



### 2011-2012 Student Enrollment Application

|   |                        |                     |  |                             |   |   |  |
|---|------------------------|---------------------|--|-----------------------------|---|---|--|
| <b>First Name:</b>  |                        | <b>Middle Name:</b> |  | <b>Last Name:</b>           |   | <b>Suffix:</b>  |  |
| <b>Other/aka First Name:</b>  |                        | <b>Middle Name:</b> |  | <b>Last Name:</b>           |   | <b>Suffix:</b>  |  |
| <b>Gender:</b>  | <b>Incoming Grade:</b> | <b>Birth Date:</b>  | <b>Birth City:</b>   | <b>Birth State:</b>         | <b>Birth County:</b>                              |   |  |
| <b>PHYSICAL ADDRESS</b>   |                        |                     |  |                             |   |   |  |
| <b>Street Address:</b>  |                        |                     | <b>City:</b>   | <b>State:</b>               | <b>Zip Code:</b>                                  |   |  |
| <b>MAILING ADDRESS</b>  |                        |                     |  |                             |   |   |  |
| <b>Street Address:</b>  |                        |                     | <b>City:</b>   | <b>State:</b>               | <b>Zip Code:</b>                                  |   |  |
| <input type="checkbox"/> Check here if foreign student temporarily schooling in the U.S.  |                        |                     |  |                             |   |   |  |
| <input type="checkbox"/> Check here if student was born outside of the U.S. but granted U.S. citizenship at birth.  |                        |                     |  |                             |   |   |  |
| <b>Home Phone:</b>  |                        | <b>Cell Phone:</b>  |  | <b>County of Residence:</b> |   | <b>School District of Residence:</b>  |  |
| <b>Student Email Address:</b>   |                        |                     |  |                             |   |   |  |
| <b>Parent Email Address:</b>  |                        |                     |  |                             | <b>Receive Newsletters via Email:</b><br>Yes / No |   |  |
| <b>Ethnicity</b> *New Federal race and ethnicity data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from one of the two choices below.  |                        |                     |  |                             |   |   |  |
| <b>Is this Student Hispanic or Latino?</b> ___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino   |                        |                     |  |                             |   |   |  |
| <b>Race</b> *No matter what ethnicity is selected above, at least one race must also be selected below.   |                        |                     |  |                             |   |   |  |
| ___ <b>American Indian or Alaskan Native</b><br>___ Cherokee ___ Navajo<br>___ Chippewa<br>___ Pueblo<br>___ Choctaw ___ Sioux  |                        |                     | ___ <b>Black or African American</b><br><br>A person having origins in any of the black racial groups of Africa.   |                             |   | ___ <b>White</b><br>___ <b>Decline to State</b><br>Supported by CA only, not Federal guideline  |  |
| ___ <b>Asian</b><br><br>A person having origins in any of the original peoples of the Far East, South East Asia, of the Indian subcontinent including:<br>___ Asian Indian ___ Japanese<br>___ Cambodian ___ Korean ___ Chinese<br>___ Laotian ___ Filipino ___ Vietnamese<br>___ Hmong ___ Other Asian |                        |                     | ___ <b>Hispanic / Latino</b><br><br>___ Argentinean ___ Cuban<br>___ Columbian ___ Dominican<br>___ Mexican American<br>___ Nicaraguan ___ Puerto Rican<br>___ Salvadoran ___ Spaniard |                             |   | ___ <b>Native Hawaiian or Other Pacific Islander</b><br><br>Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<br>___ Guamanian ___ Hawaiian<br>___ Samoan ___ Tahitian<br>___ Pacific Islands |  |

