

Caspar Creek Learning Community
A Program of Pivot Charter School North Bay

2018-2019 Program Checklist

Thank you for your interest in Caspar Creek Learning Community - A program of Pivot Charter School North Bay! To ensure that you provide us with all of the information we need to begin processing your student registration, we ask that you refer to this list of required documents.

- ☐ **All pages of this enrollment form are complete**
- ☐ **Immunization Records**
- ☐ **Birth Certificate**
- ☐ **Proof of guardianship (Caregiver Affidavit or other legal document), if you are not the legal parent or guardian**
- ☐ **Transcript with year-end grades, progress report, or report card, withdrawal grades**
- ☐ **Proof of Residency-- Utility Bill, Rental/Mortgage Agreement, or Other Proof of Residency**
- ☐ **Copy of IEP – if applicable**
- ☐ **Copy of any legal custody documents – if applicable**
- ☐ **Copy of previous school expulsion or suspension paperwork – if applicable**

I certify that all of the required paperwork is included and all statements and information provided are true and correct to the best of my knowledge.

Parent Signature: _____ Date: _____

If you have any questions about the enrollment requirements, please contact:

Anna Toso

Admissions Coordinator

2999 Cleveland Ave, Suite D

Santa Rosa, CA 95403

(P) 707-843-4676 (F) 707-544-2908 Email: atoso@pivotcharter.org



Caspar Creek Learning Community

Student Registration Form 2018-2019						Pivot Use Only Form #: Date Received: Date Complete:	
First Name:		Middle Name:		Last Name:		Suffix:	
Alias First Name:		Alias Middle Name:		Alias Last Name:		Alias Suffix:	
Gender:	Grade level:	Birthdate:	Birth City:	Birth State:	Birth Country:		
Home Phone:		Student Cell Phone:		Student E-mail Address:			
Physical Address							
Street Address:			City:	State:	Zip:		
Housing Type: <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Foster Family <input type="checkbox"/> Health Institution <input type="checkbox"/> Temporarily Doubled Up <input type="checkbox"/> Home/Kinship Placement <input type="checkbox"/> Licensed Children's Institution <input type="checkbox"/> Temporarily Unsheltered <input type="checkbox"/> State Hospital <input type="checkbox"/> Development Center <input type="checkbox"/> Temporary Shelters <input type="checkbox"/> Residential School/Dormitory <input type="checkbox"/> Incarceration Institution <input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____				County of Residence:		School District of Residence:	
				Proof of residency documentation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address							
Street Address: <input type="checkbox"/> check if same as physical address			City:	State:	Zip:		
<input type="checkbox"/> Check here if student was born outside the U.S. but granted U.S. citizenship at time of birth <input type="checkbox"/> Check here if foreign student temporarily schooling in the U.S. <input type="checkbox"/> Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.							
Ethnicity							
* New federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below: <input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino." <input type="checkbox"/> Not Hispanic or Latino							



