

2021-2022

Enrollment Form

La Vida Charter School

Phone: (707) 459-6344

Fax: (707) 459-6377

P.O. Box 1461
Ukiah, CA 95482

www.lavidaschool.org

11785 Orchard Ln.
Willits, CA 95490

Student's Name: _____ Date of Birth: _____
Please Print Clearly First Middle Last
Gender: _____ Age: _____ Grade: _____ Student ID# []
Student's Social Security # - - City/State of Birth School Use Only
Nickname? _____ Other Last Name Used? _____

Immunization Information

Admission is based upon documentation of receipt of all required immunizations or upon documentation of a permanent medical exemption to immunization in accordance with Section 6051. Conditional admission is based upon either documentation of having received some but not all required immunizations and of not being due for any vaccine dose at the time of entry or upon documentation of a temporary medical exemption to immunization in accordance with Section 6050. Continued attendance after conditional admission is contingent upon receipt of the remaining required immunizations in accordance with Sections 6020 and 6035. Students are not required to have immunizations for entry if they attend an independent study program and do not receive classroom-based instruction.

Kindergarten & 1st Grade Parents

California Law requires all incoming Kindergartners have a birth certificate, and all 1st graders have a comprehensive health exam (form: CHDPP—Record of Health Examination for School Entry).

- *Birth Certificate [] Received (copy attached)
*CHDPP Exam Report [] Received [] Waiver on File
*Immunization record [] Received [] Schedule Received

*To be filled out by Office

2nd - 6th Grade Parents

Complete guide to immunizations required for school entry will be available with enrollment forms. A valid personal beliefs exemption filed with a school before January 1, 2016 is valid until entry into the next grade span (7th through 12th grade).

- *Immunization record [] Received [] Personal Beliefs Exemption dated pre-2016
[] Schedule Received

*To be filled out by Office

7th - 12th Grade Parents

Additional school immunization requirements for 7th graders typically apply to students who had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade, or are new admissions, including from out-of-state; applies to all grades. All students are required to receive the Tdap vaccination before entering 7th grade.

- *Immunization record [] Received & [] Tdap [] Schedule Received

*To be filled out by Office

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: _____

Device you use on internet? ___ Phone ___ Computer. Prefer ___ Email, or ___ Text

Printer? ___ YES ___ NO Who is your cell phone carrier? AT&T, Verizon, US Cellular, Other _____

Ethnicity & Race* Federal ethnicity and race data collection/reporting requirements 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
Asian <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"/> Hmong <input type="checkbox"/> Other	Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Other <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican American <hr/> <input type="checkbox"/> Other: _____

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

High School Students Only	
Student Cell Phone: (_____) _____	Preferred Method of Contact: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email
Student's Email: _____	

Guardian and Stepparent information to be filled out on Emergency Contact Information page.

Father's Name: _____ **Home Telephone:** _____

Employer: _____ **Work Telephone:** _____ **Cell Phone:** _____

Email Address: _____

Mailing Address (if different): _____

Mother's Name: _____ **Home Telephone:** _____

Employer: _____ **Work Telephone:** _____ **Cell Phone:** _____

Email Address: _____

Mailing Address (if different): _____

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

Language Parents/ Guardians Speak:

English Only English Fluent English Limited Other: _____

Is Either Parent or Guardian currently in the Military? _____ Yes _____ No

Other members in the home:

Name	Gender	Date of Birth	Relationship to Student

Health Inventory 2021-2022

La Vida Charter School

P.O. Box 1461 • Ukiah CA 95482

My student has no known health problems.

Vision:

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

Hearing:

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

My student has the following conditions:

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Hyperactive (ADD) |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Migraine | <input type="checkbox"/> 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.

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. _____

Home Language Survey
La Vida Charter School

P. O. Box 1461
Ukiah, CA 95482

11785 Orchard Lane
Willits, CA 95490

www.lavidaschool.org

_____ 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

Income Questionnaire 2021-2022

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 income section. Thank you in advance for your assistance.

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Parent or Guardian Signature Date Print Name of Parent or Guardian

Would you be willing to provide proof of income? (ie. Tax Return, W-2, paystub etc) Yes No

Due to changes in regulations, La Vida is required to verify a random selection of income forms; your help affects funding for the school.

