

JUAN BAUTISTA de ANZA CHARTER SCHOOL REGISTRATION 2016-2017

PLEASE PRINT

EMERGENCY CONTACT FORM

Student's Full Legal Name: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

In case of Emergency the first contact attempt will be the parent/legal guardian. If the parent/legal guardian cannot be reached, we will attempt to contact the additional names listed below.

Contact (1) Name:	
Relationship to Student:	
Cell:	Work:

Contact (2) Name:	
Relationship to Student:	
Cell:	Work:

Contact (3) Name:	
Relationship to Student:	
Cell:	Work:

Physician Name:	Phone Number:
Student Medical Condition:	
Medication(s) Taking:	

Dentist Name:	Phone Number:
Student Medical Condition:	
Medication(s) Taking:	

Insurance:	Insurance ID:
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Food Allergies	Y	N	Seizure Disorder:	Y	N
Environmental Allergies	Y	N	Heart Disease:	Y	N
Asthma	Y	N	Hearing Difficulty	Y	N
Medication Allergies	Y	N	Vision Difficulty	Y	N
Diabetic	Y	N			

Does Your Child Have and Carry an Epi-Pen? **Y** **N** (please complete a medication form)

Does your Child have any health problems or activity limitations **Y** **N** **Please explain:** _____

When deemed necessary I authorize JBdA personnel to secure emergency services (medical/dental/paramedic/ambulance) for my child at my expense and to release any pertinent information listed above.

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Parent Signature _____ Date _____

DATA COLLECTION FORM - CALIFORNIA

Race and Ethnicity

Is this Student Latino or Hispanic: _____ No, Not Hispanic _____ Yes, Hispanic or Latino

Races Please mark one or more if needed

- American Indian or Alaska Native
- Asian - Chinese
- Asian - Japanese
- Asian - Korean
- Asian - Vietnamese
- Asian - Indian
- Asian - Laotian
- Asian - Cambodian
- Asian - Hmong
- Asian - Other
- Pacific Islander - Hawaiian
- Pacific Islander - Guamanian
- Pacific Islander - Samoan
- Pacific Islander - Tahitian
- Pacific Islander - Other
- Filipino
- Hispanic
- Black
- White
- Intentionally Left Blank

HOME LANGUAGE SURVEY

Language First Learned: _____

Home Language: _____

Spoken to Student at Home: _____

Spoken by Student at Home: _____

Spoken by Adults at Home: _____

Birth City: _____ State: _____ Birth Country: _____

1st Year CA School: _____

1st Year Entered Ramona: _____

Gender of Student: Male _____ Female _____

Parent Serving in the Military: Yes _____ No _____

PLEASE CHECK ANY PROGRAM(S) OR SERVICE(S) RECEIVED AT PREVIOUS SCHOOL

Copies of Current IEP/504 MUST be provided

Special Education: _____ Speech: _____ 504: _____ OTHER: _____

Acceptance to JBDA is based upon review of documentation to ensure services can be provided.

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ELIGIBILITY SURVEY FORM

Dear Parents/Legal Guardians,

Our school may qualify for various federal and state grants this year, 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. Schools whose families have eligible incomes based on the free and reduced lunch programs may qualify for special grants.

This data will be used to ensure we have the exact funding as allowed by the State of California. All information is confidential and will not be shared with any specific person or agency.

