

2022-2023
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 _____
Nickname? _____ Other Last Name Used? _____

School Use Only

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.**

My Child will not be taking onsite classes.

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 from any box 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 <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
Student's Email: _____	<input type="checkbox"/> Text
	<input type="checkbox"/> Email

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

Primary Parent's Name: _____ **Relationship:** _____

Employer: _____ **Work Telephone:** _____

Email Address: _____ **Cell: Phone:** _____

Mailing Address (if different): _____

Co-Parent's Name: _____ **Relationship:** _____

Employer: _____ **Work Phone:** _____

Email Address: _____ **Cell Phone:** _____

Mailing Address (if different): _____

Parent's/Guardian's Highest Level of Education: Primary _____ Co: _____

Legal Restrictions/ Custody Issues?

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

Student lives with (circle 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

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. _____

Health Inventory 2022-2023

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.

Getting To Know You K - 8
La Vida Charter School

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Name: _____ 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.

Permissions & Acknowledgement Form 2022- 2023

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 for minor pain.
Homeopathic Yes No Tylenol Yes No
5. Do you grant permission to use student information below for school promotional purposes?
Pictures Yes No Student work Yes No Audio/Video Yes No
6. Student is allowed to use computers at school (outside of testing purposes).
 Yes No
7. Student is allowed to use internet at school (outside of testing purposes).
 Yes No
8. Do you wish to opt-out of the Cal-Grant GPA Submission (AB2160), which requires we submit your child's GPA to help expedite the Cal-Grant process for College?
 Yes No
9. Permission to include student/parent contact information in the School Directory?
 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

Home Language Survey
La Vida Charter School

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Date

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 return this form to the office. *You must choose only one language for each category.*

Thank you for your help.

Name of Student: _____

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 2022-2023

Student _____ Grade _____ School La Vida Charter School

Dear Parents/Guardians,

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/Time
Time if by phone

Print Name of Parent or Guardian

Would you be willing to provide proof of income? (ex. Taxes, 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

2022-2023

Number of students in your family enrolled at this school _____

For school use only

Household Size: _____ Yearly Income: _____

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 Exceeds This:
<input type="checkbox"/> 1	<input type="checkbox"/> \$0-\$17,667	<input type="checkbox"/> \$17,668-\$235,142	<input type="checkbox"/> \$25,143+
<input type="checkbox"/> 2	<input type="checkbox"/> \$0-\$23,803	<input type="checkbox"/> \$23,804-\$33,874	<input type="checkbox"/> \$33,875+
<input type="checkbox"/> 3	<input type="checkbox"/> \$0-\$29,939	<input type="checkbox"/> \$29,940-\$42,606	<input type="checkbox"/> \$42,607+
<input type="checkbox"/> 4	<input type="checkbox"/> \$0-\$36,075	<input type="checkbox"/> \$36,076-\$51,338	<input type="checkbox"/> \$51,339+
<input type="checkbox"/> 5	<input type="checkbox"/> \$0-\$42,211	<input type="checkbox"/> \$42,212-\$60,070	<input type="checkbox"/> \$60,071+
<input type="checkbox"/> 6	<input type="checkbox"/> \$0-\$48,347	<input type="checkbox"/> \$48,348-\$68,802	<input type="checkbox"/> \$68,803+
<input type="checkbox"/> 7	<input type="checkbox"/> \$0-\$54,483	<input type="checkbox"/> \$54,484-\$77,534	<input type="checkbox"/> \$77,535+
<input type="checkbox"/> 8	<input type="checkbox"/> \$0-\$60,619	<input type="checkbox"/> \$60,620-\$86,266	<input type="checkbox"/> \$86,267+

FOR OFFICE USE ONLY: Eligibility

Reviewed By: _____
(Verifying Receipt)

Date: _____

Category:

Free Reduced Not Applicable

If the income information was received by phone:

Name of Interviewer _____ Date _____ Time _____

Emergency Contact Information 2022-2023

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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

Child Release Authorization Form

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Child's Name: _____ Age: _____

Grade: _____ Teacher: _____

Parent 1 Name: _____ Phone (day): _____

Parent 2 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.

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 person can be removed. As long as the person remains on the list, they will be allowed to pick up your child.

Parent Student Handbook Information La Vida Charter School

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Homeschoolers 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 disenrollment 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

Volunteer Sign Up

2022-2023

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:

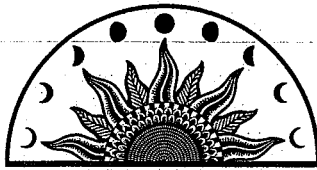
- Playground Supervision
- Flowers for Special Events
- Food for Special Events
- Classroom Snack
- Volunteer for Special Events
- Volunteer Co Coordinator
- Volunteer Binder Coordinator
- Library/ Resource Help
- Newsletter Assistance
- School Scrapbook
- Class Parent
- Grounds Clean Up
- Maintenance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

General Skills:

- Sewing
- Handiwork
- 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



LA VIDA CHARTER SCHOOL
La Vida Means Life!

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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