

Employer: _____ Work Telephone: _____ Cell Telephone: _____

Language:

English Only English Fluent English Limited Other: _____

Student Lives with (check one):

Both Parents Mother Father Other: _____ Student is Foster Child

Please List Other Family Members Living at Home:

Name	Gender	Date of Birth	Relationship to Student

Is this student experiencing learning difficulties? Yes No

Is this student experiencing behavior difficulties? Yes No

Attendance: Regular Poor Inconsistent

Relationship with adults: Positive Accepted 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"/> Frustration |
| <input type="checkbox"/> Apathy | <input type="checkbox"/> Showing Off | <input type="checkbox"/> Defiance | <input type="checkbox"/> Trying hard |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Nail biting | <input type="checkbox"/> Destructiveness | <input type="checkbox"/> Fantasy |
| <input type="checkbox"/> Indifference | <input type="checkbox"/> Crying | <input type="checkbox"/> Tantrums | <input type="checkbox"/> Moodiness |
| <input type="checkbox"/> Facial ticks | <input type="checkbox"/> Tattling | <input type="checkbox"/> Bad language | <input type="checkbox"/> Cheerfulness |
| <input type="checkbox"/> Cooperativeness | <input type="checkbox"/> Stealing | <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Fearfulness |

Known problem of: 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 teacher's name?

What was the name and location of the school?

If your child was in 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 student ever been expelled from a school?

Yes No

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

Legal Restrictions/Custody Issues?

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

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 No
2. I understand the school does not provide medical or accident insurance for individual students.
 Yes No
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. 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

Demographics required for STAR testing:

***Please note: The school will be charged an additional fee for STAR tests if this information is not provided.**

Ethnic Background: Please indicate one of the following:

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Chinese
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	<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"/> Other Pacific Islander	<input type="checkbox"/> Other _____	

Parents Highest Level of Education: Mother: _____ Father: _____

Information requested but not required:

Participant in CAL Works program? Yes No

(The school may be eligible for additional funding for students whose guardians are participants in CAL Works programs.)

Income Questionnaire 2011-2012

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. -----
2010-2011

ID NUMBER

Number of students in your family enrolled at this school _____

For school use only

Please look down the chart for the total number of people in your household, then answer yes or no for the corresponding question concerning 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 answer the question to the right of that number. Please answer only one income question – the one that corresponds to the number of people in your household.

Number of people in your household

- | | | | | | | | |
|---|--------------------------------------|----------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 1 | Is your yearly income less than | \$20,147 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes is your income less than \$14,157 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Is your yearly income less than | \$27,214 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes is your income less than \$19,123 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Is your yearly income less than | \$34,281 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes is your income less than \$24,089 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Is your yearly income less than | \$41,348 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes is your income less than \$29,055 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Is your yearly income less than | \$48,415 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes is your income less than \$34,021 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Is your yearly income less than | \$55,482 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes is your income less than \$38,987 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Is your yearly income less than | \$62,549 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes is your income less than \$43,953 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Is your yearly income less than | \$69,616 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes is your income less than \$48,919 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | * Each additional family member add | \$ 7,067 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

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, FDPPIR BENEFITS, OR CHILDREN WHO ARE RECIPIENTS OF CALWORKS. THESE CHILDREN ARE AUTOMATICALLY ELIGIBLE FOR FREE MEAL BENEFITS.

Emergency Information ★ School Year 2011-2012

La Vida Charter School

P. O. Box 1461 ● Ukiah, CA 95482

Child's Name: _____ Grade: _____
M / F (circle one) Birth Date: _____ Phone: _____
Mailing Address: _____ City: _____ Zip: _____
Residence Address: _____ City: _____ Zip: _____
Directions to residence: _____

With whom does child live? Check all that apply.

Mother Name: _____
 Stepmother Address: _____
Phone(H): _____ Work: _____ Cell: _____
Pager: _____ Message: _____
 Father Name: _____
 Stepfather Address: _____
Phone(H): _____ Work: _____ Cell: _____
Pager: _____ Message: _____
 Guardian Name: _____
Relationship: _____
Address: _____
Phone(H): _____ Work: _____ Cell: _____
Pager: _____ Message: _____

List two neighbors or nearby 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: _____ Phone(s): _____
Name: _____ Relationship: _____
Address: _____ Phone(s): _____
Doctor's Name: _____ Phone: _____
Address: _____
Health Plan: _____ Group #: _____ Policy #: _____
Dentist's Name: _____ Phone: _____
Address: _____
Dental 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 performed by any licensed physician or surgeon. I, the undersigned, hereby agree to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by me.

