

**2009-2010**  
**Enrollment Form**  
**La Vida Charter School**

P.O. Box 1461  
Ukiah, CA 95482

16201 HWY 101  
Willits, CA 95490

[www.lavidaschool.org](http://www.lavidaschool.org)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Please Print Clearly First Middle Last

**Kindergarten & 1<sup>st</sup> Grade Parents**

California Law requires all incoming Kindergartens have a birth certificate, and all 1<sup>st</sup> graders have a comprehensive health exam (form: CHDPP – Record of Health Examination for School Entry). Both need current immunizations (form: California School Immunization Record) before enrolling in school.

<b>Birth Certificate</b>	<input type="checkbox"/> Received (copy attached)	
<b>CHDPP Exam Report</b>	<input type="checkbox"/> Received	<input type="checkbox"/> Waiver on File
<b>Immunization record</b>	<input type="checkbox"/> Received	<input type="checkbox"/> Waiver on File

**5<sup>th</sup> – 7<sup>th</sup> Grade Parents**

California added a 7<sup>th</sup> grade immunization requirement to the California School Immunization Law, effective July 1, 1999. Student entering 7<sup>th</sup> grade in public and private schools will need to have three hepatitis B shots and a second measles (or MMR) shot. A Td booster is recommended as well.

<b>HepB Series</b>	<input type="checkbox"/> Received	<input type="checkbox"/> Waiver on File
<b>MMR</b>	<input type="checkbox"/> Received	<input type="checkbox"/> Waiver on File

E-Mail Address \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#   
(School Use Only)

Student's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Nickname? \_\_\_\_\_ Other Last Name Used? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Specific Directions to Home: \_\_\_\_\_

Name of Last School Attended: \_\_\_\_\_

District of Residence: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

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

Student's Name: \_\_\_\_\_ (over please)

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. \_\_\_\_\_

Student's Name: \_\_\_\_\_

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.)