Free

Reduced

Household Size	Annual	Monthly	Twice Monthly	Bi-Weekly	Weekly	Annual	Monthly	Twice Monthly	Bi-Weekly	Weekly
<input type="checkbox"/> 1	<input type="checkbox"/> 15,444	<input type="checkbox"/> 1,287	<input type="checkbox"/> 644	<input type="checkbox"/> 594	<input type="checkbox"/> 297	<input type="checkbox"/> 21,978	<input type="checkbox"/> 1,832	<input type="checkbox"/> 916	<input type="checkbox"/> 846	<input type="checkbox"/> 423
<input type="checkbox"/> 2	<input type="checkbox"/> 20,826	<input type="checkbox"/> 1,736	<input type="checkbox"/> 868	<input type="checkbox"/> 801	<input type="checkbox"/> 401	<input type="checkbox"/> 29,637	<input type="checkbox"/> 2,470	<input type="checkbox"/> 1,235	<input type="checkbox"/> 1,140	<input type="checkbox"/> 570
<input type="checkbox"/> 3	<input type="checkbox"/> 26,208	<input type="checkbox"/> 2,184	<input type="checkbox"/> 1,092	<input type="checkbox"/> 1,008	<input type="checkbox"/> 504	<input type="checkbox"/> 37,296	<input type="checkbox"/> 3,108	<input type="checkbox"/> 1,554	<input type="checkbox"/> 1,435	<input type="checkbox"/> 718
<input type="checkbox"/> 4	<input type="checkbox"/> 31,590	<input type="checkbox"/> 2,633	<input type="checkbox"/> 1,317	<input type="checkbox"/> 1,215	<input type="checkbox"/> 608	<input type="checkbox"/> 44,955	<input type="checkbox"/> 3,747	<input type="checkbox"/> 1,874	<input type="checkbox"/> 1,730	<input type="checkbox"/> 865
<input type="checkbox"/> 5	<input type="checkbox"/> 36,972	<input type="checkbox"/> 3,081	<input type="checkbox"/> 1,541	<input type="checkbox"/> 1,422	<input type="checkbox"/> 711	<input type="checkbox"/> 52,614	<input type="checkbox"/> 4,385	<input type="checkbox"/> 2,193	<input type="checkbox"/> 2,024	<input type="checkbox"/> 1,012
<input type="checkbox"/> 6	<input type="checkbox"/> 42,354	<input type="checkbox"/> 3,530	<input type="checkbox"/> 1,765	<input type="checkbox"/> 1,629	<input type="checkbox"/> 815	<input type="checkbox"/> 60,273	<input type="checkbox"/> 5,023	<input type="checkbox"/> 2,512	<input type="checkbox"/> 2,319	<input type="checkbox"/> 1,160
<input type="checkbox"/> 7	<input type="checkbox"/> 47,749	<input type="checkbox"/> 3,980	<input type="checkbox"/> 1,990	<input type="checkbox"/> 1,837	<input type="checkbox"/> 919	<input type="checkbox"/> 67,951	<input type="checkbox"/> 5,663	<input type="checkbox"/> 2,832	<input type="checkbox"/> 2,614	<input type="checkbox"/> 1,307
<input type="checkbox"/> 8	<input type="checkbox"/> 53,157	<input type="checkbox"/> 4,430	<input type="checkbox"/> 2,215	<input type="checkbox"/> 2,045	<input type="checkbox"/> 1,023	<input type="checkbox"/> 75,647	<input type="checkbox"/> 6,304	<input type="checkbox"/> 3,152	<input type="checkbox"/> 2,910	<input type="checkbox"/> 1,455
For each additional child add:	<input type="checkbox"/> 5,408	<input type="checkbox"/> 451	<input type="checkbox"/> 226	<input type="checkbox"/> 208	<input type="checkbox"/> 104	<input type="checkbox"/> 7,696	<input type="checkbox"/> 642	<input type="checkbox"/> 321	<input type="checkbox"/> 296	<input type="checkbox"/> 148

Step 1: Check Family Size (**ONE BOX ONLY**)

Step 2: Check the estimated yearly combined income for everyone in the household* (**ONE BOX ONLY**)

Household Size: _____

Annual Income: _____

Assistance Programs - Circle one of the following: **none / snap / sdpir / calworks**

If a program was circled above, please enter the case number: _____

Parent/Guardian Signature

Date

• 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.

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Office Use Only: Eligibility: FPL Free Reduced Eligible but choosing Non-Participation Not Eligible

VERIFICATION OF RESIDENCY

California Education Code 48200 states that each person subject to compulsory education shall attend school.

