



CLASSICAL ACADEMY

ESCONDIDO

NEW STUDENT CHECKLIST

Dear Parents / Guardians:

In order to satisfy the enrollment requirements for the 2011-2012 school year, please ensure you have completed each of the criteria listed below, and that the grade reflects the grade you are applying for.

*Please note the following items **required in addition** to the application:*

ALL APPLICANTS

- Authorization For Consent to Treatment of a Minor
- Multi Purpose Release of Liability
- Request for student records
- Proof of Residency (Copy of Utility Bill, Mortgage Statement or Rental Agreement with current address)
- Immunization Record

KINDERGARTEN APPLICANTS

- Birth Certificate
- Dental Screening (Forms available in School Office)

1ST GRADE APPLICANTS

- Report of Health Check Up for School Entry.
(Forms in School Office)
- Birth Certificate

7TH GRADE APPLICATIONS

- Immunization Record with proof of 2 MMR, 3 Hepatitis B immunizations.
- Tdap Booster

**Please do not fax or mail applications.*

“Partnering With Parents for Quality Education”

2950 South Bear Valley Parkway, Escondido, California 92025
760-546-0101 / 760-739-8289 www.classicalacademy.com



The Classical Academy
 2950 S. Bear Valley Parkway, Escondido, CA
 92025
 Phone: 760-546-0101

Student Enrollment Application 2011-2012

Please check preferred track:

- A / Monday & Wednesday (K-6)
 B / Tuesday & Thursday (K-6)
 C / Full Time Home School (K-8)
 M / Middle School /Tuesday, Wednesday, & Thursday

ALL REQUIRED FORMS MUST BE WITH THIS ENROLLMENT FORM OR IT WILL NOT BE ACCEPTED

I. Student Registration

Last Name	Used Last Name	First Name	Nickname	Middle Name
Grade (2011-2012)	Gender (M/F)	Birth date	Birth City, State, & Country	
Home Language:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____	

Language Survey

*Language proficiency testing is required when the answer to questions 1, 2, or 3 is a language other than English.

Which language did your child first learn to speak? _____

Which language does your child most frequently read/use at home? _____

Which language do the parents/guardians most frequently speak to the student? _____

Which language do the adults in the home most often speak? _____

Date first enrolled in a California school _____/_____/_____

Date first enrolled in a US school _____/_____/_____

If student was born outside the US, enter date first entered USA _____/_____/_____

_____ Last school attended
 _____ School address, City, ST, & Zip
 _____ Last date of attendance

Last school type:
 Public
 Private
 Out of state
 First time enrolling in a California school

II. Ethnicity/Race (answer both parts, A & B)

Part A: Ethnicity - Is the student Hispanic or Latino?
 Yes No
 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)

Part B – Race (Please check up to five racial categories) Part A of the question is about ethnicity, not race. No matter what you selected above, please answer the following by marking one or more boxes

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Amer Ind/AK Native | <input type="checkbox"/> Asian-Chinese | <input type="checkbox"/> Asian-Japanese | <input type="checkbox"/> Asian-Korean |
| <input type="checkbox"/> Asian-Vietnamese | <input type="checkbox"/> Asian-Indian | <input type="checkbox"/> Asian-Laotian | <input type="checkbox"/> Asian-Cambodian |
| <input type="checkbox"/> Asian-Hmong | <input type="checkbox"/> Asian-Other | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Pacific Is-Hawaiian | <input type="checkbox"/> Pacific Is-Guam | <input type="checkbox"/> Pacific Is-Samoan | <input type="checkbox"/> Pacific Is-Tahtian |
| <input type="checkbox"/> Pacific Is-Other | <input type="checkbox"/> White | | |

III. Residence

Street Address	City	State	Zip
Home Phone	Cell Phone	Parent Email Address	

Where is your child currently living? (Federally mandated by NCLB) Please check one:

- Permanent Housing
 Foster Home
 Hotel/Motel
 Temp Multi Family Home
 Temp Unsheltered
 Temp Shelter
 Other

