



Enrollment Application

2009-2010 School Year



You should be able to obtain the following documents from your current school. Please let us know if you need assistance.

1. Student's **Birth Certificate**.
2. Up-to-date **immunization records**.
3. An **unofficial** copy of your **school transcripts** for **past 2 years**.

*(If your student is **entering 7th/8th grade**, please **provide** their most **recent report card**.)*

4. Student's **discipline records** for **past 2 years**
(if your student has ever been expelled from any school district, please provide that information along with the discipline record) (If no discipline please provide written statement from school on school letterhead).

5. A copy of the student's **most recent state test scores**:

- **STAR** (NOTE: If your student is "Redesignated Fluent English Proficient", you must bring in the last 3 years of STAR test results.)
- **CAHSEE** (California High School Exit Exam) – **if applicable**
- **CELDT** (California English Language Development Test) – **if applicable**

6. **Proof of withdrawal with exit date** from the school from which the student is withdrawing to enroll at Excelsior. (Form is attached)

Be sure to provide us with any Court Orders, Custody Orders, or Restraining Orders so we may assist in enforcing them.

If the student resides with someone other than the Biological parents, we will need proof of guardianship.



Withdrawal Form

Please have the school, *that your child is withdrawing from*, complete this form.

Registrar's Signature: _____

School Stamp

Clearly Print Student Name

Date Student Dropped: _____

Last Date of Student Attendance: _____

Upon completion, return this form to Excelsior Enrollment.

Today's Date _____



Student's Personal Information

Student's LEGAL Name:

Last: _____ First: _____ Middle: _____

Name used at previous school (if different): _____

Name Student likes to use: _____ Current Grade _____

U.S. Citizen: Yes _____ No _____ Social Security#: _____ - _____ - _____

Birth Date: _____ / _____ / _____ Birth Place _____
City, State

Sex: M _____ F _____ Home Phone: (_____) _____

Residence (Street) Address: _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above): _____

City _____ State _____ Zip Code _____

Family/Guardian Information

Biological Parents' Name: _____

Student lives with: _____ Legal Restrictions: Court Order? Yes _____ No _____

***Please provide us with the email address at which you would like to receive important school information and updates: E-Mail:** _____

Father/Guardian Name: (Last, First) _____

Home Phone: _____ Work Phone: _____

Mother/Guardian Name: (Last, First) _____

Home Phone: _____ Work Phone: _____

Emergency Contact: Name: _____ Relationship: _____

Authorized to pick student up: Yes No Home Phone: _____

Work Phone: _____ Cell phone: _____

Persons Allowed to Drop off/Pick up Student from School:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):

- Hispanic or 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

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)
(Persons having origins in any of the original people of North, Central or South 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)
- Filipino/Filipino American (400)
- African American or Black (600)
- White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

School History

Name and Location of most recent **School** attended by student:

_____ enter date: _____ exit date: _____
School Name **City, State** **mm/dd/yyyy** **mm/dd/yyyy**

Photo Release Restriction (Check and initial below only if you do NOT authorize photo release)

Initials_____ I, the parent/guardian do **NOT authorize** the use of my student's picture to be displayed in the yearbook, school newspaper, web page, etc., while he/she is a student at Excelsior.

Language Determination

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

What language did your child learn when he/she began to talk? _____

What language does your child most frequently use at home? _____

What language do you most frequently speak to your child? _____

What language do the adults at the home most often speak? _____

Parent Level of Education
(**Choose Only One**)

Parent Highest Level of Education	
<input type="checkbox"/>	High School Graduate
<input type="checkbox"/>	College Graduate
<input type="checkbox"/>	Declined to State or Unknown
<input type="checkbox"/>	Not a High School Graduate
<input type="checkbox"/>	Some College
<input type="checkbox"/>	Graduate School/Post Graduate Training

Initial Enrollment Agreement

The student and parent acknowledge and agree that Excelsior is a parent choice, parent transport school and that enrollment in Excelsior can be terminated by either the Parent/Guardian or the school at any time.

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

*Please circle **Yes** or **No** for the following:*

I understand that, upon enrollment at Excelsior, my child will not be enrolled in any other public or private school, and he/she currently resides within the State of California and within the county of San Bernardino or one of the following bordering counties: Inyo, Kern, Los Angeles, Orange or Riverside counties. **Yes No**

I understand that my student is required to participate in the STAR and CAHSEE tests while enrolled at Excelsior. **Yes No**

I understand that, upon enrollment at Excelsior, my child will comply with all policies and procedures of Excelsior. **Yes No**

I am aware and understand that, upon enrollment at Excelsior, any falsified information and/or statements contained herein may be cause for my student's release from Excelsior. **Yes No**

Certification of Accuracy

I hereby certify that the information and statements contained in this application are true and complete, to the best of my knowledge.