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Race			
<p>* In addition to ethnicity, at least one race must also be selected below:</p> <p><input type="checkbox"/> American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p>Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input type="checkbox"/> Asian Indian</div> <div style="width: 20%;"><input type="checkbox"/> Chinese</div> <div style="width: 20%;"><input type="checkbox"/> Japanese</div> <div style="width: 20%;"><input type="checkbox"/> Laotian</div> <div style="width: 20%;"><input type="checkbox"/> Other Asian</div> <div style="width: 20%;"><input type="checkbox"/> Cambodian</div> <div style="width: 20%;"><input type="checkbox"/> Filipino</div> <div style="width: 20%;"><input type="checkbox"/> Korean</div> <div style="width: 20%;"><input type="checkbox"/> Vietnamese</div> </div> <p><input type="checkbox"/> Black or African American - A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Mexican American</p> <p><input type="checkbox"/> Middle Eastern</p> <p>Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input type="checkbox"/> Guamanian</div> <div style="width: 20%;"><input type="checkbox"/> Samoan</div> <div style="width: 20%;"><input type="checkbox"/> Other Pacific Islander</div> <div style="width: 20%;"><input type="checkbox"/> Hawaiian</div> <div style="width: 20%;"><input type="checkbox"/> Tahitian</div> </div> <p><input type="checkbox"/> White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><input type="checkbox"/> Decline to State</p>			
Previous School / Enrollment Details			
Name of Previous School:	Address of Previous School: <input type="checkbox"/> out of state <input type="checkbox"/> out of country	School District of Previous School:	Last Day at Previous School:
Previous School Type (please select one) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Public School</div> <div style="width: 33%;"><input type="checkbox"/> Private School</div> <div style="width: 33%;"><input type="checkbox"/> Home Schooling</div> <div style="width: 33%;"><input type="checkbox"/> Charter School</div> <div style="width: 33%;"><input type="checkbox"/> Non-religiously-affiliated</div> <div style="width: 33%;"><input type="checkbox"/> Institution (ex: correctional facility)</div> <div style="width: 33%;"><input type="checkbox"/> Religiously-affiliated</div> </div>			
Date First Enrolled in a U.S. School:	<input type="checkbox"/> Check here if enrolling in school for first time ever (i.e., no previous school) <input type="checkbox"/> Check here if from a foreign country <i>without</i> schooling interruption <input type="checkbox"/> Check here if from a foreign country <i>with</i> schooling interruption		
Home Language Survey			
What language did the student first learn to speak?		What language does the student most frequently read/speak at home?	
What language does the parent/guardian most frequently speak to the student?		What language is most often spoken by adults in the home?	
Is the student fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No			



Dashboard Alternative School Status Survey

Our school may qualify for the DASS program as an alternative school that serves high-risk students. **By taking the time to fill out this DASS survey, you can help us provide the appropriate resources necessary to serve all of our students.**

- ☐ Expelled (Ed. Code 48925[b]) including situations in which enforcement of the expulsion order was suspended (Ed. Code 48917)
- ☐ Suspended (Ed Code 48925[d]) more than 10 days in a school year
- ☐ Wards of the court (WIC 601 or 602) or dependents of the court (WIC 300 or 654)
- ☐ Pregnant and/or parenting
- ☐ Habitually truant (Ed. Code 48262) or habitually insubordinate and disorderly (Ed Code 48263), and whose attendance at the school is directed by a school attendance review board (SARB) or probation officer (Ed. Code 48263)
- ☐ Retained more than once in kindergarten through grade 8
- ☐ Recovered dropout based on EC Section 52052.3(b) as students who: (1) are designated as dropouts pursuant to the exit and withdraw codes in the California Longitudinal Pupil Achievement Data System (CALPADS), or (2) left school and were not enrolled in a school for a period of 180 days
- ☐ Student is credit deficient (i.e., students who are one semester or more behind in the credits required to graduate on-time, per grade level, from the enrolling school's credit requirements)
- ☐ Student has a gap in enrollment (i.e., students who have not been in any school during the 45 days prior to enrollment in the current school, where the 45 days does not include non-instructional days such as summer break, holiday break, off-track, and other days when a school is closed)
- ☐ Student has high level transiency (i.e., students who have been enrolled in more than two schools during the past academic year or have changed secondary schools more than two times since entering high school)
- ☐ Foster Youth (EC Section 42238.01[b])
- ☐ Homeless Youth



Caspar Creek Learning Community

Income Survey / NSLP Worksheet

Student First Name:

Student Middle Name:

Student Last Name:

Student Birthdate:

Our school may qualify for various federal and state grants this year. **By taking time to fill out this income survey, you can help us provide the additional resources necessary to serve all of our students.** It is our goal to provide students with the best opportunity to learn that we can offer, but we need your help. Generally, schools whose families have eligible incomes based on the free and reduced lunch programs may qualify for special grants. Please note that these grants are only based upon the number of students that would qualify for free and reduced lunch programs if such a program was offered, even when school lunch programs are not available. Please review the eligibility requirements below to determine if you would be eligible.

Household Size (How many family members in the home?): _____ Total Annual Household Income: \$ _____

* Annual household income: Check yearly gross earnings (before deductions) from work for all household members. (Include any income received by a child from full-time or regular part-time employment. Include income received for a child from SSI, Welfare, Child Support, or Adoption Assistance Payments.)

