

# 2014-2015 Enrollment Form La Vida Charter School

Phone: (707) 459-6344

Fax: (707) 459-6377

P.O. Box 1461  
Ukiah, CA 95482

16201 HWY 101  
Willits, CA 95490

[www.lavidaschool.org](http://www.lavidaschool.org)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Please Print Clearly

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#    
School Use Only

Student's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ City/State of Birth \_\_\_\_\_

### Kindergarten & 1<sup>st</sup> Grade Parents

\*For Office use only

California Law requires all incoming Kindergartners have a birth certificate, and all 1<sup>st</sup> graders have a comprehensive health exam (form: CHDPP—Record of Health Examination for School Entry). Both need current immunizations (form: California School Immunization Record) before enrolling in school.

\*Birth Certificate  Received (copy attached)  
\*CHDPP Exam Report  Received  Personal Beliefs Exemption Form on File

### 5<sup>th</sup> - 7<sup>th</sup> Grade Parents

\*For Office use only

California added a 7th grade immunization requirement to the California School Immunization Law, effective July 1, 1999. Students entering 7th grade in public and private schools will need to have three hepatitis B shots and a second measles (or MMR) shot. A Tb booster is recommended as well.

\*HepB Series  Received  Personal Beliefs Exemption Form on File  
\*MMR  Received  Personal Beliefs Exemption Form on File

### 7<sup>th</sup> - 12<sup>th</sup> Grade Parents

\*For Office use only

Beginning July 1, 2011 California Law requires all students entering grades 7 through 12 to show proof of having received the Tdap booster prior to starting the 2011-2012 school year.

\*Tdap  Received  Personal Beliefs Exemption Form on File

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Specific Directions to Home: \_\_\_\_\_

Permanent Housing? (i.e. not short term)  Yes  No (If No, please describe) \_\_\_\_\_

District of Residence: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

### High School Students Only

Call

Student Cell Phone: (     ) - \_\_\_\_\_

Preferred Method of Contact:

Text

Student's Email: \_\_\_\_\_

Email

DO YOU HAVE INTERNET ACCESS?  YES  NO      HIGH SPEED?  YES  NO

**Ethnicity & Race\*** New federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the two choices below:

Is the student Hispanic or Latino?  No, not Hispanic or Latino  Yes, Hispanic or Latino

In addition to ethnicity, at least one race must also be selected below:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> African American or Black	<input type="checkbox"/> Caucasian or white
<b>Asian</b> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	<b>Pacific Islander</b> <input type="checkbox"/> Guamanian <input type="checkbox"/> Other <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian	

\* This information is important for the school, as it affects funding.

Father's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Correspondence:  Home Phone  Cell Phone  Email  Text

Parent's Highest Level of education: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Legal Restrictions/ Custody Issues?

Yes  No If Yes, a current signed court order must be provided to the school

Student lives with (check one):

Both Parents  Mother  Father  Other: \_\_\_\_\_  Student is a Foster Child

Please list other family members living at Home:

Name	Gender	Date of Birth	Relationship to Student

Language Student Speaks:

English Only  English Fluent  English Limited  Other: \_\_\_\_\_

Language Parents/ Guardians Speak:

English Only  English Fluent  English Limited  Other: \_\_\_\_\_

## Academic & Behavioral Information

Is this student experiencing learning difficulties?  Yes  No

Is the student experiencing behavior difficulties?  Yes  No

Attendance:  Regular  Poor  Inconsistent

If poor or inconsistent, please explain: \_\_\_\_\_

Relationship with adults  Positive  Accepting  Negative

Relationship with peers:  Positive  Accepting  Negative

Motor coordination:  Above Average  Average  Poor  Very Poor

Pupil regularly displays the following behavior (Please check) :

- |  |  |   |  |                                      |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> Hyperactivity   | <input type="checkbox"/> Insecurity    | <input type="checkbox"/> Aggression       | <input type="checkbox"/> Apathy              | <input type="checkbox"/> Frustration |
| <input type="checkbox"/> Showing off     | <input type="checkbox"/> Determination | <input type="checkbox"/> Defiance         | <input type="checkbox"/> Dependability       | <input type="checkbox"/> Nail Biting |
| <input type="checkbox"/> Destructiveness | <input type="checkbox"/> Fantasizing   | <input type="checkbox"/> Indifference     | <input type="checkbox"/> Sensitivity         | <input type="checkbox"/> Crying      |
| <input type="checkbox"/> Tantrums        | <input type="checkbox"/> Cheerfulness  | <input type="checkbox"/> Tattling         | <input type="checkbox"/> Bad Language        | <input type="checkbox"/> Stealing    |
| <input type="checkbox"/> Cooperativeness | <input type="checkbox"/> Withdrawal    | <input type="checkbox"/> Assertiveness    | <input type="checkbox"/> Fearfulness         | <input type="checkbox"/> Moodiness   |
| <input type="checkbox"/> Facial Ticks    | <input type="checkbox"/> Trying Hard   | <input type="checkbox"/> Manipulativeness | <input type="checkbox"/> Wandering Attention |                                      |

Does the student have a known problem with:  Vision  Hearing  Speech

1. Was your child in any special education classes?  Yes  No
2. Was your child in any small group classes?  Yes  No
3. Was your child in any RST or Special Day Classes?  Yes  No
4. Does your child have a current IEP?  Yes  No
5. Has your child ever had an IEP?  Yes  No

If your answer was yes to any of the above questions, what was the special education's teacher's name?

