

# Vista Oaks Charter School

*2019-2020 Application*

*Thank you for your interest in Vista Oaks Charter School!*

Please fill out the application and make sure to include all of the following paperwork:

- ❖ Kindergarten Students – Proof of legal age( ex: birth certificate), immunizations and Completed Oral Health assessment.
- ❖ Elementary Students – Immunizations and recent report card
- ❖ Middle School Students – Immunizations and recent report card
- ❖ High School Students - Unofficial transcripts and immunizations
- ❖ Immunization Record – Students in 7<sup>th</sup> – 12<sup>th</sup> grade must provide proof of meeting the T-dap immunization requirement.

If you have a current IEP or 504, submit a copy of the most current IEP or 504 with application.

You may request a copy of the IEP or 504 from your current school

Please return completed application by mail or email to Vista Oaks Charter School

- ❖ **Mail:**  
Vista Oaks Charter School  
315 S. Lower Sacramento Rd  
Suite A  
Lodi, Ca. 95242
- ❖ **Email:**  
info@vistaoaks.net

**It is important for the student to stay enrolled at his/her current school. DO NOT WITHDRAW your student until contacted by a staff member.**

| <b>Office Use Only:</b> |                      |
|-------------------------|----------------------|
| Enrollment Date: _____  | VOCS Student # _____ |
| Assigned Teacher: _____ | SSID # _____         |

# Vista Oaks Charter Student Enrollment Form

*All information must be filled in for enrollment purposes.  
Please fill out packet completely.*

**Legal Name:** \_\_\_\_\_  
Last First Middle

**2019-2020 Grade Level:** \_\_\_\_\_

**Current Home Address:** \_\_\_\_\_  
Number Street (Apt. if applicable)  
\_\_\_\_\_ City State Zip

**Mailing Address:** \_\_\_\_\_  
Number Street (Apt. if applicable)  
\_\_\_\_\_ City State Zip

**Home Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Gender:** \_\_\_\_\_ **M** \_\_\_\_\_ **F**

**Birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Birth City:** \_\_\_\_\_  
**Birth State:** \_\_\_\_\_ **Birth Country:** \_\_\_\_\_

**Ethnicity:** Is the student Hispanic or Latino?  Yes  No **Race:** What is the student's race? Check Response below:  
American Indian or Alaska Native:  Asian Indian:  Black or African American:  Cambodian:  Chinese:   
Filipino:  Hawaiian:  Japanese:  Korean:  Laotian:  Guamanian:  Hmong:  Samoan:   
Other Asian:  Tahitian:  Other Pacific Islander:  Vietnamese:  White:

## Family Information

**Father** \_\_\_\_\_ **Step-Father** \_\_\_\_\_ **Guardian** \_\_\_\_\_

**Mother** \_\_\_\_\_ **Step-Mother** \_\_\_\_\_ **Guardian** \_\_\_\_\_

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Address City, State Zip Code

\_\_\_\_\_  
Address City, State Zip Code

\_\_\_\_\_  
Phone: (Work) (Home)

\_\_\_\_\_  
Phone: (Work) (Home)

\_\_\_\_\_  
Employer:

\_\_\_\_\_  
Employer:

\_\_\_\_\_  
(Cell)

\_\_\_\_\_  
(Cell)

\_\_\_\_\_  
email address

\_\_\_\_\_  
email address

**Student Lives With:** \_\_\_\_\_

|   |  |
|---|--|
| <p><b>Emergency Contact 1 (other than those above)</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone: (W) _____ (H) _____</p> <p>(Cell) _____</p> <p>Doctor's Name: _____ Phone: _____</p> <p>Dentist's Name: _____ Phone: _____</p> | <p><b>Emergency Contact 2 (other than those above)</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone: (W) _____ (H) _____</p> <p>(Cell) _____</p> |
|---|--|

**Has the student ever been expelled?** \_\_\_\_\_ Yes \_\_\_\_\_ No    **Is the student on probation?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Has the student received special education services?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (If you checked yes please attach a copy of the current IEP)

**Does the student have a 504 Plan?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (If you checked yes please attach a copy of the current 504)

**Is there a custody order or court order in place?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (If you checked yes please attach a copy of the legal documents)

**Teacher of Preference:** \_\_\_\_\_

**Student's Current School District of Residence:** \_\_\_\_\_

**Birth Information if born outside United States:**

1. If your son/daughter was born in a country other than the United States, when did he/she **first begin school in the US?** \_\_\_\_\_

2. Is your son/daughter a refugee or immigrant to the United States? Yes    No  
 If "yes", when did he/she come to the US? \_\_\_\_\_

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**\*\*\*If foster parent, you must list social worker/foster worker as an emergency contact.**

Social Worker's Name \_\_\_\_\_ Phone \_\_\_\_\_