| <b>PREVIOUS SCHOOL &amp; ENROLLMENT DETAILS</b>   |  |  |
|---|--|--|
| <b>Name of Previous School:</b>   |  |  |
| <b>Address of Previous School:</b>  |  |  |
| <b>Previous School Type (Please select one)</b> <ul style="list-style-type: none"> <li>• Public school in the same district</li> <li>• Public school in a different district, same state</li> <li>• Public school in a different state</li> <li>• Private, non religiously-affiliated school in the same district</li> <li>• Private, non religiously-affiliated school in a different district, same state</li> <li>• Private, non religiously-affiliated school in a different state</li> <li>• Private, religiously-affiliated school in the same district</li> <li>• Private, religiously-affiliated school in a different district, same state</li> <li>• Private, religiously-affiliated school in a different state</li> <li>• School outside of the country</li> <li>• Institution (example: correctional facility)</li> <li>• Charter School</li> <li>• Home Schooling</li> <li>• Matriculated from another school, i.e., successfully completed the highest grade level offered by the previous school</li> <li>• Original entry date into US school (enrolling in school for the first time ever, i.e., no previous school)</li> <li>• Original entry date into US school from a foreign country w/o schooling interruption</li> <li>• Original entry date into US school from a foreign country w/ school interruption</li> </ul> |  |  |
| <b>Date 1<sup>st</sup> enrolled in U.S.</b>   | <b>Date 1<sup>st</sup> enrolled in this state:</b>     | <b>Date first enrolled in this district:</b>     |
| <b>Date 1<sup>st</sup> enrolled in prev. school</b>   | <b>Grade 1<sup>st</sup> enrolled in this district:</b> | <b>Grade first enrolled in prev. school:</b>     |
| <b>FAMILY INFORMATION</b>   |  |  |
| Male Parent / Guardian  |  | Female Parent / Guardian                         |
| <b>Name:</b>  |  | <b>Name:</b>                                     |
| <b>First</b>  | <b>Middle</b>  | <b>Last</b>                                      |
| <b>Relationship to Student:</b>   |  | <b>Relationship to Student:</b>                  |
| <b>Street Address:</b>  |  | <b>Street Address:</b>                           |
| <b>City:</b>  | <b>State:</b>  | <b>Zip:</b>                                      |
| <b>Mailing Address:</b>   |  | <b>Mailing Address:</b>                          |
| <b>Employer:</b>  |  | <b>Employer:</b>                                 |
| <b>Home Phone:</b>  |  | <b>Home Phone:</b>                               |
| <b>Work Phone:</b>  |  | <b>Work Phone:</b>                               |
| <b>Cell Phone:</b>  |  | <b>Cell Phone:</b>                               |
| <b>Email Address:</b>   |  | <b>Email Address:</b>                            |
| <b>Live with Student:</b> _____ Yes _____ No  |  | <b>Live with Student:</b> _____ Yes _____ No     |
| <b>Send Student Mailings:</b> _____ Yes _____ No  |  | <b>Send Student Mailings:</b> _____ Yes _____ No |

| <b>Male Parent / Guardian Highest Level of Education (check appropriate answer)</b>  | <b>Female Parent / Guardian Highest Level of Education (check appropriate answer)</b>  |
|--|--|
| <input type="checkbox"/> Graduate Degree, Holds MA, MS, PhD, or EdD<br><input type="checkbox"/> College Graduate, Holds BA or BS<br><input type="checkbox"/> Some College, AA or 2 full yrs at 4 yr University<br><input type="checkbox"/> High School Graduate, diploma, GE, or HS Equivalency<br><input type="checkbox"/> Not a High School Graduate<br><input type="checkbox"/> Declined to State | <input type="checkbox"/> Graduate Degree, Holds MA, MS, PhD, or EdD<br><input type="checkbox"/> College Graduate, Holds BA or BS<br><input type="checkbox"/> Some College, AA or 2 full yrs at 4 yr University<br><input type="checkbox"/> High School Graduate, diploma, GE, or HS Equivalency<br><input type="checkbox"/> Not a High School Graduate<br><input type="checkbox"/> Declined to State |

**HOME LANGUAGE SURVEY**

Which language did your child first learn to speak? \_\_\_\_\_  
 Which language does your child most frequently read / speak at home? \_\_\_\_\_  
 Which language do the parents / guardians most frequently speak to the student? \_\_\_\_\_  
 Is your child fluent in English?    **YES**                      **NO**

**Free / Reduced Lunch Schedule: Please select household size and the income level from the same line (necessary for state funding purposes only)**

| <b>Federal Poverty Guidelines</b>               |                  | <b>Reduced Meals</b> |                   | <b>Free Meals</b> |                   |
|---|------------------|----------------------|-------------------|-------------------|-------------------|
| <b>Household Size</b>                           | <b>Annual \$</b> | <b>Annual \$</b>     | <b>Monthly \$</b> | <b>Annual \$</b>  | <b>Monthly \$</b> |
| <b>1</b>  | 10,830           | 20,036               | 1,670             | 14,079            | 1,174             |
| <b>2</b>  | 14,570           | 26,955               | 2,247             | 18,941            | 1,579             |
| <b>3</b>  | 18,310           | 33,874               | 2,823             | 23,803            | 1,984             |
| <b>4</b>  | 22,050           | 40,793               | 3,400             | 28,665            | 2,389             |
| <b>5</b>  | 25,790           | 47,712               | 3,976             | 33,527            | 3,200             |
| <b>6</b>  | 29,530           | 54,631               | 4,553             | 38,389            | 3,200             |
| <b>7</b>  | 33,270           | 61,550               | 5,130             | 43,251            | 3,605             |
| <b>8</b>  | 37,010           | 68,469               | 5,706             | 48,113            | 4,010             |
| <b>For each additional family member add...</b> | 3,740            | 6,919                | 577               | 4,862             | 406               |

