

**The Village Charter School
Registration Application 2008-09 School Year**

<u>Pupil's Legal Last Name</u>	<u>Pupil's First Name</u>	<u>Pupil's Middle Name</u>	<u>Pupil's Nickname</u>	<u>Other Last Names Used</u>	
<u>Birthdate</u>	<u>Grade</u>	<u>Male/Female</u>	<u>Social Security #</u>	<u>Birth Place (City)</u>	<u>Birth Place (State)</u>
<u>Mailing Address:</u>	<u>Street or PO Box</u>	<u>City</u>	<u>Zip</u>	<u>Home Phone</u>	
<u>Residence Address:</u>	<u>Street Address</u> (No PO Box)	<u>City</u>	<u>Zip</u>	<u>County of Residence</u>	<u>School District of Residence</u>

I certify, under penalty of law, that the above residence address is my primary residence.

Parent/Guardian (full name)	Name of Employer	Occupation	Work Phone	Cell Phone	E-mail Address	Living With
Father:						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother:						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Step parent:						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Guardian:						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Siblings	Brother	Sister	Birthdate	School Currently Attending
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Adults other than parents living in home (full name)	Relationship to student

If the school cannot contact you in an emergency, please name a local sitter, friend, relative or neighbor who may be called if your child is ill or injured. Your child will only be released to these people.

Name	Phone	Relationship

Physician's Name	Phone

Dentist's Name	Phone

Describe any health conditions, restrictions or medical treatment (food allergies, other) that the school should be aware of: _____

My child takes the following medication: _____

I understand the school may call an ambulance and/or seek medical treatment for my child at my expense in an emergency or if emergency contacts are not available. Yes No

I understand the school does not provide medical or accident insurance for individual students. I also understand that school insurance may be available at parent expense. Yes No

Signature of Parent/Guardian: _____

Date: _____

Name of last school attended:	
Address:	
Phone:	Fax:
Last day attended:	

Expulsion Information: Has the student ever been expelled from school? Yes No If yes, please provide the date of expulsion:

The following information is needed for reporting for state and federal standardized testing. This information is kept confidential.			
Check the box that describes the education level of the child's most educated parent.	Check one box that most closely represents the child's ethnicity.	Check any other box that also represents the child's ethnicity.	If Asian or Pacific Islander is marked on the left, then check all that apply.
<input type="checkbox"/> Graduate/Post Graduate Training <input type="checkbox"/> College Graduate <input type="checkbox"/> Some College (inc. Associate Degree) <input type="checkbox"/> High School Graduate <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> Declined to state or unknown	<input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander

Is this student presently enrolled in any of the following programs:	
Special Education Program with a current IEP	Yes <input type="checkbox"/> No <input type="checkbox"/>
Title I	Yes <input type="checkbox"/> No <input type="checkbox"/>
504 Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gifted and Talented	Yes <input type="checkbox"/> No <input type="checkbox"/>

Mobility Information:	
1 st year entered this school	
1 st year entered in this district	

Home Language Survey (Education Code 62002)
Which language did your child learn when he/she first began to talk?
Which language does your child most frequently use at home?
Which language do you most frequently speak to your child?
Name the language most often spoken by the adults in the home.

Required with Application: 1) Copy of birth certificate 2) Current immunization records
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Legal restrictions are as follows (a current, signed court order must be provided):
of 2)

Court order on file at school Yes No (Page 2