PART A - PARENT/GUARDIAN STATEMENT

I, _____ hereby certify that the following person(s)
(Parent/Guardian Name)

_____ is presently living in my home at
Student Name

Street Address, City, and Zip

Parent/Guardian Signature

PART B - Complete Part B ONLY if living in a residence other than your own

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

_____ and that we are presently living with:
Student Name(s)

Name: _____ Relation: _____

Address: _____

Phone: _____

Parent/Guardian Signature

I, _____ hereby certify that the following person(s) is living in my home at the address listed above.

Resident's Signature

PLEASE PRINT

PARENTAL WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION & CONSENT FORM

I, the undersigned, as the parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate in the Horse Wisdom class and all school related field trips.

I understand that there are certain risks of damages and injuries inherent in working with horses, as well as traveling, and other related activities incidental to my child's participation. I am willing to assume these risks on behalf on my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, allergic reactions, equipment and other participants.

Furthermore, I agree to the following:

- 1. On behalf of my child and myself, I do voluntarily accept and solely assume all risks of injury incurred or suffered by my child (a) while participating as a member of the field trip designated (b) while serving in a non-participating capacity or as an observer during the activities and/or field trip and (c) while upon the premises of any and all school locations arranged by the school.
2. In addition to giving my full consent for my child's participation, I do hereby waive, release, discharge, and agree not to sue Juan Bautista de Anza Charter School, the owner, operator, teacher, or any person or entity associated with the field trip, for any claim, damages, costs including attorney's fees, or cause of action which I or my child have or may have in the future as a result of damages or injuries, including death, sustained or incurred by my child from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that my child is fully capable of participating in the Horse Wisdom Class and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in any school related activities, except as made known to teachers and/or others of Juan Bautista de Anza Charter School.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through, or on behalf of my child, even if the damages, injuries, or death are caused in whole or in part by any of the persons or entities hereby released.

I agree to permit the school's laptop be inspected by school staff when requested. Y N

Photo Release: My child may be photographed for the purpose of school publicity and the yearbook. It is understood that photos may be released to the press or online unless otherwise specified. Y N

Field Trip Release: My child may participate in all approved JBdA field trips during the school year. Y N

Name of Child (Please print clearly)

Name of Parent/Guardian (Please print clearly)

Parent/Guardian Signature Date

ACKNOWLEDGEMENT OF RESPONSIBILITIES

Grades will be awarded at the end of each semester. Our program requires that students finish all classes and assignments in order to receive a semester grade. **JBdA will not accept students who do not intend to remain for a minimum of one semester, as consistency and understanding of our unique educational approach cannot be effectively demonstrated in less than one semester.**

Students may NOT withdraw from a class after having been enrolled in a course for two weeks. Withdrawal after will result in a failing grade for the class.

Graduating 8th and 12th grade students will need to complete their coursework ONE week before graduation date. This allows education coordinators to ensure all graduation requirements are met.

Parent/Guardians are fully responsible for replacing any damaged or lost equipment. Grades and official transcripts will be withheld until payment in full or restitution is made.

We agree and plan to supervise our student in adhering to the minimum of four hours of study **per school day**. As the adult supervisor, I will assist in overseeing that the daily online requirements are met.

JBdA ONLINE ATTENDANCE POLICY

JBdA expects that both students AND parents/guardians take their responsibility for ensuring the students attends the school every day. JBdA recognizes that students may not evenly distribute their work assignments during the school week. Students enrolled with JBdA must engage in an educational activity/coursework as required by the school every day school is in session in accordance with the school calendar. If the student misses logging into class and completing three assignments for any consecutive three (3) days, he/she will be considered truant and will receive a letter and a phone call from the Education Coordinator (EC). If another three (3) days are missed the student will be considered as not wanting to, or unable to, meet program requirements and will receive another letter and a phone call to come in for a meeting with the Director. If the student misses a total of nine (9) days during any one semester, he/she will be deemed truant and the following will occur: **The student will be automatically withdrawn.**

