



RIDGECREST CHARTER SCHOOL
325 S. Downs, Ridgecrest, California 93555
(760) 375-1010 Fax (760) 375-7766

NEW STUDENT REGISTRATION INSTRUCTIONS AND REQUIRED DOCUMENTATION

1. Parent/Guardian must complete the entire registration packet. Please make sure all information provided is: accurate and all areas have been completed and all spaces requiring signatures are signed.
2. Parent/Guardian must provide the following items with the completed packet:
 - Test scores and report cards for transfer students
 - A copy of students IEP and psychological report if applicable
 - A copy of the students 504 Plan if applicable
 - A copy of the most recent custody order, if applicable
 - Signed Parent Compact
3. All Prospective Kindergarten Registrants **MUST** also provide the following before students may attend classes:
 - Up to Date Immunization Record
 - Birth Verification (Birth Certificate, hospital certificate, immunization docs)
 - Health Exam for school entry

No student will begin classes until this packet has been completed.

No student will begin class until the Parent Compact is completed and on file at the school.

Please contact the Record Clerk, Gayle Pietrangelo, with any questions or concerns:
(760) 375-1010 ext: 222



RIDGECREST CHARTER SCHOOL
325 S. Downs, Ridgecrest, California 93555
(760) 375-1010 Fax (760) 375-7766

Letter of Enrollment

Today's Date: _____

It is my desire to enroll my child(ren) at Ridgecrest Charter School for the 2010-11 school year.

Please list the child(ren's) name(s) and grades for the 2010-11 school year.

Name of Child	Date of Birth	Grade

Signed: _____ Date: _____

Parent Name(s) _____

Address: _____

RIDGECREST CHARTER SCHOOL STUDENT REGISTRATION

GRADE

Student Last Name:

▶ Has your student ever attended Ridgecrest Charter School? Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal LAST Name	Legal FIRST Name	Legal MIDDLE Name	Other Legal Name (if applicable)
-----------------	------------------	-------------------	----------------------------------

<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:		
	Month	Day	Year

Parent/Guardian First Name	Last Name	Home Phone	Work Phone
		()	()

Parent/Guardian First Name	Last Name	Home Phone	Work Phone
		()	()

Mailing Address	Apt#	City	State	Zip
-----------------	------	------	-------	-----

Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
----------------------------------------------------------	-------	------	-------	-----

(P.O Box or house # & street name)

First Name:

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.

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native(100)
<small>(Persons having origins in any of the original people of North, Central or South America)</small>
<input type="checkbox"/> Chinese (201)
<input type="checkbox"/> Japanese (202)
<input type="checkbox"/> Korean (203)
<input type="checkbox"/> Vietnamese (204)
<input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Laotian (206)
<input type="checkbox"/> Cambodian (207)
<input type="checkbox"/> Hmong (208)
<input type="checkbox"/> Other Asian (299)
<input type="checkbox"/> Hawaiian (301)
<input type="checkbox"/> Guamanian (302)
<input type="checkbox"/> Samoan (303) | <input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- Graduate Degree or Higher (10)
- College Graduate (11)
- Some College or Associate’s Degree (12)
- High School Graduate (13)
- Not a High School Graduate (14)

Date first attended school in the U.S.

Month	Day	Year
-------	-----	------

Date first attended school in California

Month	Day	Year
-------	-----	------

Permanent ID:

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

In which language do you wish to receive written communications from the school? English Spanish

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

Parent/Guardianship Information (with whom the student lives) – check all that apply

- Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____
- Is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone # (____)** _____
2. Mother Step Mother/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone # (____)** _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ **Phone #:** (____) _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? Yes No

Has your child been suspended? Yes No Has your child ever been expelled? Yes No

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

Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504

Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development

Help to Improve Attendance/ Behavior Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Legal Documents Flagged _____	Proof of Immunization: Type: _____ Verified by: _____	Cumulative record _____	Enroll Date: _____	Assigned Grade:	Permanent ID:	<input type="checkbox"/> RC
------------------------------------------------------	----------------------------------	-------------------------------------------------------------	----------------------------	-----------------------	--------------------	---------------	-----------------------------



RIDGECREST CHARTER SCHOOL
325 S. Downs, Ridgecrest, California 93555
(760) 375-1010 Fax (760) 375-7766

Special Education Verification Form

Student Name: _____

Date of Birth: _____

Grade: _____

Student was enrolled in a special education program and has an Individualized Education Plan (IEP). Yes No

Student has a 504 Accommodation Plan. Yes No

Parent or guardian provided a current copy of IEP and/or 504 Accommodation Plan.
Yes No

