

Wisdom Academy for Young Scientists

Enrollment Application

2011 - 2012

Office Use Only

Entry Date ____ / ____ / ____

State ID# _____

District ID # _____

Exit Date _____

Student Information

First Name: _____ Middle: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____-____

Student's Date of Birth: (mm/dd/yyyy) ____/____/____

Student's gender: (Check one only) F= Female M= Male

Student is applying for grade: (Check one only)
 0 = Kindergarten 1 = 1st Grade 2 = 2nd Grade 3 = 3rd Grade
 4 = 4th Grade 5 = 5th Grade

This is the _____ time the student has ever entered this grade level (check one only).
 1 = First Time 2 = Second Time 3 = Third Time

The California State Department of Education requires schools to report the following information for students who participate in the Standardized Testing and Reporting Program also known as the STAR testing program. In addition, we are required to report this information as a condition of a major grant we have received. Please assist us by completing the following information so that we may provide the California State Department of Education and our grant donor with the most accurate information possible.

Be assured that this information will be kept confidential.

Student's Primary Race/Ethnicity: (Check one only)

0998 = Alaskan Native or American Indian (Please specify):

Cherokee Chippewa Choctaw Navajo Pueblo
 Sioux Other: _____

0999 = Asian (Please specify)

Asian Indian Chinese Filipino Japanese Korean
 Vietnamese Other: _____

1000 = Black or African American (Please specify if known)

Other: _____

1001 = Hawaiian or other Pacific Islander (Please specify)

Guamanian Hawaiian Samoan Other: _____

2304 = Hispanic or Latino (Please specify):

Argentinean Colombian Cuban Dominican Mexican Amer.
 Nicaraguan Puerto Rican Salvadoran Spaniard Other: _____

1002 = White (Please specify if known)

Other: _____

Other Race/Ethnicity with which the student identifies. Mark all that apply.

0998 = Alaskan Native or American Indian (Please specify):

Cherokee Chippewa Choctaw Navajo Pueblo
 Sioux Other: _____

0999 = Asian (Please specify)

Asian Indian Chinese Filipino Japanese Korean
 Vietnamese Other: _____

1000 = Black or African American (Please specify if known)

1001 = Hawaiian or other Pacific Islander *(Please specify)*

- Guamanian Hawaiian Samoan Other: _____

2304 = Hispanic or Latino *(Please specify)*:

- Argentinean Colombian Cuban Dominican Mexican Amer.
 Nicaraguan Puerto Rican Salvadoran Spaniard Other: _____

1002 = White *(Please specify if known)*

- Other: _____

English Proficiency of the student: *(Check one only)*

- 1633 = Native English Speaker 1634 = Fluent English Speaker
 1635 = Non-English speaking 1636 = Redesignated as fluent English proficient
 1637 = Status Unknown 2349 = Limited English proficient/English Language Learner

Primary language spoken at home *(Check one only)*:

- | | | | | |
|--|--|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Hindi | <input type="checkbox"/> Persian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> French Creole | <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese (non Cantonese) | <input type="checkbox"/> German | <input type="checkbox"/> Japanese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> English | <input type="checkbox"/> Greek | <input type="checkbox"/> Korean | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| | | | | <input type="checkbox"/> Other: _____ |

Before attending this charter school, the student attended:

School Name: _____ School City: _____

The school the student attended previously can be categorized as: *(Check one only)*

Public:

- 1821 = Public, same district
 1822 = Public, different district in the same state
 1823 = Public, different state

Private:

- 1824 = Private, non-religiously-affiliated, same district
 1825 = Private, non-religiously-affiliated, different district, same state
 1826 = Private, non-religiously-affiliated, different state
 1827 = Private, religiously-affiliated, same district
 1828 = Private, religiously-affiliated, different district, same state
 1829 = Private, religiously-affiliated, different state

Non-existent or Foreign:

- 1838 = Original Entry into US school (no previous school)
 1839 = Original entry into US school (from foreign country with no schooling interruption)
 1840 = Original entry into US school (from foreign country with schooling interruption.)
 1830 = Located outside of the country

Other

- 1831 = Institution (example: correctional facility)
 1832 = Charter school
 1833 = Home schooling
 1834 = Matriculating (in other words, passed previous school's highest grade level)
 9999 = Other

Has the student taken a standardized test and been determined "Gifted?" 0002 = Yes 0232 = No

The questions below pertain to special services currently being received by the student at her or his present school. If you are unaware of the terms used in this box, your child is more than likely not receiving those specific services at this time, if you are unsure, you may leave this section blank and the information will be requested from the child's current school.

Has the student been classified by Special Education Services with any of the following disabilities? *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> 2121 = Autistic/Autism | <input type="checkbox"/> 2122 = Deaf-blindness |
| <input type="checkbox"/> 2123 = Hearing impairment | <input type="checkbox"/> 2124 = Mental retardation |
| <input type="checkbox"/> 2125 = Multiple disabilities | <input type="checkbox"/> 2126 = Orthopedic impairment |
| <input type="checkbox"/> 2127 = Emotional Disturbance | <input type="checkbox"/> 2128 = Specific learning disability |
| <input type="checkbox"/> 2129 = Speech or language impairment | <input type="checkbox"/> 2130 = Traumatic brain injury |
| <input type="checkbox"/> 2131 = Visual impairment (e.g. blindness, etc...) | <input type="checkbox"/> 2132 = Other health impairment |
| <input type="checkbox"/> 2133 = Deafness | <input type="checkbox"/> 2134 = Developmental delay |
| <input type="checkbox"/> 2135 = Infants and Toddlers with disabilities | <input type="checkbox"/> 9998 = None |

Does the student have an active Individual Educational Plan (IEP)? Yes No

Does the student need 504 accommodations Medical condition requiring modification)? Yes No

How far is the school from your home? . (Approximate distance in miles)

How many times has the student's family moved in the past 12 months?

In the student's home:

Approximately how many books are there where the student resides?

Is there a computer at home? (e.g. desktop/laptop) 0002 = Yes 0232 = No

Is there Internet access at home? 0002 = Yes 0232 = No

Is there a quiet place for the student to study at home? 0002 = Yes 0232 = No

Was any adult employed for income over the past two weeks? 0002 = Yes 0232 = No

Migratory Status: Does the student's Parent or Guardian maintain primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis?

- 1641 = Yes 1643 = No

Lunch Status: Under federal meal program guidelines, this student qualifies for the following lunch status: *(Check one only)*

- | | |
|---|---|
| <input type="checkbox"/> F = Free lunch | <input type="checkbox"/> FDC = Free lunch in District of Columbia |
| <input type="checkbox"/> P = Full pay | <input type="checkbox"/> R = Reduced-price lunch |
| <input type="checkbox"/> I don't know. <i>(School will gather this data.)</i> | |

Health and Immunization Records

Requirements for entrance:

To enter or transfer into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 must have immunizations as outlined in Health and Safety code Sections 120[325-120380 (formerly Sections 3380-3390); California Administrative Code, Title 17, Sections 6000-6075 (see GUIDE TO THE REQUIREMENTS OF THE CALIFORNIA SCHOOL IMMUNIZATION LAW FOR GRADES K-12). Document of these immunizations must be provided prior to the first day of school.

Allergies: _____

Serious illness? _____

Currently taking medication? _____

Release for NEWS/Media

As a student of this charter school, your child may have the opportunity to participate in media coverage for educational purposes. These opportunities would involve activities such as quotes attributed to your child, pictures of your child in the newspaper, on television, or in productions for the school. By signing below, you authorize your child’s participation in media activities for educational purposes.