What was the name and location of the specialty school/ class?

**If your child was in a special education, please call this to the attention of the office staff or teacher so the necessary procedures can be started as soon as possible.**

Has the student taken a standardized test and been identified as gifted?  Yes  No

Has student ever been expelled from school before?  Yes  No

If yes, please provide Date of Expulsion and briefly explain the circumstances. \_\_\_\_\_

## Income Questionnaire 2013-2014

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Dear Parents,

A number of opportunities exist to apply for financing, grants and other funding that will benefit the children of La Vida Charter School. Many of these opportunities are based on the income levels of our families. To apply for these funds, we need the help of all school families. The financial questionnaire below must be filled out for each student, and the information must be on file at the school office before we can submit applications.

We understand that many people do not like to answer income questions, so we have tried to make this form as simple and anonymous as possible. For confidentiality, no names, only student ID numbers, are used on the section you return to the school. Please complete, clip and return the bottom half of this form to your child's teacher by \_\_\_\_\_.

Date

Thank you in advance for your assistance.

----- Please clip and return form below. -----

2013-2014

**ID NUMBER**

For school use only

Number of students in your family enrolled at this school \_\_\_\_\_

Please look down the chart for the total number of people in your household, then find the column corresponding to your yearly family income. If you are self-employed, is your adjusted gross income less than this amount?

**Circle the number of people in your household**, then check the box to the right of that number. Please check only one income question – the one that corresponds to the number of people in your household.

Household Size	Annual Income Between	Annual Income Between	Annual Income Between	Annual Income Over
1	Less Than \$11,490	\$ 11,491-14,937	\$ 14,938-21,257	\$ 21,258+
2	Less Than \$15,510	\$ 15,511-20,163	\$ 20,164-28,694	\$ 28,695+
3	Less Than \$19,530	\$ 19,531-25,389	\$ 25,389-36,131	\$ 36,132+
4	Less Than \$23,550	\$ 23,551-30,615	\$ 30,616-43,568	\$ 43,569+
5	Less Than \$27,570	\$ 27,571-35,841	\$ 35,842-51,005	\$ 51,006+
6	Less Than \$31,590	\$ 31,591-41,067	\$ 41,068-58,442	\$ 58,443+
7	Less Than \$35,610	\$ 35,611-46,293	\$ 46,294-65,879	\$ 65,880+
8	Less Than \$39,630	\$ 39,631-51,519	\$ 51,519-73,316	\$ 73,317+

Household Size: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Participant in Assistance Program?  CALWORKS  SNAP  FDPIR  None

THIS INFORMATION IS FOR STATISTICAL USE ONLY. ID NUMBERS WILL NOT BE MATCHED TO STUDENT NAMES. THIS SCALE DOES NOT APPLY TO HOUSEHOLDS THAT RECEIVE FOOD STAMPS, KIN-GAP, FDPIR BENEFITS, OR CHILDREN WHO ARE RECIPIENTS OF CALWORKS. THESE CHILDREN ARE AUTOMATICALLY ELIGIBLE FOR FREE MEAL BENEFITS.

# Emergency Information 2014-2015

## La Vida Charter School

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With whom does the child live? Check all that apply:

Mother (information on second page)

Stepmother Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Father (information on second page)

Stepfather Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Guardian(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

List two friends or local relatives who will assume temporary care of your child if you cannot be reached in the event of illness, accident, emergency or suspension.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Medical Information: Practitioners and insurance (for use in case of emergency).

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Health Plan: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Health Plan: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy #: \_\_\_\_\_

**In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/ she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician/ dentist named above to undertake such care and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be preformed by any licensed physician or surgeon. I, the undersigned, hereby agree to bear all costs incurred as a result of the forgoing. This authorization will remain in effect until revoked by me.**

Parent/ Guardian's Signature

Date

# Health Inventory 2014-2015

La Vida Charter School

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**My student has no know health problems.**

**Vision:**

- Wears glasses .....  To be worn at all times
- Wears contact lenses .....  To be worn at all times
- Requires preferential seating

**Hearing:**

- Know Hearing problem  Uses hearing aid
- Has tubes in ears  Requires preferential seating

**My student has the following conditions:**

- Asthma  Seizure  Diabetes
- Epilepsy  Fainting spells  Hyperactive (ADD)
- Heart condition  Migraine  Nut Allergy

Bee sting allergy. Please describe: \_\_\_\_\_

Other known or suspected allergies. Please describe: \_\_\_\_\_

Are any of the above life threatening?  Yes  No

If yes, please explain: \_\_\_\_\_

What actions are to be taken if your child has a complication due to their condition? *(Be specific.)*

My student has a physical condition which limits participation in:

Classroom activities. Explain: \_\_\_\_\_

Physical Education. Explain: \_\_\_\_\_

Does your student take medication?  Yes  No

Name and dose: \_\_\_\_\_ For: \_\_\_\_\_

Will your student require medication at school?  Yes  No

All medication (including non-prescription, over-the counter drugs/ medication) taken at school requires the following:

1. Medication is brought to school by parent or guardian (not child)
2. Medication must be in the original labeled prescription container/over-the-counter container.
3. Form on file signed by doctor and parent/guardian (form available in school office) for prescription medication only.