Parent/Guardian Signature

Date

Print Name

Excelsior

A Personalized Learning Charter

www.excelsior.com

2009-2010 School Year



AB544 Charter Schools

47602. (b) No charter school shall receive any public funds for a pupil if the pupil also attends a private school that charges the pupil's family for tuition. The state Board of Education shall adopt regulations to implement this section.

47603. This part shall not be construed to prohibit any private person or organization from providing funding or other assistance to the establishment or operation of a charter school.

I, _____, am enrolled in Excelsior.
(print **student** name)

I, _____, have my child enrolled in Excelsior.
(print **parent/guardian** name)

I am not enrolled in another public or private school at this time.

Student signature

date

Parent/Guardian signature

date

MILITARY OPT OUT FORM
Regarding the
RELEASE OF NAME, ADDRESS, AND TELEPHONE NUMBER

School _____ Date _____

Student Name _____ Date of Birth _____

Section 9528 of the No Child Left Behind Act of 2001 requires schools to release our family's private information to military recruiters unless we "opt out" in writing.

As a student or parent of a minor you have the right to request that your private information is not released to military recruiters and others. Complete this Opt-Out form and return with the enrollment packet.

_____ I request that this student's name, address, and telephone number **not be released** to Armed Forces and Military Recruiters, or Military Schools.

Signature of Parent or Guardian _____

Federal public law 107-110, section 9528 of the ESEA, "No Child Left Behind Act" requires school districts to release student names, addresses and phone numbers to military recruiters upon their request. Students are then called at home by recruiters and pressured to join the military. The law also requires the school district to notify you of your right to Opt-Out from this by requesting the district not to release your information to military recruiters. The completion and return of this form serves as your request to withhold your private information.

Excelsior

12217 Spring Valley Pkwy. Victorville, CA 92395 (760) 245-4262

Student ID#: _____

HEALTH INFORMATION CARD

PLEASE HAVE THE STUDENT'S CURRENT IMMUNIZATION DATES ON FILE WITH THE SCHOOL.
PLEASE VERIFY IMMUNIZATION INFORMATION IS SUBMITTED OR IS CURRENTLY ON FILE.

In order to provide the best learning experience for the student, it is important that we have an understanding of the student's health status. This form will be used for necessary situations and included if your student attends any Excelsior field trips. Please complete this form and if you have any questions or wish to discuss any health problem(s) in more detail, please contact Ken Larson, Dean of Student Services.

Date: _____ Student's Name: _____, _____, _____
(Last) (First) (Middle)

Grade: _____ Date of Birth: _____ Gender: **F M** Class of: **2010 2011 2012 2013 2014 2015 2016**

Father's Name _____ Mother's Name _____

Name of Parent/Guardian with whom student lives _____

Telephone number (Home) _____ Work _____ Cell _____

Address: _____ City: _____

PERSON TO CONTACT IN AN EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED:

- NAME _____ Relationship: _____
HOME # _____ WORK/CELL # _____
- NAME _____ Relationship: _____
HOME # _____ WORK /CELL# _____

Does the student have any of the conditions listed below?

Please check the appropriate boxes. If any of the following apply to the student explain below.

1 <input type="checkbox"/> Allergic to Penicillin	13 <input type="checkbox"/> Hearing loss (which ear R L)
2 <input type="checkbox"/> Allergy, life threatening (list type and medication*)	14 <input type="checkbox"/> Heart Condition
3 <input type="checkbox"/> Allergy, non-life threatening (list type on back)	15 <input type="checkbox"/> Immune system disorder
4 <input type="checkbox"/> Asthma-mild	16 <input type="checkbox"/> Medication prescribed (list medication*)
5 <input type="checkbox"/> Asthma-severe (list medication*)	17 <input type="checkbox"/> Medication required at school (list medications*)
6 <input type="checkbox"/> Bee sting, generalized reaction (list medication*)	18 <input type="checkbox"/> Nose bleeds (frequent / severe)
7 <input type="checkbox"/> Bee sting, local reaction	19 <input type="checkbox"/> Scoliosis
8 <input type="checkbox"/> Blood disorder/Hemophilia	20 <input type="checkbox"/> Speech
9 <input type="checkbox"/> Diabetes Type 1	21 <input type="checkbox"/> Tuberculosis
10 <input type="checkbox"/> Diabetes Type 2	22 <input type="checkbox"/> Vision impairment (glasses / contact lenses)
11 <input type="checkbox"/> Epilepsy/seizure disorder (list medication*)	23 <input type="checkbox"/> No known health problems
12 <input type="checkbox"/> Headache-severe/Migraine	24 <input type="checkbox"/> Other (list on back)

* Required Medication Form requires doctor's AND parent signature.

Please reference the item number of the check box and explain or list medications here:

Item # _____ Medication: _____ Explanation: _____

Item # _____ Medication: _____ Explanation: _____

PLEASE LIST ANY ADDITIONAL INFORMATION OR MEDICATION(S) NEEDED, ON THE BACK OF THIS CARD.

Parent/Guardian Signature: _____ Printed Name: _____