Parent/Guardian's Signature _____

Date _____

Health Inventory ★ School Year 2011-2012

La Vida Charter School

P. O. Box 1461 ● Ukiah, CA 95482

Child's Name: _____

My Child 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 child has the following condition(s):

Asthma

Seizure

Epilepsy

Fainting spells

Diabetes

Hyperactive (ADD)

Heart condition

Migraine

Bee sting allergy. Describe: _____

Other know or suspected allergies: _____

Are any of the above life threatening? Yes No

(Please explain): _____

What actions are to be taken if your child has a complication due to his/her allergic condition or health condition? (Be specific.)

My child has a physical condition which limits participation in:

Classroom activities (please explain): _____

Physical education (please explain): _____

Does your child take medication? Yes No

Name & amount of medication: _____ Health Problem: _____

Will your child require medication at school? Yes No

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

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

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

**Home Language Survey
La Vida Charter School**

P. O. Box 1461
Ukiah, CA 95482

16201 HWY 101
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

Getting To Know You K - 8
La Vida Charter School

P. O. Box 1461
Ukiah, CA 95482

16201 HWY 101
Willits, CA 95490

www.lavidaschool.org

Name(s): _____ Age(s): _____

1. Briefly describe you and your child's previous home schooling experience.
2. What do you feel are your strengths as a teacher? Would you be willing to share these in the classroom?
3. In what areas do you feel you and your child need more assistance?
4. Will your child be coming to regular morning class which will be presented as a main lesson 2 days a week?
5. If you answered no to question 4, will you be bringing your child to any specialty classes, which could include Spanish, Fine Arts, Performing Arts, Music, Environmental Science, Handwork, and gardening?
6. How do you feel your child will most benefit from this class time? What are you most interested in seeing happen during this time?
7. Please use this space for any questions, concerns or inspirations you'd like to share.

Child Release Authorization Form La Vida Charter School

P. O. Box 1461
Ukiah, CA 95482

16201 HWY 101
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.)

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>	<u>Date Authorized</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

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's Cumulative Records
La Vida Charter School

P. O. Box 1461
Ukiah, CA 95482

16201 HWY 101
Willits, CA 95490

www.lavidaschool.org

Student's Name(s)	Birth Date	Grade

Previous School Attended:

Name	Mailing Address

City	State and Zip Code

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
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Please mail students records to: La Vida Charter School
P. O. Box 1461
Ukiah, CA 95482
Attention: Student Records
707-459-6344 phone / 707-459-6377 fax

Thank you for your assistance!

La Vida Charter School Authorized Representative	
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Parent Information La Vida Charter School

P. O. Box 1461
Ukiah, CA 95482

16201 HWY 101
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.
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.

La Vida Charter School

Volunteer Sign Up

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 up coming school year. Thank You.

Parent Name: _____ Student Name _____

Phone Number: _____ Date: _____

Office Assistant

- Phone Calls
- Mail Prep
- Photocopying
- Book Check in
- Legal
- Gardening
- Sprinkler Systems
- Games/Puppetry
- Foreign Languages

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

La Vida Events:

- Field Trips
- Peace Day- Ice Cream Social (Sept)
- Scarecrow City (Sept)
- Thankfulness Feast & Performance (Nov)
- Scholastic Book Fair (Dec)
- Talent Show/ Open House (March)
- Cinco de Mayo (May)
- Bagged Lunches for the
- Hungry (every 6 wks)
- Parent Workshop Help
- Star Test Snack Coordinator
- Cahsee Test Snack Coordinator
- Science Fair (April)
- Open House
- & Talent Show (March/April)
- Graduation (June)
- Golden Rule Appreciation
- (May)
- Parking Attendant for events

General Skills:

- Sewing
- Handwork
- Costuming
- Stage Props
- Carpentry
- Photography
- Medical
- Electrical
- Mechanical
- Computer Graphics
- Computer Repair/
- Programming
- Computer Word Processing

La Vida Parent Committees:

- Fundraising (events)
- Outreach (booths at events)
- Playground & Site
- Parent Run Specialty Classes
- Parent Support
- Curriculum Advisory

