Yuba City Charter School-
Enrollment Form
256 Wilbur Ave., Yuba City, CA 95991
(To be completed by the parent or guardian)

Office Use Only:
Student I.D. No._____
SSID No._____

Anticipated Start Date in Yuba City Charter School: _____ Grade

Student's LEGAL Name:_____ Date of Birth:_____ Male ☐ Female ☐
(From birth certificate) Last Name First Name Middle Name Mo./Day/Year

_____|_____| (_____)_____| (_____)_____
Mother's/Guardian's First Name Last Name Home Phone ☐Cell Phone ☐Work Phone

_____|_____|(_____)_____| (_____)_____
Father's/Guardian's First Name Last Name Home Phone ☐Cell Phone ☐Work Phone

_____
Mailing Address City State Zip

_____
Residence Address (IF DIFFERENT) City State Zip

Parent Email: _____ Student Cell Phone: _____

Last School Attended:_____Last Day of Attendance _____
Name of School City/State Phone No.

Student's Birthplace: _____ If not born in the U.S., what month/year did your child enter U.S.? _____/_____
City/State/Country Mo./Year

If not born in the US, what month and year did your child first enroll in a *U.S.* school? _____/_____ In a *California* school? _____/_____
Mo. / Year Mo. / Year

ETHNICITY: ***Mark the ethnicity with which the student most closely identifies: Please check one:***

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

☐ Not Hispanic or Latino

please answer both questions

WHAT IS YOUR CHILD'S RACE? (Please 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.

- ☐ **American Indian or Alaskan Native (100)** (Person having origins in any of the original people of North and South America (including Central America)
- ☐ Chinese (201)
- ☐ Japanese (202)
- ☐ Korean (203)
- ☐ Vietnamese (204)
- ☐ Asian Indian (205)
- ☐ Laotian (206)
- ☐ Cambodian (207)
- ☐ Hmong (208)
- ☐ Other Asian (299)
- ☐ Hawaiian (301)
- ☐ Guamanian (302)
- ☐ Samoan (303)
- ☐ Tahitian (304)
- ☐ Other Pacific Islander (399)
- ☐ African American or Black (600)
- ☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

HOME LANGUAGE SURVEY

Which language did your son/daughter learn when he/she first began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

Name the language most often spoken by the adults at home: _____

PARENT EDUCATION LEVEL: Check the response that describes the highest education level of parent/guardian(s):

☐ Not a high school graduate ☐ Some college (includes AA degree) ☐ Graduate school/post graduate training
☐ High school graduate ☐ College graduate

What special services has your child received? *(Please check all boxes that apply)*

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504 Accommodation Plan
Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development ☐ Medical Health Plan

Has the student been expelled or is the student in the process of being expelled from any school? Yes ☐ No ☐

If yes: Name of school:_____Location:_____ Date:_____

RESIDENCE – where is your child/family currently living? (Federally mandated by YCUD: Please check appropriate box)

- ☐ In a single family permanent residence (house, apartment, condo, mobile home)
- ☐ Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons)
- ☐ In a shelter or transitional housing program
- ☐ In a motel/hotel
- ☐ Unsheltered (car/campsite)
- ☐ Other_____

OTHER CHILDREN IN THE FAMILY:

First and Last Name	Relationship	Lives at Home	School	Grade (If graduated, not applicable)
		Yes ☐ No ☐		
		Yes ☐ No ☐		
		Yes ☐ No ☐		
		Yes ☐ No ☐		

OTHER ADULTS IN THE HOME:

Name	Relationship	Name	Relationship

HEALTH PROBLEMS- ☐ ***My student has medical issues that may keep them from attending school regularly. (Required- medical information release form in office)***

(Check all that apply)

Diagnosed ADD or ADHD ☐
Asthma ☐
Bladder Problems ☐
Bleeding Disorder ☐
Color Vision Deficiency ☐
Diabetes ☐
Eczema/Skin Trouble ☐
History of Ear Problem ☐
Heart Problem ☐
Head Injury ☐
History of Fractures ☐
History of Hospitalization ☐
History of Surgery ☐
Known Hearing Loss ☐
Known Vision Loss ☐
Physical Limitations ☐
Wears Contact Lens ☐
Wears Glasses ☐

Epilepsy ☐
Eye Injury ☐
Hypoglycemia ☐
Frequent Nosebleeds ☐
Scoliosis ☐
Seizure Disorder ☐
Chicken Pox ☐

Describe _____
Describe _____
Describe _____
Describe _____
Describe _____
Describe _____
Right ☐ Left ☐
Right ☐ Left ☐
Describe _____

For close work ☐ For distance only ☐ At all times ☐

Other or further details of above _____

_____

ALLERGIES ***(Check all that apply)*** None: ☐

Animals ☐ Drugs ☐
Insects ☐ Food ☐
Bee Stings ☐ Plants ☐
Other ☐

List specific item(s) student is allergic to: _____

Describe allergic reaction and/or treatment: _____

Explain: _____

CURRENT MEDICATION(S) No ☐ Yes ☐ Epi-Pen ☐ If medication is needed at school a medication consent form must be picked up from the office and completed. Please list below:

Name of Medication(s)	Dosage	Time Taken	Purpose

MEDIA PERMISSION

In the event that you DO NOT wish for your student to be observed, interviewed, photographed and/or filmed for educational, advertising or promotional purposes, please submit a letter to the office stating that you wish your student to be excluded from any such participation.

EMERGENCY MEDICAL AUTHORIZATION

I am/we are the parent/guardian of the above named student. In case I am/we are unable to be reached during any emergency, I/we hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as an agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Signature of Parent/Guardian: _____ **Date:** _____

Revised: 2/27/14

Date enrolled: _____

YUBA CITY CHARTER SCHOOL EMERGENCY CONTACT CARD

Student Date of Birth: _____ ID: _____ Classroom Teacher/Grade _____

Student Name: _____ _____ _____
First Middle Initial Last

Guardian Name: _____ _____ _____
First Middle Initial Last

Guardian Name: _____ _____ _____
First Middle Initial Last

Address: _____ City: _____ Zip: _____

Hm. Phone: _____ Wk. Phone Mom: _____ Dad: _____ Cell Phone: _____

The following people ONLY have my permission to pick up my child without prior notification:

1. _____ _____ _____
Name Relationship to child Phone Number(s)
2. _____ _____ _____
Name Relationship to child Phone Number(s)
3. _____ _____ _____
Name Relationship to child Phone Number(s)
4. _____ _____ _____
Name Relationship to child Phone Number(s)

DO NOT release my child to: _____

In the event of an emergency involving my child (named on the other side of this card), the listed guardians are unable to be reached; I name the following person(s) and/or hospital to initiate emergency treatment on my behalf:
(These names should match the information on the lower part of the enrollment form)

1. _____ _____ _____
Name Relationship to child Phone Number
2. _____ _____ _____
Name Relationship to child Phone Number

Name of Doctor: _____ _____
Phone Number

Hospital: _____ _____
Phone Number

Signature: _____ Date: _____