

Achieve Charter Schools of Paradise Enrollment Form

School Year: _____

Check this box if any **new information**

Student's Full Name: _____ Grade: _____
Last First Middle

Gender: Male Female Date of Birth: _____ Place of Birth: _____
City / State

Home Phone #: _____ Email address: _____

Mailing Address: _____
Street / PO Box City Zip

Street Address: _____
Street City Zip

Father: _____

Address (if different than student): _____
Street/PO Box City Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____ Email: _____

Mother: _____

Address (if different than student): _____
Street/PO Box City Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____ Email: _____

Child lives with: Both Parents Father Mother Guardian Grandparent Other _____
 Mother & Step Father Father & Step Mother Other Relative _____

Does the student have a parent/guardian on Active Duty with the Armed Forces or Full-Time National Guard? Yes No

Residence-Where is your child /family currently living? (please check appropriate box)

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

Emergency Information: This portion must be completed in full. List two people, other than parents, we may contact in case of an emergency.

Name	Relationship to student	City/State	Home Phone	Cell Phone
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Physician				Phone
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List any persons that may pick up your child from school in case you are unable to do so:

	Phone #		Phone #
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	Phone #		Phone #
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Is there a legal custody agreement regarding this student? No Yes (please provide documentation)

Joint Custody Sole Custody Legally Appointed Guardian(s)

Duplicate Mailing (if custody agreement allows duplicate mailing/information to be provided to other parent)

Full Name: _____ Relationship to student: _____

Emergency contact for student? No Yes To receive: Copy of all mail Copy of grades only

Mailing Address: _____

House# & Street or P.O. Box City State Zip Code

Email Address: _____ Phone Number: _____

Parent Education Level

The California Department of Education is directing school's to include the following information about its students. This information will be confidential and will not become part of a student's permanent record.

Please indicate the educational level of student's most highly educated parent:

- Not a High School Graduate Some College, or an Associate's Degree
- High School Graduate College Graduate
- Decline to State Graduate School/Post Graduate Studies

Student Ethnicity and Race

The Federal Government and the California Department of Education require ethnic information on all students. Please check one box

Ethnicity Is this student Hispanic or Latino? (*Select only one*)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your race to be.

Race What is the race of this student? (*Select one or more*)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native
(persons having origins in any of the original people of North, Central, or South America) | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino/Filipino American | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> White (persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Hmong | |

Did your child have a current Individualized Education Program (IEP) at the previous school? Yes No

Did your child have a current Section 504 Plan at the previous school? Yes No

What special services did your child receive at the previous school? (please check all that apply)

- Counseling English Language Development Help to improve attendance/behavior Special Day Class (SDC)
- Remedial Math Remedial Reading Resource (RSP) Speech/Language Student Study Team Other:

Has your child ever been suspended? Yes No

Has your child ever been expelled? Yes No

Most Recent Schools Attended:

Name of School	City	State	Grade	School Year

Other Children in the Family:

Name	Date of Birth	Relationship to Student	Living at Home?	School Attending

I have reviewed this two page document and to the best of my knowledge, the information contained herein is true and complete. By signing this I declare under penalty of perjury that I am the parent or legal guardian of the above-named student.

Parent/Guardian Name (please print)

Date:

Parent /Guardian Signature:

Date:

Achieve Charter Schools of Paradise

Parent Release Form for Student Media Recording

Dear Parent/Guardian,

During the school year, our school will hold events that news media may like to feature. Representatives from various newspaper or television news stations may be on campus to gather photographs and/or video footage highlighting a school event. We value your child's participation and ask for your permission to include him or her. Please indicate by checking the boxes below whether your child has your permission to participate. You may update this form at anytime by contacting the school office.

• **EXTERNAL & INTERNAL**

I give permission for my child's name and photo to be used for **EXTERNAL** (outside of Achieve Charter Schools, newspaper or T.V. news) **and INTERNAL** use:

- Yes
- No

• **INTERNAL**

I give permission for my child's name and photo to be used for **INTERNAL ONLY** (to be used for school purposes only and no student info or photo will be used outside of Achieve):

- Yes
- No

Student's Name: _____

Parent/Guardian's Signature:

Date

Achieve Charter Schools of Paradise

Home Language Survey

School: _____ School Year: _____ Date: _____

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. Thank you for your help

Student's Legal Name: _____

Student's Date of Birth: _____ Grade Level: _____
Month/Day/Year

1. Which language did your child learn when he or she first began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. Name the languages in order most often spoke by the adults at home.
1st _____
2nd _____
5. City / Country of Student's Birth: _____
6. U.S.A. Citizenship: Yes No
7. Has your child ever been given the CELDT test (California English Language Development Test)? Yes No

If student was born outside of the U.S.A., please answer the following questions:

- A. Date student first entered the U.S.A: _____
Month / Day / Year
- B. Date student first entered school in U.S.A: _____
Month / Day / Year
- C. Date student first entered school in California: _____
Month / Day / Year

Parent / Guardian signature

Date

OFFICE USE ONLY

This student has been identified as Fluent Limited English Speaking

**Achieve Charter Schools
Of Paradise**

School Year

Date of Birth (month/day/year)

SCREENING CONSENT FORM

This authorization shall remain effective until revoked in writing and delivered to
_____ **School.**

(Name of School)

My child, _____, has my permission to participate in the following screenings :

- A. Vision Screening Yes No
- B. Hearing Screening Yes No
- C. Scoliosis Screening Yes No
- F. I **object** to all of the above screenings No to All

Parent/Guardian Name (please print)

Signature : _____ Date : _____
Parent/Guardian

Achieve Charter School
STUDENT HEALTH HISTORY

Student's Name		Grade Level	Name of School	
Street		City	Zip Code	Date of Birth
Physician: _____		Home Phone # _____		
		Phone #: _____		

Please check appropriate response for each condition listed below:

YES	NO	EARS/HEARING
		Physician verified hearing impairment
		Wears hearing aid(s)
		Other
YES	NO	EYES/VISION
		Glasses: Wears constantly
		For distance only
		For reading only
		For classroom work only
YES	NO	EARS, NOSE, THROAT, MOUTH
		Hearing loss
		Chronic ear problems
		Tubes in ears
		Dental appliances (braces)
		Difficulty with speech
		Nose bleeds

Student's current/previous health conditions:

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Emotional/behavioral concerns | <input type="checkbox"/> Orthopedic condition |
| <input type="checkbox"/> Allergy to insect stings* | <input type="checkbox"/> Gastrointestinal disorder | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Allergy to food* | <input type="checkbox"/> Head injury | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Allergy-other* | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asthma* | <input type="checkbox"/> Kidney condition | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Neurological condition | |

Please explain all checked items above and complete reverse side for any starred (*) items:

Is your child under a doctor's treatment for any reason? Yes No

If yes, please explain, _____

According to Education Code, parents are required to inform the school if their child is on routine medication.

Name of Medication: _____

Supervising Physician: _____ Phone: _____

Is there a special health problem/physical disability that should be brought to the attention of the school?

Signature of Parent/Guardian

Date

Authorization for treatment of minor

(I/We), the undersigned, parent(s)/guardian(s) of _____.

Print student's full name

A minor, do hereby authorize Achieve Charter School(s) as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until revoked in writing and delivered to said agent.

Signature of father/legal guardian Date: _____ Phone: _____

Signature of mother/legal guardian Date: _____ Phone: _____

Please do not hesitate to contact your school's Health Secretary regarding any of your child's health concerns and/or if you need assistance obtaining medical or dental care for your family members.