IV. Parents/Guardians

	Mother/Guardian	Father/Guardian
Last Name, First Name	_____	_____
Address, if different than students	_____	_____
	<input type="checkbox"/> Lives with student	<input type="checkbox"/> Live with student
Cell Phone	_____	_____
Relationship to Student	_____	_____
Place of Employment	_____	_____
Place of Employment Phone	_____	_____
Highest level of education	<input type="checkbox"/> Graduate degree or higher <input type="checkbox"/> College graduate <input type="checkbox"/> Some college <input type="checkbox"/> High school graduate <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Declined to state	<input type="checkbox"/> Graduate degree or higher <input type="checkbox"/> College graduate <input type="checkbox"/> Some college <input type="checkbox"/> High school graduate <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Declined to state

V. Emergency Contact Information

	Emergency Contact 1	Emergency Contact 2
Emergency contact's full name	_____	_____
Emergency contact's phone	_____	_____
Relationship to student	_____	_____

Student's physician's Name	Physician's telephone	

VI. Additional Information

Does your child have an Individual Education Plan (IEP)? Yes (if yes, attach a copy) No
Education Code Section 51745(c) states: "No individual with exceptional needs, as defined in Section 56026, may participate in independent study, unless his or her IEP developed pursuant to Article 3 (commencing with Section 56340) of Chapter 4 of Part 30 specifically provides for that participation" An IEP is current for one calendar year and must be rewritten and approved by the IEP team

Does your child have any known learning challenges? Yes No Please explain: _____

Has your child ever been retained or has skipped a grade? Yes No Grade: _____

Does your student have physical limitations? Yes No Please explain: _____

Do you have previous home school experience? Yes No How many years: _____

How did you hear about our school? _____

I understand by enrolling in this charter school it is prohibited for my student to attend any other public or private school. I understand and I am in full agreement with The Classical Academy, a California Public Charter School, and their philosophy and program. In addition, I also understand that I am responsible for contributing volunteer hours during the school year. For families who have students on Track A & B, the commitment is 25 hours. For families with students on Track C, the commitment is 10 hours.

Signature of Parent/Guardian

Date

Required Forms

- Multi Purpose Form
- Consent Form
- Copy of Birth Certificate (K or 1st)
- Dental Screening
- Immunization Record (all new students)
- Health Check up (1st Only)
- Proof of residency (w/current address)

FOR OFFICE USE ONLY

Date Received

Student Status

- New
- Sibling
- Returning Student
- Ok, _____
- Student Processing

MULTI-PURPOSE RELEASE OF LIABILITY

2011-2012 School Year
The Classical Academy
Destination: All field trips, class trips, and excursions.

INFORMATION: Education code section 35330 authorizes the governing board of any school district to conduct field trips or excursions for students in connection with course of instruction or school related social, educational, cultural, athletic or school band activities to and from places in the state, the District of Columbia, or a foreign country. Field Trips or excursions may be connected with such courses of instruction or such school activities that further the student's education and participation is voluntary.

PARENT / GUARDIAN TO COMPLETE EMERGENCY INFORMATION:

Student: _____ Grade: _____

Parent / Guardian: _____

Home Phone: _____ Work Phone: _____

PLEASE INITIAL NEXT TO THE OPTION YOU CHOOSE BELOW TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:

1. _____ In the event of an accident or emergency, when a parent / guardian is unavailable, 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 named below to undertake such care and treatment of my child as he / she considers necessary. In the event said physician is not available at anytime I authorize such care and treatment to be performed by a licensed physician or surgeon. **THE UNDERSIGNED PARENT GUARDIAN FULLY UNDERSTANDS HE / SHE IS RESPONSIBLE TO PAY ALL COST INCURRED AS A RESULT OF THE FOREGOING.** If your child is injured on a field trip or an excursion, contact the school office at (760) 546-0101.

Physician's Name: _____ Phone: _____

Medical Insurance: _____ Policy #: _____

2. _____ I DO NOT choose the above statement and desire the following action be taken:

WAIVER: "California law provide as follows: 'All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims. [Education Code Section 35330] My signature on this form shall constitute an informed and knowing waiver as required by law."

MY SIGNATURE BELOW AUTHORIZES MY CHILD TO PARTICIPATE IN ALL PERMISSION GRANTED FIELD TRIPS:

Parent / Guardian Signature: _____ Date: _____

Form to be in student's file prior to field trip or excursion.

