determine benefits* for *their programs.*

Student Name_____ Date of Birth _____

Grade_____

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐**Yes** ☐**No**
Do you receive Temporary Assistance to Needy Families (TANF)? ☐**Yes** ☐**No**
Does your child receive Medicaid? ☐**Yes** ☐**No** **ID:**_____

If you answered YES on *either* of *the above, skip SECTION B and continue* to SECTION C

SECTION B (Complete only if all answers in SECTION A are NO)

How many members are in the household (including all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ***ALL*** HOUSEHOLD MEMBERS$_____

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income ***(before any type of deductions)***

SECTION C (Check one of the following two boxes as appropriate and sign below.)

In accordance with the provisions of *the Protection* of *Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole* or *in part by the* U.S. *Department* of *Education, to submit* to a *survey, analysis,* or *evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in* a *program or for receiving financial assistance under such program), without the prior written consent* of *the adult student, parent or legal guardian.*

I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent Signature: _____ Date: _____

El Paso Leadership Academy

House Bill 12 Notice for Consent for Health Services

You as a parent or guardian have the fundamental right to make decisions regarding the upbringing and control of your child. Our goal as a school is to be a supportive partner in that effort, providing effective academic instruction to maximize student learning. In service of that goal, we also work to support the general well-being of our students so they can remain academically focused.

School personnel are always expected to encourage your child to discuss any issues related to their well-being with you. School personnel can also facilitate a conversation between you and your child about any issues related to their well-being. Furthermore, employees are expected to keep parents informed related to observations of their child's mental, emotional, or physical health. You have the right to access your child's education and health records at any time.

As you might expect, teachers and other employees will periodically inquire about a child's well-being (for example, asking how a student is feeling). In some cases, more formalized efforts may be appropriate. If school personnel determine that a student needs additional structured observation—called monitoring—we will notify you.

Our school offers a variety of health-related and health-care services to each student. This notice is meant to inform you of all available health-related and health-care services we offer, not necessarily to indicate that any of these services will be provided to your child.

Health-related services offered on your child's campus consist of the following. These services will be provided to your child unless you select Opt Out below:

- First Aid
- School Counseling Services (related to mental or emotional health)
- Emotional Regulation Activities
- Physical Health Screenings
- Mental Health Screenings
- Opportunities for Physical Activity
- Illness Symptom Support
- Wellness Promotion and Education
- Nutrition Health and Education

Parent/Guardian of (student name) _____ Selection:

☐ **CONSENT** — I allow EPLA to provide the health-related services listed above to my child as needed.

☐ **OPT OUT** — I do NOT want EPLA to provide one or more of the health-related services listed above to my child.

If opting out, please list the service(s) you are opting out of: _____

Parent/Guardian Name (Print): _____ Signature: _____

Date: ____ /____ /_____ Phone Number: _____