**Is student eligible for free or reduced lunch? If yes, at what level?**  
 (Again, this is for state reporting only, thank you for participating)  
 \_\_\_ **YES** \_\_\_ **NO**    **If Yes:**    Federal Poverty Level    Free    Reduced    Eligible but choosing Non-Participation

**Is a parent / guardian employed in agriculture or fishing activities on a seasonal or other temporary basis?**  
 \_\_\_ **YES** \_\_\_ **NO**

**Has the student taken a standardized test and been identified as gifted?**    \_\_\_ **YES**    \_\_\_ **NO**

|  |   |
|--|---|
| <b>Immunization Info. Included w/ Application:</b><br>___ <b>YES</b> ___ <b>NO</b> | <b>Copy of Birth Certificate Included w/ Application:</b><br>___ <b>YES</b> ___ <b>NO</b> |
|--|---|

|   |  |
|---|--|
| <b>Student is allowed to use computers at school:</b><br>___ <b>YES</b> ___ <b>NO</b> | <b>Student is allowed to access the internet at school</b><br>___ <b>YES</b> ___ <b>NO</b> |
|---|--|

|   |   |
|---|---|
| <b>Parent/Guardian grants permission to use student work produced by the student for school purposes (monthly newsletter, etc.)</b><br>___ <b>YES</b> ___ <b>NO</b> | <b>Parent/Guardian grants permission to use pictures of this student for school purposes (newsletter, brochure, etc.)</b><br>___ <b>YES</b> ___ <b>NO</b> |
|---|---|

**\*Federal Law requires school to release student information to the military unless parents notify the school that such information is not to be released (EC 49061-49076) Do you want information released on your student?**    \_\_\_ **YES** \_\_\_ **NO**

**Student SSN #** \_\_\_\_\_ **(for Drivers' Ed., Cal Grants, Work Permits)**

**SPECIAL EDUCATION**

Has your child ever received any Special Education services of any kind?   YES     NO  

**If NO: Sign and date here.**

*I certify that my student has never received Special Education services of any kind. I further certify that my student does not have a 504 Plan.*

Parent / Guardian X \_\_\_\_\_ Date X \_\_\_\_\_

**If YES: Sign and date here.**

*I understand I must submit ALL Special Education documentation, and/or 504 Plan with my child's enrollment paperwork, and that without it my child cannot be enrolled with this charter school. I certify that all statements are true and correct to the best of my knowledge.*

Parent / Guardian X \_\_\_\_\_ Date X \_\_\_\_\_

(Copies of IEP and 504 Plan paperwork can be obtained from previous school)

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail the Application, Release of Records Form, Parent / Guardian Survey, Copies of Birth Certificate and Immunization Records, along with any IEP or 504 Plan Paperwork, if applicable, to:**

**NEW DAY ACADEMY  
214 W. 1<sup>st</sup> Street  
Alturas, CA 96101**

**Or FAX to:**

**530-233-3864**



**NEW DAY ACADEMY  
Student Emergency Form**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Person(s) authorized to pick up student from School:**  Mother  Father  
**Other:** \_\_\_\_\_

Is there a custody issue regarding this student?  Yes  No

Legal Restrictions for any parent are:

Court Order on file at school:  Yes  No

*\*Proof of Custodial Agreement is required for enrollment.*

**EMERGENCY CONTACTS:**

**Please list two neighbors/friends or nearby relatives who will assume temporary care of your child if you cannot be reached:**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other Children in the Family**