(PLEASE TURN OVER)

THE CLASSICAL ACADEMY
2011-2012
AUTHORIZATION FOR CONSENT TO TREATMENT OF A MINOR

(We)(I), the undersigned, parent(s) of _____, a minor, do hereby authorize a designated representative of The Classical Academy, as agents for the undersigned to consent to an X-ray examination, an 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 or surgeon licensed under the provisions of the Medical Practice Act or 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 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 aforementioned physician in the exercise of his/her best judgment may deem advisable.

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

We hereby authorize any hospital, which has provided treatment to the above name minor pursuant to the provision of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to our above named agents upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

It is understood that primary medical costs incurred by the above named minor are to be covered by the parent's or guardian's insurance in case of any accident. A secondary source might be the insurance of the driver of an automobile accident.

We as parents or guardians, shall indemnify, hold free and harmless, assume liability for and defend The Classical Academy, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which The Classical Academy's assertion of liability, or any claim of action founded thereon, arising or alleged to have arisen out of our (my) child's use of real or personal property belonging to The Classical Academy, it's agents, servants, employees, officers and directors or by actions of omission by our (my) child.

This consent form will be used for medical emergencies at school and in conjunction with the Multi-Purpose Release of Liability form for school related activities or field trips.

Parent's or Guardian's Signature:

_____ Date _____
Father/Guardian

_____ Date _____
Mother/Guardian

Student's Full Name: _____ Date of Birth _____

Parent's Name: _____

Address: _____

Home Phone :(_____) _____ Emergency Phone Number :(_____) _____

Health Insurance: _____ Group Number: _____

List any known allergies or medical conditions on a separate sheet of paper & attach.



CLASSICAL ACADEMY

ESCONDIDO

Request for Student Records 2011-2012

DATE: _____

To: _____
Most Recent School Attended

Street Address

City, State Zip

Phone

Fax

I give The Classical Academy permission to request the cum file(s) for the student(s) listed below:

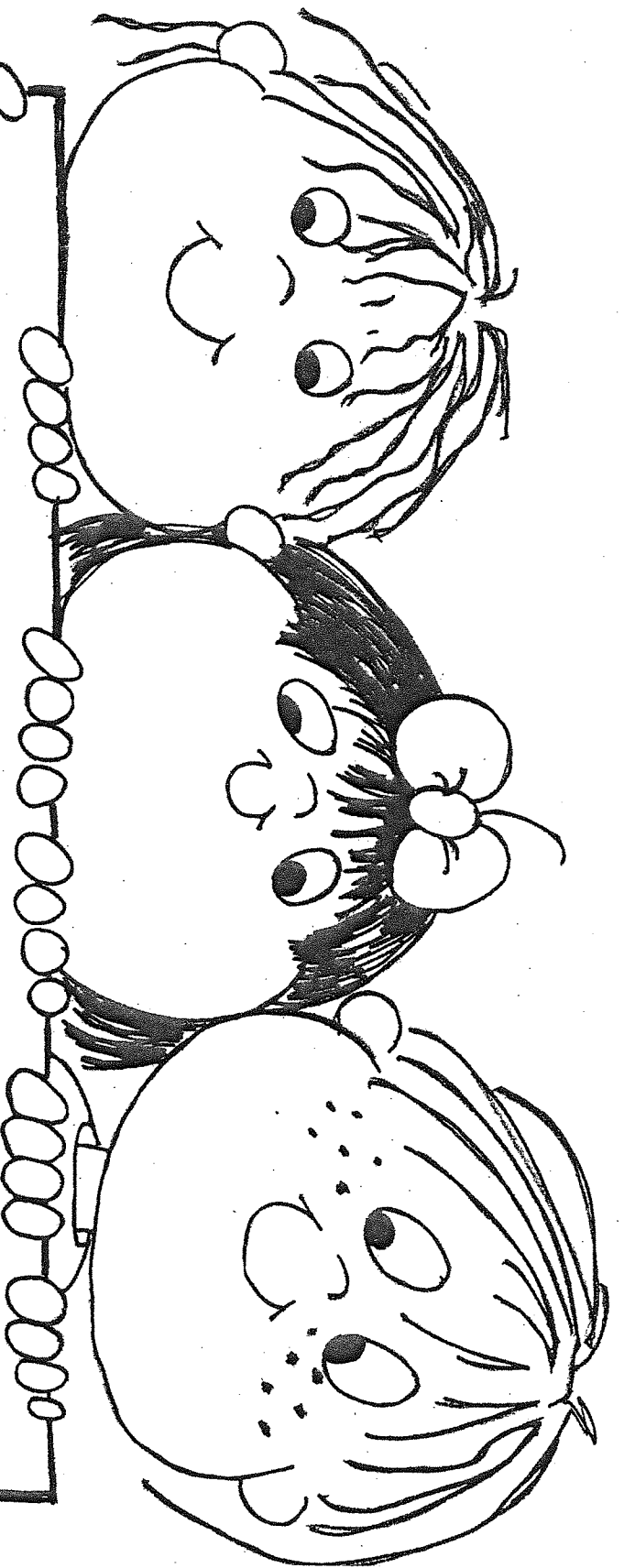
Signed: _____

Parent or Guardian

LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	GRADE

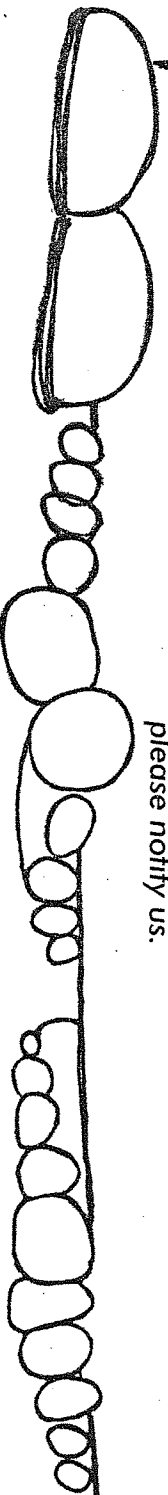
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**Children will not be enrolled
unless an immunization record
is presented and
immunizations are up-to-date.***

**If your child is unimmunized due to religious, personal, or medical reasons,
please notify us.*



PARENTS:

Children need to have these shots before they can begin child care, kindergarten and 7th grade.

Children entering child care should have:

Age When Enrolling:	Immunizations Required:
2-3 months	1 DTaP, 1 Polio, 1 Hep B, 1 Hib
4-5 months	2 DTaP, 2 Polio, 2 Hep B, 2 Hib
6-14 months	3 DTaP, 2 Polio, 2 Hep B, 2 Hib
15-17 months	3 DTaP, 3 Polio, 2 Hep B, 1 MMR*, 1 Hib**
18 months-4 years	4 DTaP, 3 Polio, 3 Hep B, 1 MMR*, 1 Hib**, 1 Varicella

* on or after the 1st birthday

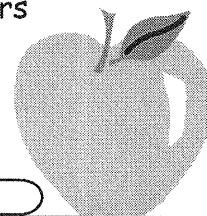
** at any age.

Children entering kindergarten should have:

- 5 DTaP (4 doses meet requirement if at least one was given on or after the 4th birthday)
- 4 Polio (3 doses meet requirement if at least one was given on or after the 4th birthday)
- 3 Hep B
- 2 MMR (1st dose on or after 1st birthday)
- 1 Varicella

Children entering 7th grade should have:

- 3 DTaP (1 more Td/Tdap required if the last dose was given before the 2nd birthday)
- 1 Tdap on or after the 7th birthday is required for:
 - a. all students entering 7-12th grades in 2011-2012 school year; and
 - b. all students entering 7th grade in 2012-2013 and future school years
- 4 Polio (3 doses meet requirement if at least one was given on or after the 2nd birthday)
- 2 MMR (1st dose on or after 1st birthday)
- 1 Varicella



See your child's doctor to make sure your child's immunization record has dates and provider's stamp or signature for these shots. You will need to show your child's yellow immunization record to register your child for child care and school.

For more information about these shots, the diseases they prevent, and immunization requirements for child care and school, please call the County of San Diego Immunization Branch at 1-866-358-2966 or visit www.sdiz.org.



Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Licensed Dental Professional Signature CA License Number Date </div>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
 - Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.

Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school no later than May 31 of your child's first school year.
Original to be kept in child's school record.