----- Form will be clipped and stored separately -----

ID NUMBER 2021-22

Number of students in your family enrolled at this school _____

For school use only

Step 1) Check your household size (i.e. the number of permanent occupants in your house, including yourself, partner, child, other relatives etc).

Step 2) Based on your household size, check the appropriate box to the right of the "Household Size" column (in the same row), if your total annual household income is within the range displayed for Category 1, Category 2, or Category 3. If it exceeds these, check the box in Category 4. Do not check an income in multiple categories.

Step 3) If your household size exceeds the numbers listed, please use area below the table and fill them in manually.

Household Size	Category 1 - Total Annual Household Income is Within This Range:	Category 2 - Total Annual Household Income is Within This Range:	Category 3 - Total Annual Household Income is Within This Range:	Category 4 - Total Annual Household Income Exceeds This:
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 - \$12,760	<input type="checkbox"/> \$12,761-\$16,588	<input type="checkbox"/> \$16,589-\$23,606	<input type="checkbox"/> \$23,607+
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$17,240	<input type="checkbox"/> \$17,241-\$22,412	<input type="checkbox"/> \$22,413-\$31,894	<input type="checkbox"/> \$31,895+
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$21,720	<input type="checkbox"/> \$21,721-\$28,336	<input type="checkbox"/> \$28,337-\$39,894	<input type="checkbox"/> \$39,895+
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$26,200	<input type="checkbox"/> \$26,201-\$34,060	<input type="checkbox"/> \$34,061-\$48,469	<input type="checkbox"/> \$48,470+
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$30,680	<input type="checkbox"/> \$30,681-\$39,221	<input type="checkbox"/> \$39,222-\$56,758	<input type="checkbox"/> \$56,759+
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$35,160	<input type="checkbox"/> \$35,161-\$45,708	<input type="checkbox"/> \$45,709-\$65,046	<input type="checkbox"/> \$65,047+
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$39,640	<input type="checkbox"/> \$39,641-\$51,532	<input type="checkbox"/> \$51,533-\$73,334	<input type="checkbox"/> \$73,335+
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 - \$44,120	<input type="checkbox"/> \$44,121-\$57,356	<input type="checkbox"/> \$57,357-\$81,622	<input type="checkbox"/> \$81,623+

If household size is greater than 8, list household size and total annual income below:

Household Size: _____ Total Annual Income: \$ _____

Participant in Assistance Program? (w/ Case number) Cal WORKS: _____ SNAP: _____ FDPIR: _____

THIS INFORMATION IS FOR STATISTICAL USE ONLY. ID NUMBERS WILL NOT BE MATCHED TO STUDENT NAMES. THIS SCALE DOES NOT APPLY TO HOUSEHOLDS THAT ARE PARTICIPANTS OF ANY OF THE ABOVE ASSISTANCE PROGRAMS; THESE CHILDREN ARE AUTOMATICALLY ELIGIBLE.

Child Release Authorization Form
La Vida Charter School

P. O. Box 1461
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Willits, CA 95490

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.	_____	_____	_____	_____
9.	_____	_____	_____	_____

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.

If at any time you would no longer like to allow someone from your list to pick up your student, please contact the office so that they can be removed. As long as the person remains on the list, they will be allowed to pick up your child.

Getting To Know You K - 8
La Vida Charter School

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Name(s): _____ Age: _____

1. Briefly describe you and your child's previous home schooling experience.
2. How would you describe your child as a learner? Which learning modality does he/or she prefer? What do you feel are your strengths as a teacher?
3. In what areas do you feel you and your child need more assistance?
4. Are you interested in your child attending regular on-site classes?
5. In what ways would you like to contribute to the school?
6. Does your student have test anxiety? Do you or your student have strong feelings about standardized testing?
7. Please use this space for any questions, concerns or inspirations you'd like to share.

La Vida Charter School

Volunteer Sign Up

2021-2022

La Vida offers a rich program that depends on parent involvement. We need each family to volunteer 40 hours per year, or 4 hours per month. Keep track of your time in the volunteer binder in the kitchen. Contributing food and snack count toward volunteer time. Volunteer time is worth \$15 per hour to La Vida. A regular Classroom snack would count about one half hour.

Please Sign up by **checking off the jobs and events** that interest you for upcoming school year. Thank You.