Parent/Guardian Signature: _____ Date: _____

Uniforms

By my signature below, I acknowledge that uniforms are required for all students. Information will be provided to parents from the selected vendor. I accept responsibility for compliance with the school’s dress code.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY DATA

Primary Care Physician: _____

Primary Care Physician Phone Number: _____

Individuals the School is authorized to contact in the event of an emergency:

Name	Telephone Number
_____	_____
_____	_____
_____	_____

If the School is unable to contact me or any of the individuals listed above, I give permission for my son/daughter to receive medical or dental treatment, including transportation to the nearest medical facility.

I understand that, if emergency medical or dental treatment is needed and the listed emergency contacts cannot be reached, 911 will be called at my expense. I agree that the school cannot assume responsibility for the payment of medical fees for expenses incurred.

I understand that it is my responsibility to promptly inform the School of any changes regarding the information on this form.

Parent/Guardian Signature: _____ Date: _____

END of Student Information

Parent/Guardian/Family Information

Parent/Guardian 1

First Name: _____ Middle: _____ Last Name: _____

Address (if not the same as student address above): _____ Apt#: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ WorkPhone: _____

Relationship to student: _____ E-mail address: _____

Parent/Guardian 2

First Name: _____ Middle: _____ Last Name: _____

Address (if not the same as address above): _____ Apt#: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ WorkPhone: _____

Relationship to student: _____ E-mail address: _____

Does the student have any siblings?

Name

Age

Current School

Among **all** parents and guardians residing with the student, what is the highest level of education?
 (Check one only)

Elementary/Middle/High School	College and Beyond	Other
<input type="checkbox"/> 0789 = Pre-Kindergarten	<input type="checkbox"/> 1049 = Some college but no degree	<input type="checkbox"/> 0819 = Vocational Certificate
<input type="checkbox"/> 0805 = Kindergarten	<input type="checkbox"/> 1050 = Associate's degree	<input type="checkbox"/> 1046 = Adult Basic Education Diploma
<input type="checkbox"/> 0790 = 1 st Grade	<input type="checkbox"/> 1051 = Bachelor/Baccalaureate degree (BA, AB, BS, etc..)	<input type="checkbox"/> 1047 = Formal certificate or diploma (less than one yr.)
<input type="checkbox"/> 0791 = 2 nd Grade	<input type="checkbox"/> 1052 = Graduate certificate	<input type="checkbox"/> 1048 = Formal certificate or diploma (more than or equal to one year)
<input type="checkbox"/> 0792 = 3 rd Grade	<input type="checkbox"/> 1053 = First professional degree (e.g. DC, DDS, MD, DO, DVM, LLB, JD, M.Div.)	<input type="checkbox"/> 2408 = H.S.completers (e.g certificate of attendance)
<input type="checkbox"/> 0793 = 4 th Grade	<input type="checkbox"/> 1054 = Master's degree (e.g. MA, MS, M.Ed, MSW, MBA.)	<input type="checkbox"/> 2409 = H.S. equivalency (e.g.GED)
<input type="checkbox"/> 0794 = 5 th Grade	<input type="checkbox"/> 1055 = Specialist's degree (e.g. ED.S)	<input type="checkbox"/> 1043 = No school completed
<input type="checkbox"/> 0795 = 6 th Grade	<input type="checkbox"/> 1056 = Post-Professional degree	<input type="checkbox"/> 9999 = Other
<input type="checkbox"/> 0796 = 7 th Grade	<input type="checkbox"/> 1057 = Doctoral degree (e.g. Ph.D, Ed.D)	
<input type="checkbox"/> 0798 = 8 th Grade		
<input type="checkbox"/> 0799 = 9 th Grade		
<input type="checkbox"/> 0800 = 10 th Grade		
<input type="checkbox"/> 0801 = 11 th Grade		
<input type="checkbox"/> 1044 = H.S. diploma		
<input type="checkbox"/> 1809 = 12 th grade, no diploma		

AUTHORIZATION FOR STUDENT PICK-UPS

The following individuals are authorized to pick up my child from school:

Name	Relationship	Contact Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

END of Parent/Guardian Information