



September 5, 2024

Dear Parent/Guardian,

Attached are forms that must be completed for each student and returned to the school by Friday, September 13, 2024. **This is confidential information.** Please place all completed information, sealed in the envelope provided. This packet contains the following information:

1. Residency Questionnaire
2. Federal Impact Aid Survey Form
3. Student Technology Policy and Guidelines
4. Student Handbook/Parent and Student Signature Sheet (please view the handbook online at [www.alphaacademy.education](http://www.alphaacademy.education). If you would like a printed copy, please contact the office).

Please read each form in its entirety, complete the information requested, and sign each form where applicable. If you are missing any of these forms in your packet, please contact the office immediately and inform the office of the missing document.

- If you have multiple children in the home, **ONLY ONE FORM IS NEEDED PER HOUSEHOLD.** Please include **ALL** children under the age of 18 that are in your household. This includes non-school age children.
- If you have multiple children in the home, write the name of the student's form you completed at the bottom of this letter and return all forms for each student to include this signed letter in the envelope provided.
  - o For example: Jane Doe, 6<sup>th</sup> grade; Jack Doe, 7<sup>th</sup>; Patti Doe, 9<sup>th</sup>. Complete the forms for Jane Doe, 6<sup>th</sup> grade and at the bottom of this form, list the other siblings and their homeroom: Jack Doe – Ms. Bell, 2<sup>nd</sup> grade; Patti Doe – Ms. Trin, 9<sup>th</sup> grade.
- If you have questions concerning this information, please contact the office.

**This information is very important and must be returned by**

**Friday, September 13<sup>th</sup>, 2024**

**\*\*For each class that returns 100% of their forms by Friday, September 13th, 2024, they will receive an ice cream party. In order for all students to receive credit for their class party, please list all siblings below.\*\***

Information was completed in \_\_\_\_\_'s packet. These are his/her siblings:

\_\_\_\_\_  
Student Name HR

\_\_\_\_\_  
Student Name HR

\_\_\_\_\_  
Student Name HR

\_\_\_\_\_  
Student Name HR

**(information continued on the back)**

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**Student Lunch Program**

As a reminder, it is imperative that all new **and** returning parents complete a lunch application for each student in the home who is attending Alpha Academy. **This form is completed yearly.** Returning parents, please complete the lunch application for this school year (24-25). Even if your child does not eat lunch here at school, **EVERY STUDENT MUST COMPLETE A SCHOOL LUNCH APPLICATION.** Please visit the school's website to complete the lunch application ([www.alphaacademy.education](http://www.alphaacademy.education)).

**All lunch forms must be completed by Monday, September 30<sup>th</sup>.**

Again, if you have questions concerning this information, please contact the office, (910) 223-7711.

Thank you,

Alpha Academy