Parent Name: _____ Student Name _____
Phone Number: _____ Date: _____

Office Assistant

- Phone Calls
- Mail Prep
- Photocopying
- Book Check in

General Help:

- Playground Supervision
- Flowers for Special Events
- Food for Special Events
- Classroom snack
- Volunteer for Special Events
- Volunteer Co Coordinator
- Volunteer Binder Coordinator
- Library/ Resource Help
- Newsletter Assistance
- School Scrapbook
- Class Parent
- Grounds Clean Up
- Maintenance Projects
- Maintain First Aid Kits
- Update MSDS Binder
- Gather Emergency Supplies

General Skills:

- Sewing
- Handwork
- Costuming
- Stage Props
- Carpentry
- Photography
- Medical
- Electrical
- Mechanical
- Computer Graphics
- Computer Repair/Programming
- Legal
- Gardening
- Sprinkler Systems
- Games/Puppetry
- Foreign Languages
- Hamm Radio
- Other

La Vida Events:

- Field Trips
- Peace Day- Ice Cream Social (Sept)
- Scarecrow City (Sept)
- Thankfulness Feast & Performance (Nov)
- Book Fair
- Smarter Balance Snack Coordinator (Spring)
- Open House
- Science Fair
- Golden Rule Appreciation (May)
- Graduation (June)
- Fundraising
- Parent Workshop Help
- Parking Attendant for events

Permissions & Acknowledgement Form 2021- 2022

La Vida Charter School

P.O. Box 1461 • Ukiah CA 95482

By signing below, you are acknowledging your understanding and decision in regards to the following La Vida Charter School policies and responsibilities. La Vida Charter School will make every effort to honor your decisions in regards to the following agreements.

1. I understand that it is my responsibility to pick up my child from school when he/she is ill if my designated temporary care providers are not able to do so. Yes
2. I understand the school does not provide medical or accident insurance for individual students.
 Yes
3. I grant permission for my child to attend school sponsored onsite field/study trips. (Permission slips will be sent home only for offsite field/study trips).
 Yes No
4. My child may receive over the counter pain medication (such as Tylenol) for minor pain.
 Yes No
5. La Vida Charter School may print my contact information in a list to be distributed among school families.
 Yes No
6. Do you consent to have your or your child's picture printed in brochures, flyers, posters, etc.?
 Yes No
7. Do you consent to have your child's art or academic work displayed in instructions, brochures, flyers, posters, etc.?
 Yes No
8. Do you wish to opt-out of the Cal-Grant GPA Submission (AB2160), which requires we submit you child's GPA to help expedite the Cal-Grant process for College?
 Yes No
9. In compliance with the No Child Left Behind Act, records of students age 14 and older will be automatically submitted to the United States Military unless you check the box below.
 Please do not send my child's records to the U.S. Military

Signature of Parent/Guardian

Date

Parent Student Handbook Information

La Vida Charter School

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Willits, CA 95490

www.lavidaschool.org

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:

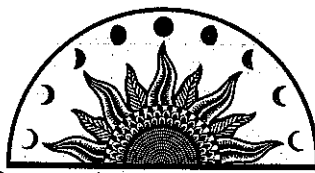
1. I understand that this is a school of choice. Parents and children choose to attend and support the La Vida Charter School. I am encouraged to contribute time to ensure the continued well being of the school.
2. I have received and read the La Vida Charter School Parent Handbook and agree to the school's 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 (cell phones for upper grades are permitted)
10. I agree to participate in CAASPP 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: _____

A copy of this page is available in your Parent Student Handbook.



LA VIDA CHARTER SCHOOL
La Vida Means Life!

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Ukiah, CA 95482

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FAX: (707) 459-6377
lavidainfo@lavidaschool.or

11785 Orchard Lane
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Request for Student Records

Student Name _____ Birth Date _____ Grade _____

Previous School Attended: _____

Name _____ Mailing Address _____

City _____ State and Zip Code _____ Phone Number _____

The above named student has 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 _____

* To be completed by Staff

Please FAX to (707) 459-6377 at your earliest convenience:

- Birth Certificate and Immunization Records
- Transcripts
- State Student ID # _____
- Last IEP
- Discipline/ Attendance Records (if significant)
- English Learner Information

Please mail student records to:

Student Records
La Vida Charter School
11785 Orchard Lane
Willits, CA 95490

Thank you for your assistance!

La Vida Charter School Authorized Representative _____ Date _____

Sent to fax number: _____

Date sent: _____ First Request
_____ Second Request
_____ Third Request