**Name :** \_\_\_\_\_ **Sex: M/F** \_\_\_\_\_ **Year Born** \_\_\_\_\_ **School Current. Enroll.** \_\_\_\_\_ **Over 18:Y/N** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

| Name | Sex: M/F | Year Born | School Current. Enroll. | Over 18:Y/N | Relationship to Student |
|------|----------|-----------|-------------------------|-------------|-------------------------|
|      |          |           |                         |             |                         |
|      |          |           |                         |             |                         |
|      |          |           |                         |             |                         |
|      |          |           |                         |             |                         |
|      |          |           |                         |             |                         |

**Known vision problems:**  Yes  No **If Yes:** \_\_\_\_\_

**Known hearing Problems:**  Yes  No **If Yes:** \_\_\_\_\_

**Known health or allergy Problems:**  Yes  No

**If Yes, please list health conditions:**

**What action should be taken in case of a complication due to allergic condition or health condition:** \_\_\_\_\_

*In case of emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. under such circumstance, I further authorize the physician named below to undertake such acts and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.*

**Health Insurance Carrier:** \_\_\_\_\_ **Insurance ID or Policy #:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_ **Name of Physician:** \_\_\_\_\_

**Physician Address:** \_\_\_\_\_ **Physician Phone:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF RECORDS**



**214 West 1<sup>st</sup> Street, Alturas, CA 96101**

**Phone: 1-530-233-3861 Fax to: 1-530-233-3864**

**Cumulative Record-Transcripts-Special Education Records**

**In accordance with the Family Education Right and Privacy Act of 1974 and California State Law, please release to the school named above all records including:**

**FAX immediately the following checked boxes:**

- Transcript
- Immunizations records and Birth Certificate
- Current active IEP

**MAIL the following:**

- Cumulative records
- Special Education records including: IEP's, ITP's, BIP's, academic assessments, speech and language assessments, psychological evaluations and any additional pertinent information
- Official Transcripts with completed work including grades to date
- Any other educational information

**Student Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Authorized/Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Last School Attended:** \_\_\_\_\_

**Address of Last School:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone/Fax Number of School:** \_\_\_\_\_

**Dates Attended: From** \_\_\_\_\_ **To:** \_\_\_\_\_

**No Previous School Attended**

**Home Schooled**

**For Comments of Receiving Registrar:**

- We do not have the Special Education records that you have requested in our files.
- This student did receive Special Education service, but we cannot locate the requested files
- This student did not receive Special Education service nor has he/she been identified as being eligible for Special Education.
- We do not have the Cumulative files that you are requesting. You might want to check with the following school. \_\_\_\_\_

**NEW DAY ACADEMY  
Prospective Questionnaire**

**1. What are your long-range educational goals for your child?**

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**2. How do you think a personalized learning/independent study education program will help your child achieve those goals?**

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**3. Why do you feel this personalized learning/independent study education program will be different from or superior to your child's current education program?**

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**4. Why do you believe your child can be successful without daily support of classroom instruction as in a regular school setting?**

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**5. How much time do you plan to allocate for direct teaching and monitoring of your child's progress each week?**

**Hours per day:** \_\_\_\_\_ **Days per week:** \_\_\_\_\_

**6. Describe a typical school day schedule for your child in a personalized learning/independent study educational program.**

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**7. Describe the Space(s) and resources in your home which will be used for your child's learning activities. How can this enhance learning for your child?**

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**8. What are your child's academic strengths and interests include:**

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**9. Your child needs help academically with/in the follow skills/subjects:**

**\_\_ Reading \_\_ Writing \_\_ Spelling \_\_ Math \_\_ Science \_\_ History/Social Studies**

**10. What provision has your family made for your child to socialize with peers if he/she is enrolled in a personalized learning/independent study education program?**

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**New Day Academy, through using a different education model from conventional schools, has positive expectations for student performance and progress. In partnership with parents, New Day Academy is accountable to the state of California for student academic growth. Continuing enrollment will require the following:**

- 1. Satisfactory completion of assigned work.**
- 2. Meeting with instructor(s) on the dates at the times mutually set.**

**If your child is enrolled in New Day Academy, you understand that you are assuming a vital role in his/her education. The daily attention and commitment necessary to provide successful academic progress for your child will be a primary family focus. You commit yourself to:**

- 1. Work cooperatively with New Day Academy staff**
- 2. Set and keep regular meetings with New Day Academy teachers.**
- 3. Communicate needs, concerns and/or suggestions quickly and positively**
- 4. Instruct and monitor your child's work, making sure all assigned activities are completed on schedule and are satisfactory in quality**
- 5. Care for all materials/resources provided by New Day Academy and return all non-consumable items at the end of the school year.**

**Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**