Previous School of Attendance

School: _____

Address: _____

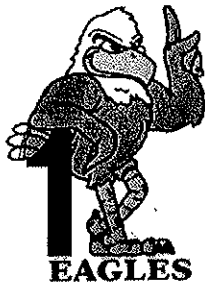
Telephone: _____

Parent Signature: _____

Date: _____

For office use only

Date of Request: _____ School Personnel: _____



RIDGECREST CHARTER SCHOOL

325 South Downs Street
Ridgecrest, California 93555
(760) 375-1010 Fax (760) 375-7766

CONSENT FOR RELEASE OF INFORMATION

CONCERNING; _____ BIRTHDATE: _____
Student Name

I, the undersigned hereby consent to, request, and authorize

Last School Attended Phone

ADDRESS

City State Zip Fax

To release any and all academic, special education, disciplinary, medical and or psychological information regarding the above named student to Ridgecrest Charter School for inclusion in their records which are to be used for offering services to the above stated student. A photo copy of this is valid as the original.

RETURN TO THE ATTENTION OF: Ridgecrest Charter School
325 S Downs St
Ridgecrest, Ca. 93555
Attention: Gayle Pietrangelo

SIGNATURE OF PARENT OR GUARDIAN: _____

RELATIONSHIP TO THE ABOVE NAMED STUDENT: _____

DATE: _____



RIDGECREST CHARTER SCHOOL
325 S. Downs, Ridgecrest, California 93555
(760) 375-1010 Fax (760) 375-7766

The purpose of this compact is to strengthen the bonds between the Ridgecrest Charter School staff (teachers and administration), its students, and parents or guardians. This compact clarifies the expectations, roles, and obligations of all parties. This compact will be signed by all students (with age-appropriate simplification). Signing of this compact is required for admission to and continued enrollment at the school.

Administration and Teachers:

1. Acknowledge the right of parents to participate in all decisions affecting their children. We agree to:
 - a. provide periodic reports on student progress;
 - b. consult with parents concerning any marked changes in student performance or behavior;
 - c. respond promptly to parent phone calls and requests for conference.

2. Affirm our obligation to provide a quality educational opportunity for each child. We agree to:
 - a. consider and respond to individual needs of children and their families;
 - b. provide a strong curriculum, preparing children for the future;
 - c. provide competent personnel who demonstrate a caring attitude toward children;
 - d. maintain a safe and secure school facility and an atmosphere conducive to quality education.

3. Welcome parents as full partners in the educational process. We agree to:
 - a. encourage parent visitation and participation in school activities;
 - b. provide numerous and varied opportunities for parents to fulfill their volunteer and educational obligations;
 - c. treat each student, parent, and staff member with dignity and respect.

Parents and Guardians:

1. Acknowledge that supervision of a child is the joint responsibility of the school and the parents. I/we agree to:
 - a. supervise and assist in the completion of homework, providing a suitable place and schedule for its completion;
 - b. support my student(s) learning at home by reading to them as appropriate and monitoring their television viewing (both in subject matter and time);
 - c. make sure my student(s) arrive at school each day well-rested and prepared to learn;
 - d. support and reinforce the school's attendance, conduct, discipline, and dress codes;
 - e. treat all school personnel and other parents with respect and dignity;
 - f. make every effort to attend school-sponsored workshops to strengthen my skills as an effective parent.

2. Understand the need for prompt communication with the school. I/we agree to notify the school immediately: Regarding concerns about student performance, instruction, or other issues; regarding matters that may affect the student's behavior at school.

3. Participate in the on-going life of the school community. I/we agree to:
 - a. as possible, attending school events including Back-to-School Night and other programs, parent/teacher conferences, PTO meetings, and school functions;
 - b. participate in and support the school's Parent Association, including fund raising efforts that provide additional educational opportunities;

Students:

1. I recognize that I have the ultimate responsibility for my learning, my behavior, and my development as a citizen of the community. I agree to:
 - a. strive for excellence in my academic work at school and at home;
 - b. complete all work to the best of my ability;
 - c. show respect at all times toward my teacher, school employees, other adults on campus, and fellow students;
 - d. show respect and take care of school property and the property of others, including backpacks and textbooks;
 - e. arrive at school on time and prepared to learn;
 - f. follow the school rules, including the dress code;
 - g. set a model for others to follow as outlined in the conduct code.

Parents and students may withdraw from this compact at any time and arrange for attendance at another school.

Should the parents or student substantially and continually fail to honor these contract conditions, the school reserves the right, as a last resort, to dismiss the student from the school. Prior to dismissal, the following due process steps will be observed:

The student and his/her parents will be notified in writing of the reasons for the recommendation of dismissal. A hearing will be held by the Board of Directors, at which time the school staff, the student, and the parents will have opportunity to present evidence and testimony supporting or opposing the recommendation. The Board of Directors will make a final decision regarding dismissal or a lesser alternative.

Parent Signature (s): _____ Date: _____

Parent Signature (s): _____ Date: _____

Student Signature: _____ Date: _____

Director's Signature: _____ Date: _____