

Three Rivers Charter School Student Enrollment Application 2016/17

1211 Del Mar Drive, Fort Bragg, CA 95437
Ph: (707) 964-1128 Fax: (707) 964-1003

(The submission of this application does not constitute enrollment.)

<input type="radio"/>	New Student	Student ID #:	<input type="text"/>	<input type="radio"/>	Seat-Based or
<input type="radio"/>	Continuously Enrolled Student	CSIS #:	<input type="text"/>	<input type="radio"/>	Independent Study
<input type="radio"/>	Previously Dropped Student - drop date:				
<input type="radio"/>	Under Expulsion or Suspension Process	<input type="radio"/>	Currently Truant (SARB)		

Student Information

Student's Legal Last Name	Legal First Name	Legal Middle Name	Other Legal Name (if applicable)
Nickname or Alias	Grade Level	Gender	Date of Birth M/D/Y
City and State of Birth			

School District of Residence

Parent/Guardian Last Name	Parent/Guardian First Name	Home Phone	Cell Phone

E-mail	Work Phone	Preferred Mode of Contact for Receiving School Information

Parent/Guardian Last Name	Parent/Guardian First Name	Home Phone	Cell Phone

E-mail	Work Phone	Preferred Mode of Contact for Receiving School Information

Mailing Address: City: State: Zip:

Residence Address (If different from Mailing Address): City: State: Zip:

Student's Previous School Information (Starting with Most Recent)				
School Name	Address (City, State)	Telephone	Grade Level	Years Attended
1)				
2)				
3)				

Parent's Education Level (Please circle highest education level of either parent)

Not a High School Graduate
 High School Graduate
 Some College/AA Degree
 College Graduate
 Grad. School or Higher
 Unknown

What is your child's ethnicity? (Please check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Not Hispanic or Latino

Date Your Child First attended School in the U.S.: Date Your Child First attended School in California:

What is your child's race? The question above is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate your child's race. If your child is multiracial, you may select two or more races.

<input type="checkbox"/> American Indian or Alaskan Native(100) (Persons having origins in any of the original people of North, Central or South America)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	
	<input type="checkbox"/> Samoan (303)	
	<input type="checkbox"/> Tahitian (304)	

Please Include any additional academic or social information about your child that we should know:

Residence – Where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- In a permanent residence (house, apartment, condo, mobile home)
 In a motel/hotel
 Temporarily doubled-up (sharing housing with other families/individuals due to economic hardship or loss)
 Temporarily unsheltered (car/campsite)
 In a shelter or transitional housing program
 Other (please specify) _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

- Father Mother Both Step Father Step Mother Guardian Foster/Group Home Other _____

Is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____
2. Mother Step Mother/Guardian (check one) Full Name: _____
 Employer: _____ City: _____ Daytime Phone # (____) _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Full Name: _____ Phone #: (____) _____
 Mailing Address: _____ City: _____ State: _____ Zip code: _____

Are there psychological or confidential reports available from your child's former school? Yes No
 Has your child ever been suspended? Yes No Has your child ever been expelled? Yes No

What special services has your child received? (please check all boxes that apply)

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504

Was your child exited from Special Education? Yes No (If yes, is there an Exit Date? _____)

Three Rivers Charter School Handbook contains Student policies and procedures. It may be found on the school website: <http://www.trcschool.org>

Important Information:

Please attach a copy of your child's Birth Certificate, Immunization Record, Oral Health Assessment (grades K -1), School Entry Physical Exam (grades 1-4), and High School Unofficial Transcript (if applicable).

Signature:

Parent/Guardian/Adult:

Signature: _____ Printed: _____ Date: _____

By Signing above, I hereby give my consent to release or exchange confidential school records to Three Rivers Charter School.

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: Verified By:	Proof of Immunization: Type: Verified By:	Proof of Residence: Type: Verified By:	Assigned Grade Lev.:	Enroll Date:	Notes:
--	---	--	-------------------------	--------------	--------

Three Rivers Charter School Emergency Information Form 2016/17

Child's Name (last name first): _____

Persons Authorized to Take Child from the Facility

Parents will be notified first if the child is to be picked up. If no response from parents within 30 minutes, individuals on the list will be contacted to pick up child (This child will not be allowed to leave with any other person, not on the list, without parent authorization):

	<u>Name and Relationship</u>	<u>Phone #</u>	<u>Check if Emergency Contact</u>
1	_____	_____	<input type="checkbox"/> Emergency Contact
2	_____	_____	<input type="checkbox"/> Emergency Contact
3	_____	_____	<input type="checkbox"/> Emergency Contact
4	_____	_____	<input type="checkbox"/> Emergency Contact

Physician to be Called in an Emergency

Name: _____ Telephone number: _____
Address: _____

If the physician cannot be reached, what action should be taken?

Insurance Information

Insurer: _____ Insurance number: _____
Medi-Cal number: _____

Allergies or Special Health Conditions, Needs or Conditions: glasses, medications, allergies, etc. - use back if needed

Emergency Response: In case of an accident or medical emergency 9-1-1 will be called. If you have additional instructions please list them here:

Parent Signature: _____ Date: _____

Home Language Survey

Three Rivers Charter School
1211 Del Mar Drive, Fort Bragg, CA 95437
(707) 964-1128, Fax (707) 964-1003

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. You can help us by answering the following questions:

Student Name (Please Print): _____

Language Background

- 1) Which language did your son/daughter learn when he/she began to talk? _____
- 2) What language does your son/daughter use most frequently at home? _____
- 3) What language do you use most frequently to speak to your son/daughter? _____
- 4) Name the language most often spoken by the adults at home. _____

Language Assessment (if any language other than English is indicated above, please complete the following):

- 1) Has your son/daughter ever received special instruction in the English language? _____

Parent Information: If You Are An Immigrant Or Refugee, please answer the following questions:

- 1) When did you arrive in the United States? Month: _____ Day: _____ Year: _____
- 2) Was your son/daughter born in the United States? Yes: _____ No: _____
- 3) Is your Form I-94 marked "Refugee" or "Asylum Granted"? Yes: _____ No: _____
- 4) Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

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

Three Rivers Charter School
Oral Health Assessment
Kindergarten/First Grade Only

California Law, Education Code Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Section 1: Child's Information (To be completed by the parent or guardian)

<u>Child's First Name:</u>	<u>Last Name:</u>	<u>Middle Initial:</u>	<u>Child's birth date:</u>
<u>Address:</u>			<u>Apt.:</u>
<u>City:</u>			<u>ZIP code:</u>
<u>School Name:</u>	<u>Teacher:</u>	<u>Grade:</u>	<u>Child's Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female
<u>Parent/Guardian Name:</u>	<u>Child's race/ethnicity:</u> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection

To be completed by the dental professional conducting the assessment

<u>Assessment Date:</u>	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed
-------------------------	---	---	---

Dental professional's signature _____

Date _____

Section 3: Waiver or Oral Health Assessment Requirement

To be completed by a parent or guardian requesting to be excused from this requirement

I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

I am unable to find a dental office that will take my child's insurance plan.

My child is covered by the following insurance plan:

Medi-Cal/Denti-Cal

Health Families

Healthy Kids

None

Other _____

I cannot afford an oral health assessment for my child.

I do not wish my child to receive an oral health assessment.

Optional: Other reasons my child could not get an oral health assessment: _____

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

Signature of parent or guardian _____

Date _____