

Vista Oaks Charter School

2018-2019 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 7th – 12th 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.

Office Use Only:

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: _____ **2018-2019 Grade Level:** _____
Last First Middle

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: What is the student's race? Check Response below:
American Indian or Alaska Native: <input type="checkbox"/> Asian Indian: <input type="checkbox"/> Black or African American: <input type="checkbox"/> Cambodian: <input type="checkbox"/> Chinese: <input type="checkbox"/>	
Filipino: <input type="checkbox"/> Hawaiian: <input type="checkbox"/> Japanese: <input type="checkbox"/> Korean: <input type="checkbox"/> Laotian: <input type="checkbox"/> Guamanian: <input type="checkbox"/> Hmong: <input type="checkbox"/> Samoan: <input type="checkbox"/>	
Other Asian: <input type="checkbox"/> Tahitian: <input type="checkbox"/> Other Pacific Islander: <input type="checkbox"/> Vietnamese: <input type="checkbox"/> White: <input type="checkbox"/>	

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: _____					

Emergency Contact 1 (other than those above)

Name: _____
 Relationship: _____
 Phone: (W) _____ (H) _____
 (Cell) _____

Emergency Contact 2 (other than those above)

Name: _____
 Relationship: _____
 Phone: (W) _____ (H) _____
 (Cell) _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

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 _____

Vista Oaks Charter School
Home Language Survey - - English
Do not remove from Cumulative Folder

The California Education Code requires schools to determine the language(s) spoken at home by each student. This Information is essential in order to provide meaningful instruction for all students.

Student ID Number: _____ (office use only) **Birth Date:** ____/____/____

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

Street Address: _____ **City:** _____ **State** _____ **Zip** _____

Parent(s) Name(s) _____ **Home Phone** _____

One lines 1-4, please answer the questions as they apply to your son or daughter:

1. Which language did your son or daughter learn when he/she first began to talk? _____
2. What language does your son or daughter use most often at home? _____
3. Name the language most often spoken BY THE ADULTS at home? _____
4. What Language do you use most frequently to speak to your son or daughter? _____

If a language other than English is indicated on any line above, can your student communicate in that language?

Understands: _____ Yes _____ No

Reads: _____ Yes _____ No

Speaks: _____ Yes _____ No

Writes: _____ Yes _____ No

Date first enrolled in U.S. school: _____

Did your student attend school in another country? _____ Yes _____ No

If yes, how long? _____ Years

Has your student attended school in the United States? _____ Yes _____ No

If yes, what was the beginning date? _____

Has your student attended school in California? _____ Yes _____ No

If yes, what was the beginning date? _____ **Name of School:** _____

Signature of Parent or Guardian

_____/_____/_____
Date

Authorization for Release of Records

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, please release to the school named below all records, including:

- Cumulative Record
- Health Records
- Transcripts of completed work (including grades to date)
- Any other educational information
- Special Education records including: IEP's, ITP's, BIP's, 504's, academic assessments, speech and language assessments, psychological evaluations and any additional pertinent information

Student Legal Name: _____ Date of Birth: ____/____/____
Last Name, First Name

1. Name of Previous School Attended: _____

Address of Previous School Attended: _____

City, State, Zip: _____ Phone: _____

2. Name of Previous School Attended: _____

Address of Previous School Attended: _____

City, State, Zip: _____ Phone: _____

3. Name of Previous School Attended: _____

Address of Previous School Attended: _____

City, State, Zip: _____ Phone: _____

Parent/Legal Guardian Signature

Date

Please forward all student records to:
Attn: Zach Edwards
Vista Oaks Charter School
315 S. Lower Sacramento Rd. Suite A
Lodi, CA 95242
Phone: 209-365-4060 Fax: 209-365-4065