Assistance Programs (please select one)

☐ snap / case number: _____

☐ fdpir / case number: _____

☐ calworks / case number: _____

☐ none

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

☐ I certify that all of the statements and information given above are true and correct to the best of my knowledge.

☐ I do not qualify / I do not wish to participate

Parent/Guardian Signature: _____

Date: _____



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Enrollment Enhancements / Accommodations / Modifiers	
Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis? If yes, include ID number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is immunization information included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the birth certificate included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent / Guardian Release	
Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160) * California public high schools are required to submit a Cal Grant high school Grade Point Average (GPA) for all graduating seniors, unless the student or parent has opted out of the submission process. Students who do not opt out will have their GPA submitted to the Commission to be considered for a Cal Grant award.	
I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Discipline	
Has your child been suspended? * If yes, a copy of the suspension paperwork must be included with your enrollment paperwork	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child pending expulsion? * If yes, a copy of the expulsion paperwork must be included with your enrollment paperwork	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child <u>ever</u> been expelled? * If yes, a copy of the expulsion paperwork must be included with your enrollment paperwork	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individualized Education Plan (IEP) and Section 504 Plan Information	
Does student currently have an Individualized Education Plan (IEP)? * If yes, please include a copy of the IEP with your enrollment paperwork	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does student currently have a Section 504 Plan? * If yes, please include a copy of the Section 504 with your enrollment paperwork	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been referred and/or evaluated to receive special education services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever attended a Special Education class?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above questions:	
What services has your child received?	<input type="checkbox"/> Resource (RSP) <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> 504 <input type="checkbox"/> Speech/Language <input type="checkbox"/> Adaptive PE <input type="checkbox"/> Other: _____
What was the last date your child was in a special education class or received services?	Month _____ Year _____
School name and address where special education referral, assessment, or IEP was developed.	
School Name: _____	School Address: _____
<i>I certify that all statements are true and correct to the best of my knowledge.</i> Parent/Guardian Signature: _____ Date: _____	



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Parent / Guardianship Information			
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster/Group Home <input type="checkbox"/> Other: _____			
Is the above (checked) person(s) the student's LEGAL guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please complete the "Caregiver Affidavit".			
If there is a legal custody agreement regarding this student, then please check one: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Guardian			
Shared percentage of custody: Father: _____% Mother: _____% Other: _____%			
PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN			
<small>*If student has more than two legal guardians, please attach information for guardian(s) not included below CUSTODY ISSUES: Absent a copy of a court order, we will assume that both parents have custody of the child. If there are problems of custody which might involve the school, please give us the necessary documents. Specific custody restrictions must be verified by providing the school a copy of the COURT ORDER.</small>			
Parent/Guardian 1			
Name:		Relationship to Student:	Lives with Student?
Physical Address: <input type="checkbox"/> check if same as student	City:	State:	Zip:
Mailing Address: <input type="checkbox"/> check if same as student	City:	State:	Zip:
Home Phone:	Cell Phone:	E-mail Address:	
Employer:	Employer Address:	Work Phone:	Federal Employee?
Active Duty Military?	Military Branch or Service:	Duty Station:	Send Student Mailings?
Highest Level of Education:		<input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD <input type="checkbox"/> High School Graduate - Holds diploma or GED <input type="checkbox"/> College Graduate - Holds BA or BS <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university <input type="checkbox"/> Decline to state	
Parent/Guardian 2			
Name:		Relationship to Student:	Lives with Student?
Physical Address: <input type="checkbox"/> check if same as student	City:	State:	Zip:
Mailing Address: <input type="checkbox"/> check if same as student	City:	State:	Zip:
Home Phone:	Cell Phone:	E-mail Address:	
Employer:	Employer Address:	Work Phone:	Federal Employee?
Active Duty Military?	Military Branch or Service:	Duty Station:	Send Student Mailings?
Highest Level of Education:		<input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD <input type="checkbox"/> High School Graduate - Holds diploma or GED <input type="checkbox"/> College Graduate - Holds BA or BS <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university <input type="checkbox"/> Decline to state	

Verification Proof of Residency

Part A: Parent/Guardian Statement

I, _____, hereby certify that _____ is presently living in
(Parent/Guardian Name) (Student Name)

my home at _____.
(Street Address, City, and Zip Code)

