



983 Napa Street, Napa, California 94559

www.mayacamaschartermiddleschool.com e-mail: info@mayacamaschartermiddleschool.com

2023-2024 New Student Registration Form

Student Information

Student's Name:

Legal Last Name

Legal First Name

Middle Name

Student Date of Birth: _____ **Gender:** Female Male Non-Binary Other: _____
Month / Day / Year

Student's Primary Home Address (location where student sleeps each night):

Student lives with: Mother Father Both Parents Legal Guardian Other: _____

Previous School Attended: _____ **Previous School District:** _____

Parent/Guardian Information 1 (Lives with Student and is authorized to pick up student)

Parent/Guardian Name:

Legal Last Name

Legal First Name

Middle Name

Relation: Mother Father Other: _____

Phone Number: _____ **Email:** _____

Parent Communication English Spanish Tagalog Other: _____

Parent/Guardian 1 Highest Education Level

No High School High School Grad Some College College Grad Graduate Degree or Higher Decline to State

Parent/Guardian Information 2

Parent/Guardian Name:

Legal Last Name

Legal First Name

Middle Name

Relation: Mother Father Other: _____

Phone Number: _____ **Email:** _____

Parent Communication English Spanish Tagalog Other: _____

Parent/Guardian 1 Highest Education Level

No High School High School Grad Some College College Grad Graduate Degree or Higher Decline to State

Parent/Guardian 2 Primary Home Address (if different from above):

Additional Student Demographics

Student Ethnicity: Is the student Hispanic/Latino?

Yes, Hispanic or Latino No, not Hispanic or Latino

Student Race (mandatory, may check up to five): Japanese Laotian White Chinese Samoan Black or African American American Indian or Alaska Native Asian Indian Other Asian Vietnamese Other Pacific Islander Guamanian Filipino Tahitian Hmong Korean Cambodian Hawaiian

Student/Family Address Type: Single Family Home (*House, Condo, Apartment, Mobile*) Doubled-Up Hotel/Motel Unsheltered (*Car/Campsite*) Shelter (*Transitional Housing Program*) Other: _____

I have reviewed this document and the information above is true and complete to the best of my knowledge. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Parent/Guardian Signature: _____

Date: _____

Child Query & Health Appraisal

Child Query

Student's Name:

Legal Last Name Legal First Name Middle Name

Student Date of Birth: _____ Gender: Female Male Non-Binary Other: _____
Month / Day / Year

Does your child have an active Individualized Education Program (IEP)? Yes No

**If yes, we will request a copy from you.*

Does your child have a recent evaluation that was completed for possible special education services? Yes No **If yes, we will request a copy from you.*

Does your child have a 504 Plan? Yes No **If yes, we will request a copy from you.*

Does your child receive speech/language services? Yes No **If yes, we will request a copy from you.*

Did your child receive special education services when he/she was enrolled in his/her previous home/private school? Yes No

Are you concerned that your child has a disability that impacts Student academically or impacts the safety of Student while on campus? Yes No

If yes to any of the questions above, please provide additional details:

Do you have any additional concerns you'd like to share? Yes No

If yes, please explain:

Please provide all IEP and 504 documents to the school upon enrollment

Student Health Information

Does the student experience any of the following:

Allergies? Yes No

Asthma? Yes No

Diabetes? Yes No

Seizures? Yes No

Vision Problem? Yes No

Hearing Problem? Yes No

Heart Condition? Yes No

Uses Glasses? Yes No

Breathing Problem? Yes No

Other Physical Limitations? Yes No

If yes to any of the questions above, please provide additional details:

Food Allergies or Dietary Restrictions? If yes, you will be asked to upload a copy into our student information system (SIS) prior to school starting, so please obtain a copy from the student's doctor

List of medications that your child is taking:

Is medication required at school? Yes No

** if yes, please complete a medical authorization form by the physician*

I/We hereby give authorization and consent to the school to obtain emergency medical care including all necessary transportation should there be a medical emergency for this student on school grounds. I/we declare that all the information on this form is true and correct.

Parent/Guardian Signature: _____

Date: _____

Home Language Survey

Student's Name:

_____ *Legal Last Name, Legal First Name, Middle Name*

Student Date of Birth: _____
Month / Day / Year

Directions to Parents and Guardians:

The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. What language/dialect did the student learn when they first began to talk?

2. What language/dialect does the student use most often at home?

3. What language do you use most frequently to speak to your child?

4. What language is spoken most often by the adults at home?

Parent and Student Information

Additional Parent/Guardian & Student Info

Student's Name:

_____ *Legal Last Name, Legal First Name, Middle Name*

Student Date of Birth:

_____ *Month / Day / Year*

Is there a legal custody agreement regarding this student?

Yes No

If YES, what type? Sole Custody Joint Custody Guardian Foster/Group Home

**If yes, please provide Court Orders*

Have you or a member of your family within the past 36 months relocated with the intent to obtain seasonal or temporary employment in agriculture, fishing, and dairy food processing?

Yes, this individual is a migrant worker No, this individual is not a migrant worker

Parent/Guardian In Military | Please indicate if either parent/guardian is a member of the armed forces

Is either parent or guardian on active duty in the military?

Yes No

Is either parent or guardian a traditional member of the Guard or Reserve?

Yes No

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

Yes No

Is the parent/guardian in the Military Service?

Yes No

Student Emergency Contact Information

Please enter the name of the authorized contacts and their relationship to the student. DO NOT enter Parent/Guardians here if you have already entered in the Parent/Guardian section in the New Student Registration Form.

Emergency Contact 1 **required*

Last Name: _____ First Name: _____

Relationship to Student: _____

Phone Number: _____

Authorized to Pick Up Student? Yes No

Emergency Contact 2

Last Name: _____ First Name: _____

Relationship to Student: _____

Phone Number: _____

Authorized to Pick Up Student? Yes No

Emergency Contact 3

Last Name: _____ First Name: _____

Relationship to Student: _____

Phone Number: _____

Authorized to Pick Up Student? Yes No

Emergency Contact 4

Last Name: _____ First Name: _____

Relationship to Student: _____

Phone Number: _____

Authorized to Pick Up Student? Yes No

I have reviewed this document and to the best of my knowledge, the information above is true and complete. The undersigned declares under penalty of perjury that they are the parents of legal guardians of the above-named student and grant the above authorizations.

Parent/Guardian Signature: _____

Date: _____

Housing Questionnaire

Student's Name: _____

Legal Last Name, Legal First Name, Middle Name

Student Date of Birth: _____
Month / Day / Year

2023-24 Grade Level: _____

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school authorizer and site staff.

Presently, are you and/or your family living in any of the following situations? Check all that apply.

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason
- Living in a single-home residence that is permanent
- I am a student under the age of 18 and living apart from parent(s) or guardian

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Print Parent/Guardian Name:	Signature:	Date:
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Phone Number	Street Address	City	State	Zip Code

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in their best interest.
- Receive transportation to and from their school of origin, and the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

Please list all children currently living with you.

Name	Gender	Birthdate	Grade	School

If you have any questions about these rights, please contact the Mayacamas Charter Middle School administration.