JBdA ONLINE PERFORMANCE GUIDELINES

Please *initial* to indicate your understanding:

- _____ 1. I will return the laptop and all school related materials undamaged and in good working order. If a student does not return their assigned laptop to JBdA undamaged and in good working order, there will be a charge for the repair or replacement of the equipment.
- _____ 2. I must complete a minimum of 20% of my coursework every 20 days (progress reports will sent to parents).
- _____ 3. I will receive a grade for each course that is 100% complete and courses may be completed early.
- _____ 4. I am expected to work online or on independent projects daily.
- _____ 5. I will earn 220 credits, **with a grade of C or better** in order to graduate.
- _____ 6. I agree to take the California State mandated tests, CAASP, and Physical Fitness at a designated test site and date.
- _____ 7. I will notify my EC and the school office of any address changes or if I choose to enroll in another school.
- _____ 8. I understand that computer problems or lack of internet access is not considered an excused absence. My back up plan for internet access is: _____

My signature below indicates that I intend to fully participate in these Agreements and Responsibilities and that I understand and accept the responsibilities in relation to this document.

Parent/Guardian Signature

Date:

PLEASE PRINT

Student Signature

Date:

INDEPENDENT STUDY MASTER AGREEMENT

Student	Contract Term: ANNUAL
Date of Birth	Academic Year: 2016-2017
Address:	Current Grade Level:

Objectives: The student will complete the courses listed below:

COURSE TITLE	CAREER READINESS/PEAK/EMBARK	COURSE VALUE

Method of study: Specific methods of study will be designated on the student assignment and work record and are incorporated herein. Examples of methods of study for the student will include: independent reading, problem solving, study projects, drill & practice, experiential learning, computerized curriculum, web/internet research, cultural literacy field trips, library research, Leadership Program: horse wisdom classes and service learning projects.

Method of Evaluation: Academic evaluations will be designated on the Assignment and Work Record. Other acceptable methods of evaluation include, but are not limited to: teacher made tests, student conferences, Progress/Report Cards, Chapter/Unit Tests, work samples, observations, State Standards Testing, quizzes, presentations, finals, and attendance.

All courses are Common Core Standards incorporated. High school college prep curriculum is “a-g” approved. The high school program is WASC accredited for entry in colleges and universities.

*I understand that an **exit interview** is required when the student withdraws.*

Signatures & Dates: I have read and understand the terms of this agreement, and agree to all provisions set forth.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student’s EC Signature: _____ Date: _____

Other Signature: _____ Date: _____

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Other Signature: _____

Date: _____

Other Signature: _____

Date: _____

CUMULATIVE RECORDS/SPECIAL EDUATION RECORDS/TRANSCRIPT REQUEST

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
- Health Records
- CAHSEE Status
- CSIS Student Number

Student Name: _____

Student Date of Birth: _____

Grade: _____

Parent/Guardian Signature: _____

Name of Last School Attended:
Address of Last School Attended:
City, State Zip:
Dates Attended:

Receiving Registrar: Please complete the following:

In response to education records, sign and date and return either by email or by mail.

____ We do not have the records you have requested in our files

____ We have not been able to locate the requested files but our records indicate this student did receive special education services.

____ After reviewing our records, it is determined that the above named student has not received special education services nor has been identified as being eligible for special education services.

Please select the appropriate area(s):

____ Expulsion Dates: from _____ to _____

____ Expulsion Pending

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

____ I.E.P/504

____ Student is/has been recently suspended

For questions please contact Susan Graf, Registrar, at 760-759-1200.

Information can be confidentially emailed to grafSusan@jbda.com

PLEASE FORWARD THE STUDENT CUMULATIVE RECORDS TO:

Juan Bautista de Anza Charter School
C/O REGISTRAR

JUAN BAUTISTA de ANZA CHARTER SCHOOL REGISTRATION 2016-2017

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850 Main Street
Suite 204
Ramona, CA 92065