Parent/Guardian Signature: _____ Date: _____

(Please attach current copy of utility bill or other proof of residency for verification)

Part B (Complete **ONLY** if living in a residence other than your own)

I, _____, hereby certify that I am the parent/guardian of
(Parent/Guardian Name)

_____ and we are presently living with _____.
(Student Name) (Name and Relationship)

who resides at _____, _____.
(Street Address, City, and Zip Code) (Phone Number)

Parent/Guardian Signature: _____ Date: _____



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Emergency Card / Contact Information					
Student Name:		Gender:	Grade:	Birthdate:	
Physical Address:		City:		State:	Zip:
Parent/Guardian 1					
Name:			Relationship to Student:		Lives with Student?
Physical Address: *If different from student		City:	State:	Zip:	
Home Phone:	Cell Phone:	Work Phone:		Email:	
Parent/Guardian 2					
Name:			Relationship to Student:		Lives with Student?
Physical Address: *If different from student		City:	State:	Zip:	
Home Phone:	Cell Phone:	Work Phone:		Email:	
Emergency Contacts (Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached)					
Contact 1 Name:		Relationship to student:		Phone Number 1:	Phone Number 2:
Contact 2 Name:		Relationship to student:		Phone Number 1:	Phone Number 2:
Other Children in Family					
Name	Gender	Year Born	School Currently Attending	Over 18?	Relationship to student



Health Information

Medications taken by student at school or at home (written authorization from doctor required for medication taken at school):

Other Health Condition:

What action is to be taken if student has a complication due to their allergic condition or other health condition (please be specific):

Known Conditions:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <u>Hearing</u> | <u>Vision</u> |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Nut Allergy | <input type="checkbox"/> Known hearing problems | <input type="checkbox"/> Glasses to be worn at all times |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Wears heading aid | <input type="checkbox"/> Known eye condition/defect in vision |
| <input type="checkbox"/> Epilepsy | | | <input type="checkbox"/> Wears contact lenses |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Wears glasses |

Health Insurance Carrier:

Insurance ID or Policy #:

Hospital Preference:

Name of Primary Care Physician:

Address:

Phone:

Name of Ophthalmologist/Optometrist (Vision):

Address:

Phone:

Name of Audiologist (Hearing):

Address:

Phone:

In case of accident or other emergency, if parent/guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as they consider necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named above to undertake such acts and treatments of my child as they consider necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I certify that all of the statements and information given above are true and correct to the best of my knowledge. I also agree to bear all costs incurred as a result of medical treatment or transportation required for such. This authorization will remain in effect until revoked by the undersigned in writing.

Parent/Guardian Signature: _____

Date: _____



Caspar Creek Learning Community

Release of Records

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

Cumulative Record

Transcripts of Completed Work Including Grades to Date

CELDT Scores and Related EL Information

Any Other Educational Information

Immunization Records

CSIS Student Number

IEP/504 Information

For Parent to Complete

Student Name: _____ Birthdate: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Name of Last School Attended: _____

Fax Number of Last School Attended Registrar Office (to request records): _____

Address of Last School Attended: _____
(Street Address, City, State, and Zip Code)

Dates Attended: _____ ☐ Student was not previously enrolled in school

Pivot Charter School Use

Please **FAX** the following records (**student has not officially started yet**):

Transcript **Immunizations** **Withdrawal Grades** **Discipline Records** **Other:** _____

Please **MAIL** the cume file at your earliest convenience.

(**Student is officially enrolled with a start date of:** _____)

Receiving Registrar

Please complete the following in response to education records, sign and date, and return either by FAX or by MAIL.

Please check the appropriate box(es):

☐ Expulsion Dates: From _____ To _____

☐ Expulsion Pending

☐ E.C. #49079 Advise Teacher Regarding Violent Pupil

☐ IEP

☐ 504

☐ Student is/has been recently suspended

REGISTRAR - PLEASE FORWARD THE STUDENT CUMULATIVE RECORDS TO:

Pivot Charter School - North Bay
2999 Cleveland Ave, Suite D
Santa Rosa, CA 95403

(P) 707-843-4676 (F) 707-544-2908 Email: atoso@pivotcharter.org