

# CLASSICAL ACADEMY OCEANSIDE

## ENROLLMENT CHECKLIST

February 10, 2011

Welcome to the Coastal Academy! 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 are required in addition to the application and must be attached to the enrollment form at the time you submit it. All forms must be original signature – faxed or emailed copies will not be accepted.*

### ALL APPLICANTS

- Authorization For Consent to Treatment of a Minor/Multi Purpose Release of Liability (2 sided form)
- Proof of Residency (Copy of Utility Bill, Mortgage or Rental Statement) THIS IS REQUIRED ANNUALLY
- Immunization Record (7<sup>th</sup> grade - see add'l requirement below)
- 1<sup>st</sup> grade - Report of Health Check Up for School Entry
- K and 1<sup>st</sup> grade – Copy of Birth Certificate
- Dental Screening

### 7<sup>TH</sup> and 8<sup>TH</sup> GRADE APPLICANTS – by 1<sup>st</sup> Day of School – 2011

- Immunization record with proof of Tdap booster shot. This is a new California Department of Public Health requirement for all students 10 years and older to receive the Tdap booster. It is a State school requirement for 7<sup>th</sup> through 12<sup>th</sup> grade entry.

Coastal Academy  
4183 Avenida de la Plata #1 Oceanside, California 92056  
760-631-4020 / 760-631-4027 [www.ClassicalAcademy.com](http://www.ClassicalAcademy.com)



**Student Enrollment Application  
2011-2012**

Please indicate preferred track by choice (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>):

- A / Tue. & Thurs.     B / Wed. & Fri.     C / Full Time Home School     Learning Center / Tues. & Wed.

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  Lives with student Father/Guardian  Lives with student

Last Name, First Name \_\_\_\_\_  
Address, if different than students \_\_\_\_\_  
Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Place of Employment Phone \_\_\_\_\_

Highest level of education  Graduate degree or higher  Graduate degree or higher  
 College graduate  College graduate  
 Some college  Some college  
 High school graduate  High school graduate  
 Not a high school graduate  Not a high school graduate  
 Declined to state  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 and 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 Coastal 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 \_\_\_\_\_

<b>Required Forms</b> <input type="checkbox"/> Multi Purpose Form <input type="checkbox"/> Consent Form <input type="checkbox"/> Copy of Birth Certificate (K or 1 <sup>st</sup> ) <input type="checkbox"/> Dental Screening <input type="checkbox"/> Immunization Record (all new students) <input type="checkbox"/> Health Check up (1 <sup>st</sup> Only) <input type="checkbox"/> Proof of residency (w/current address)	<b>FOR OFFICE USE ONLY</b> Date Received <div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div>	<b>Student Status</b> <input type="checkbox"/> New <input type="checkbox"/> Sibling <input type="checkbox"/> Returning Student <input type="checkbox"/> Ok, _____ <input type="checkbox"/> Student Processing
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# MULTI-PURPOSE RELEASE OF LIABILITY

2011-2012 School Year/Coastal 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 Office at (760) 631-4020.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

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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.*

**COASTAL 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 Coastal 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 Coastal 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 Coastal 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 Coastal 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 Release of Liability form for school related activities or field trips.

**Parent's or Guardian's Signature:**

\_\_\_\_\_  
Father/Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian

Date \_\_\_\_\_

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 an additional sheet of paper.**



# Coastal Academy

4183 Avenida de la Plata, Oceanside, California 92056  
760.631.4020 [www.TCAcharter.org](http://www.TCAcharter.org) 760.631.4027



## REQUEST FOR STUDENT RECORDS

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Most Recent School Attended

\_\_\_\_\_  
StreetAddress

\_\_\_\_\_  
City, State, Zip

I give Coastal Academy permission to request the CUM file(s) for the student(s) listed below:

Parent Signature: \_\_\_\_\_

Last Name	First Name	Middle Name	Birthdate	Grade

FOR OFFICE USE ONLY:

CUM RECORDS SENT FOR ON: \_\_\_\_\_ BY: \_\_\_\_\_

*"Student Success, Parent Involvement, Dynamic Home Study"*

## 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 their 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 starts 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 <u>Present:</u> <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)
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\_\_\_\_\_  
*Licensed Dental Professional Signature*

\_\_\_\_\_  
*CA License Number*

\_\_\_\_\_  
*Date*

### **Section 3: Waiver of Oral Health Assessment Requirement**

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

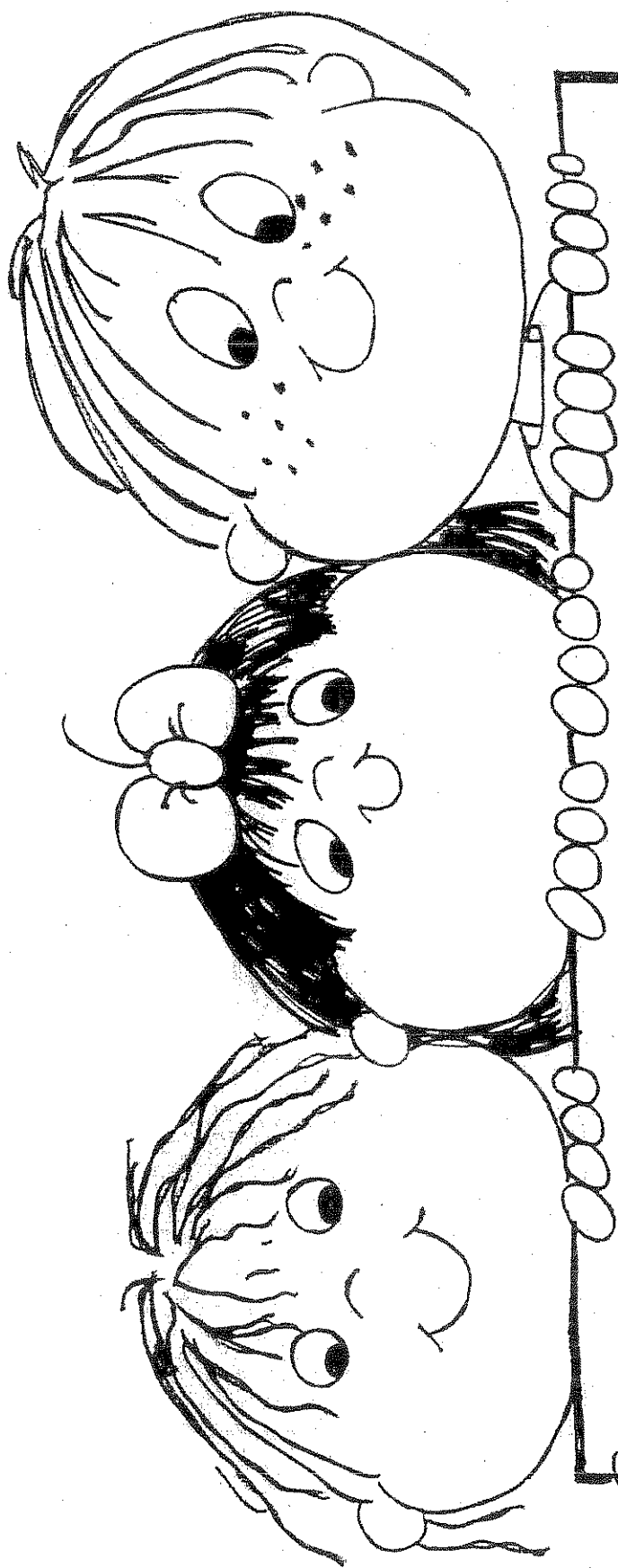
Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- 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.



**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.*

