

# Village Charter School Enrollment Application

Rcvd _____
Approved <input type="checkbox"/>
Denied <input type="checkbox"/>
Accepted <input type="checkbox"/>
Declined <input type="checkbox"/>

- We recommend that all interested families view our website [www.villagecharterschool.net](http://www.villagecharterschool.net)
- Completion of this application does not guarantee placement.
- Kindergarten placement: Approved student's names will be entered into a lottery which will take place prior to the last day of the current school year. Students not chosen will be placed on a waiting list in order of receipt of this application.
- 1<sup>st</sup> – 6<sup>th</sup> placement: Approved student's names will be placed on a waiting list in order of receipt of this application.
- The waiting list will remain active through the applied school year.

Student Name: \_\_\_\_\_ School year applying for: \_\_\_\_\_

Applying with sibling  Yes  No      Sibling of VCS student  Yes  No      Grade applying for: \_\_\_\_\_

School currently attending: \_\_\_\_\_ Resident District: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe your child:

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Briefly state why you would like your child to attend Village Charter School:

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Please explain any behavioral issues that your child has:

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Has your child ever been expelled from school?  Yes  No

If yes, please provide expulsion date: \_\_\_\_\_ and reason \_\_\_\_\_

Does this child have a current SST?       Yes  No      If yes please provide a copy of SST plan

Has this student ever been enrolled in any of the following programs?

Special Education Program with an IEP  Yes  No      If yes please provide a copy of most recent IEP

Title I  Yes  No

504 Plan  Yes  No

Office Use:

Tour  Yes  No

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**Village Charter School Registration Application 2010/2011 School Year**

\_\_\_\_\_  
 Pupil's Legal Last Name      Pupil's First Name      Birthdate      Grade      Social Security #      Male       Female

\_\_\_\_\_  
 Pupil's Nickname      Pupil's Middle Name      Other Last Name Used      Birth Place (City)      Birth Place (State)

\_\_\_\_\_  
 Mailing Address: Street or PO Box      City      Zip      Home Phone

\_\_\_\_\_  
 Residence Street Address: (No PO Box)      City      Zip      County of Residence      School District of Residence

Full Name of Parent/Guardian	Name of Employer	Occupation	Work Phone	Cell Phone	E-mail Address	Living With
<input type="checkbox"/> <b>Father</b> <input type="checkbox"/> Step Father <input type="checkbox"/> Guardian						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> Step Mother <input type="checkbox"/> Guardian						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Father</b> <input type="checkbox"/> Step Father <input type="checkbox"/> Guardian						<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> Step Mother <input type="checkbox"/> Guardian						<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Sibling(s)	Brother	Sister	Year Born	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

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

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

**If the school cannot contact you in an emergency, please list others who may be called if your child is ill or injured. Your child will only be released to these people.**

Contact Name	Phone	Relationship

Physician's Name	Phone	Address
Dentist's Name	Phone	Address

**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 contact 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

Name of last school attended:	Phone:	Fax:
Address:	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.		
Check the box that describes the education level of the child's <b>most educated parent</b> .  <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	Beginning with the 09/10 school year, federal guidelines require that the race <i>and</i> ethnicity for all students be collected. Please mark all appropriate boxes.	
	<b>Ethnicity:</b> Is this student Hispanic or Latino? <input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino <small>(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)</small>	<b>Race:</b> Please check all that apply.  <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <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 <sup>st</sup> year entered this school	
1 <sup>st</sup> 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 adults in the home.	

Required with application:
1) Copy of birth certificate
2) Current immunization records

**Legal restrictions are as follows :** (a current signed court order must be provided)

The following information is collected for State/Federal statistical purposes.			
Using the household size on the left as your guide, check the boxes to the right in the same row if your income level is at or below the stated guideline. If your household income is above the guidelines check the boxes at the bottom of the columns. Please check one box in each column.			
Household Size	Federal Poverty Guidelines (Annual Income)	Income Eligibility Free Meals - 130% (Annual Income)	Income Eligibility Reduced Meals 185% (Annual Income)
1	<input type="checkbox"/> \$10,210	<input type="checkbox"/> \$13,273	<input type="checkbox"/> \$18,889
2	<input type="checkbox"/> \$13,690	<input type="checkbox"/> \$17,797	<input type="checkbox"/> \$25,327
3	<input type="checkbox"/> \$17,170	<input type="checkbox"/> \$22,321	<input type="checkbox"/> \$31,765
4	<input type="checkbox"/> \$20,650	<input type="checkbox"/> \$28,845	<input type="checkbox"/> \$38,203
5	<input type="checkbox"/> \$24,130	<input type="checkbox"/> \$31,369	<input type="checkbox"/> \$44,641
6	<input type="checkbox"/> \$27,610	<input type="checkbox"/> \$35,893	<input type="checkbox"/> \$51,079
7	<input type="checkbox"/> \$31,090	<input type="checkbox"/> \$40,417	<input type="checkbox"/> \$57,517
8	<input type="checkbox"/> \$34,570	<input type="checkbox"/> \$44,941	<input type="checkbox"/> \$63,955
Each additional person add	\$3,480	\$4,524	\$6,438
	<input type="checkbox"/> Our family income exceeds the <b>poverty guidelines</b>	<input type="checkbox"/> Based on these guidelines our family is not eligible for <b>free meals</b>	<input type="checkbox"/> Based on these guidelines our family is not eligible for <b>reduced meals</b>

Court order on file at school: Yes  No

Signature of Parent/Guardian: \_\_\_\_\_

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