

CASTLE ROCK CHARTER SCHOOL REGISTRATION

For Office Use Only:

School Enter Date: _____ Program Code: _____ Enter Code: _____ Perm ID #: _____
District Enter Date: _____ Grid Code: _____ CT: _____
School Mobility - Grade: _____ District Mobility - Grade: _____ New _____ Last School # _____
DNCOE (Castle Rock & Ed Ops), USA & DNUSD are Different Districts

Full LEGAL Name: As on Birth Certificate _____
Last First Middle

Name Student goes by if different than on Birth Certificate: _____

Gender: [] Female [] Male [] Nonbinary Birthdate: _____

Student Resides With: _____ Relationship: _____

Examples: Parents or Stepfather/Mother or Foster Parents

Home Phone _____ Father's Cell # _____ Mother's Cell # _____

Father's E-mail _____ Mother's E-mail _____

Student's Cell # _____

Mailing Address: _____ City: _____ Zip: _____

Residence Address: _____ City: _____ Zip: _____

Legal Father's Name: _____ [] In Home [] Not in Home [] Deceased

Legal Father's Employer (Business Name): _____ Work Phone: _____

Legal Mother's Name: _____ [] In Home [] Not in Home [] Deceased

Legal Mother's Employer (Business Name): _____ Work Phone: _____

Are there any legal document(s) preventing either parent from seeing or taking student? _____ A Copy Must be on File at the School Site

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one): [] Not Hispanic or Latino

- [] Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

WHAT IS YOUR CHILD'S RACE? (You may check up to five racial categories) The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- [] 100 = American Indian or Alaskan Native [] 203 = Korean [] 299 = Other Asian [] 400 = Filipino/Filipino Amer.
[] 201 = Chinese [] 204 = Vietnamese [] 301 = Hawaiian [] 600 = African American
[] 202 = Japanese [] 205 = Asian Indian [] 302 = Guamanian [] 700 = White - (Persons having origins in any of the original peoples of Europe, North Africa or the Middle East)
[] Tribal Affiliation _____ [] 206 = Laotian [] 303 = Samoan
[] 207 = Cambodian [] 304 = Tahitian
[] 208 = Hmong [] 399 = Other Pacific Islander

SPECIAL EDUCATION AND SPEECH [] 1 = Not Special Ed/504 Plan [] 2 = RSP-Resource Program [] 3 = DIS-Designated Inst. & Serv. [] 4 = SDC-SH-Severely Handicap. [] 5 = SDC-Not Severely Handicap [] 6 = 504 Plan

S-PROGRAMS [] 7 = GATE [] 8 = 190 Foster Family, Home of Kinship Placement

INSURANCE [] 1 = School Insurance [] 2 = School Ins-Football [] 3 = School District Employee INS [] 4 = Other INS Co _____ [] 5 = Healthy Families [] 6 = Medi-Cal [] 7 = No Insurance [] 8 = No Info Provided

Are you a US Citizen? [] YES [] NO

Birth Place: _____
City State Country

If Born Outside the United States:

US Entry Date (M/D/Y): _____ US School Entry (M/D/Y): _____ CA School Entry (M/D/Y): _____

Please complete and sign back of form.

PARENTS EDUCATION LEVEL *Highest level of Education Completed:* 1=Not a High School Grad 2=High School Grad
 2B=College Vocational Classes 3=College Credit towards BA 4=4yr College Grad 5=Grad School/Post Grad 6=No Info

RESIDENCE – Where is your child/family currently living? – *Please check the appropriate box:*

- In a single family permanent residence (*house, apartment, mobile home*) Homeless – please check one of the following options:
- 190 = Foster Family, Home or Kinship Placement 100 = Temporary Shelter
- 191 = Homeless Program – Is the Student Homeless? Yes No 110 = Hotel/Motel
- 120 = Temporarily Doubled Up
- 130 = Temporarily Unsheltered

If Homeless you must also answer the following – Runaway Yes No **Unaccompanied Youth** Yes No

HOME LANGUAGE 00 = English 02 = Vietnamese 04 = Korean 10 = Lao Other _____
Spoken at home 01 = Spanish 03 = Cantonese 06 = Portuguese 23 = Hmong _____

LANGUAGE FLUENCY: 1 = English Only 3 = LEP/English Learner – **If English Learner, Dates Below Must be Populated**
 2 = IFEP or 4 = RFEP *If IFEP or RFEP Date Must Be Populated in Aeries – Get dates from previous school

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line

1. What language did your son/daughter learn when he/she first began to talk? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you most frequently speak to your son/daughter? _____
4. What language is spoken most often by the adults at home? _____

“3” - MEDICAL – Health Problems Field - Any Special Health Problems: _____

“6” – Local Contacts (*Not parents listed above – Persons that can pick up student if needed*) (**List Step-Parent in #1 if applicable**)

#1 _____ Relationship _____ Phone _____ Cell _____

#2 _____ Relationship _____ Phone _____ Cell _____

#3 _____ Relationship _____ Phone _____ Cell _____

MILITARY CONNECTED FAMILY

In efforts to provide resources and support to military connected students and their families, please respond to the following:

Immediate family member in the military/Active Duty, Guard, Reserve, or Veteran YES NO

Relationship to Student _____ Status: Active Duty Guard Reserve Veteran Deceased

Currently Deployed: Yes No Military Branch _____

PERMISSION TO TRANSPORT

- My student has permission to be transported to and from Castle Rock Charter School for the purposes of testing, field trips or activities. Permission is also given for transportation to be provided to other destinations as needed. I understand that this transportation is being offered by the staff of Castle Rock Charter School to better assist my child with his/her individual needs. I also understand that transportation to and from school on a daily or weekly basis will not be provided.
- I **DO NOT** authorize Castle Rock staff to provide transportation to my student.

Name of last school **your child** attended: _____ Last day attended: _____

Address: _____ City: _____ State: _____ Zip: _____

School Phone: _____

Is student currently expelled from another school? Yes No

I understand that my student may be required to attend labs/tutorials if he/she scores standard nearly met or standard not met on state mandated tests, or is working below grade level based on a variety of assessments and tests. I understand that if my student is not making adequate progress toward his/her educational goals, he/she will enter the intervention process and may be withdrawn from Castle Rock Charter School.

(Parent/Guardian Initials) _____ (Student initials) _____

Signature of Parent/Guardian _____ *Date* _____

(Or Adult Student)