*Please contact the school immediately when there is any change in your child's health status.*

**Home Language Survey**  
**La Vida Charter School**

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\_\_\_\_\_

Date

\_\_\_\_\_

School

\_\_\_\_\_

Teacher

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. Please answer the following questions and have your son/daughter return this form to his/her teacher. Thank you for your help.

Name of Student: \_\_\_\_\_

Last

First

Middle

Grade

Age

1. Which language did your son or daughter learn when he or she first began to talk? \_\_\_\_\_
2. What language does your son or daughter most frequently use at home? \_\_\_\_\_
3. What language do you use most frequently to speak to your son or daughter? \_\_\_\_\_
4. Name the language most often spoken by the adults at home: \_\_\_\_\_

\_\_\_\_\_

Signature of parent or guardian

## Child Release Authorization Form La Vida Charter School

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16200 HWY 101  
Willits, CA 95490

[www.lavidaschool.org](http://www.lavidaschool.org)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone(day): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone(day): \_\_\_\_\_

I hereby give authorization to the following people to pick up my child from school until further notice.  
(Please print clearly.)

	Name	Relationship	Phone	Date Authorized
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

**High School Students Only:**

By initialing 'Yes' and signing below, I hereby give permission to my child, if under the age of 18, to check themselves in and out of school.      \_\_\_\_\_ YES      \_\_\_\_\_ NO

**To revise the above list, ask front office staff to provide this form. Then you may change it.**

X \_\_\_\_\_  
Parent/guardian Signature \_\_\_\_\_  
Date

**Important Notice**

Your child **will not** be allowed to leave school with any person who is not listed above. If you need to send your child home with someone else, you must provide written permission to the school (a fax is also acceptable). Phone calls are not permitted for this purpose. The person picking up your child must show a photo ID if he/she is unknown to school staff.

If you have any **custody issues** that the school needs to be aware of, please provide the school office with a copy of your custody agreement. If this is not done, children may be released to either parent.



# REQUEST FOR STUDENT RECORDS

## La Vida Charter School

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Student's Name(s)

Birth Date

Grade

Previous School Attended:

Name

Mailing Address

City

State and Zip Code

Phone

The above named student(s) has/have enrolled in La Vida Charter School. I give my permission to forward the original California State cumulative records, test data, special education files, psychological and health records, and any pertinent data regarding my child. (Note: The State of California does not require a parent/guardian signature.)

Parent/Guardian Signature

Date

Please FAX at your earliest convenience:

- Birth Certificate and Immunization Records
- Transcripts
- State Student ID#
- Last IEP
- Discipline Records
- English Learner Information

Please mail students records to:

La Vida Charter School  
P. O. Box 1461  
Ukiah, CA 95482  
Attention: Student Records

Thank you for your assistance!

La Vida Charter School Authorized Representative

Date

**Parent Information**  
**La Vida Charter School**

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Home schoolers and families of La Vida Charter School are expected to be an active participant in their children's education and in the life of the school community. To that end, I am aware of the following:

1. I understand that this is a school of choice. Parents and children choose to attend and support the La Vida Charter School. I am encouraged to contribute time to ensure the continued well being of the school.
2. I have received and read the La Vida Charter School Parent Handbook and agree to the school's philosophy and policies.
3. I understand the importance of participating, when possible, in scheduled orientations, school meetings, parent-teacher conferences, school education evenings and festivals and activities.
4. I am aware of the school's recommendation that the viewing of television, videos, computer games, and movies by my child be limited. I will consider making every effort to understand and cooperate with the school in this matter.
5. I have read the dress code in the Parent Handbook.
6. I will insure that my child will abide by school rules of behavior and dress.
7. I will insure regular and punctual attendance of my child(ren) to the onsite classes. I understand that it is best that children arrive about 10 minutes before school begins, and that they are picked up promptly at dismissal time.
8. I understand that if I need to cancel or reschedule a meeting with my child's Educational Coordinator I must do so at least 24 hours in advance. Furthermore, I understand that failure to do so 3 times can result in dis-enrollment from the school.
9. I will insure that my child will not bring toys or electronic devices to school.
10. I agree to participate in STAR testing and/or an alternative assessment administered by La Vida.

I have read the Parent Handbook and the Parent Information Sheet.

Signature of Responsible Guardian:

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

*Please sign and return one copy to the office. Keep second copy for your records.*