

Student Registration Form 2023 - 2024						Form #:
Initial Year Registration in a CA Public School						Tracking #:
First Name:		Middle Name:		Last Name:		Suffix:
Alias First Name:		Alias Middle Name:		Alias Last Name:		Alias Suffix:
Gender:	Gradelevel:	10-digit State ID:		Birthdate:		
Physical Address		Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please describe below)			Proof of residency on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
**Note: If Physical address does not represent Permanent Housing, please briefly describe what type of Temporary Housing the physical address represents:						
Street Address:				City:		State: Zip:
Mailing Address						
Mailing Address:				City:		State: Zip:
Home Phone:		Student Cell Phone:		County of Residence:		School District of Residence:
Student E-mail Address:						

Ethnicity * New federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below:

Is this student Hispanic or Latino?	
<input type="checkbox"/> No, not Hispanic or Latino	<input type="checkbox"/> Yes, Hispanic or Latino

Race * In addition to ethnicity, at least one race must also be selected below:

<input type="checkbox"/> American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Black or African American A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> White A person having origins in any of the original peoples of Europe (including South/Central Americans), the Middle East, or North Africa.
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander

Office Use Only: Pre-Enrollment Information	
Anticipated Start Date:	Program Placement: (General Ed, Special Ed, or Adult Ed)
Primary School Site:	Anticipated Education Program: (Classroom Based, Ind. Study, Modified - IS, ...)

Parent/Guardian Information

Parent/Guardian 1		Parent/Guardian 2	
Name:		Name:	
Relationship to student:		Relationship to student:	
Street Address: <input type="checkbox"/> Same as student		Street Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Mailing Address: <input type="checkbox"/> Same as student		Mailing Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Employer:	Federal Employee?	Employer:	Federal Employee?
Active Duty Military:	Military Branch or Service:	Active Duty Military:	Military Branch or Service:
Employer Address:	Duty Station:	Employer Address:	Duty Station:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	E-mail address:	Work Phone:	E-mail address:
Lives with student?	Send student mailings?	Lives with student?	Send student mailings?
Parent/Guardian 1 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)		Parent/Guardian 2 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)	

Home Language Survey

Which language did your child learn when they first began to talk?	Which language does your child most frequently speak at home?
Which language do you (the parents and guardians) most frequently use when speaking with your child?	Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults)
Is the student fluent in English? Yes No	

APLUS+ Schools Home Survey

Does the student have access to a computer at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the student have access to the Internet from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many times has the student's family moved in the past 12 months?	

Enrollment Enhancements/Modifiers

Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization information is included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate is included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student opted out of completing the FAFSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Release

Permission for the school directory information to be made available to institutions of higher learning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for school directory information to be made available to military recruiters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants the student permission to sign themselves in and out of the school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agree to the "Open Campus" Policy (for High School)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student is allowed to use computers at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student allowed to access the Internet at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to include student information in the School Directory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student in Yearbook ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants permission to use student work produced by this student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants permission to use student audio/video for school purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to use student's name in school publications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for the school to use student pictures, audio, video, and student work on social media	<input type="checkbox"/> Yes <input type="checkbox"/> No

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** _____

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution

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

Parent Signature **X** _____ Date **X** _____

Emergency Card

Currently Assigned Staff:

Student Name:	Gender:	Grade:	Birthdate:	Age:	Student ID#:
Physical Street Address:	City:			State:	Zip:
Mailing Address:	City:			State:	Zip:

Parent/Guardian

Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Person(s) authorized to pickup student from school:	
Custody issue regarding the student:	
Legal restrictions for any parent:	

Emergency Contacts

(Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached)

Contact 1 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:
Contact 2 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:

Other Children in Family

Name	Gender	Year Born	School Currently Attending	over 18	Relationship to student
				<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	

Health Information

Medications taken by student at School or at Home (written authorization from doctor required for medications taken at school):

Other Health Condition:

What action is to be taken if student has a complication due to his/her allergic condition or other health condition (Please be specific):

Known Conditions: (check all that apply)

<input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Seizures <input type="checkbox"/> Other (Please Specify Below)	<input type="checkbox"/> Known hearing problem <input type="checkbox"/> Preferential seating <input type="checkbox"/> Wears hearing aid	<input type="checkbox"/> Glasses to be worn at all times <input type="checkbox"/> Known eye condition/defect in vision <input type="checkbox"/> Wears contact lenses <input type="checkbox"/> Wears glasses
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Insurance

Health Insurance Carrier:	Insurance ID or Policy #:	Hospital Preference
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Physician

Name of Physician:	Address:	Phone:
Vision (list Dr):		
Hearing (list Dr):		

Parent Signature

In case of accident or other 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 circumstances, I further authorize the physician named above 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.

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

The undersigned hereby agree to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by the undersigned in writing:

Signature of Parent or Guardian: _____ Date: _____

Household Data Collection - Plumas Charter School - 2023 - 2024

Last Name:		First Name:	Birthdate:
School: Plumas Charter School		Grade:	Classroom: School Code: 3230083

1. Check the total number of adults and children living in your household:
1 2 3 4 5 6 7 8 9 10 Other:

2. Total Annual Household Income: \$

Home Phone Number:	Cell Phone Number:	E-mail Address:
<p>I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.</p> <p>X _____ Parent Signature</p>		<p>X _____ Date</p>
<p><i>The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.</i></p>		



Plumas Charter School

2023 - 2024 Calendar - *Approved 01.23.23*

	M	T	W	T	F	
Staff Building Week	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	Staff Collaboration-Whole School
Month 1 <i>19 Instructional Days</i> AUGUST/SEPTEMBER	28 4 11 18	29 5 12 19	30 6 13 20	31 7 14 21	1 8 15 22	8/28 School Begins 9/4 LABOR DAY
Month 2 <i>20 Instructional Days</i> SEPTEMBER/OCTOBER	25 2 9 16	26 3 10 17	27 4 11 18	28 5 12 19	29 6 13 20	
Month 3 <i>19 Instructional Days</i> OCTOBER/NOVEMBER	23 30 6 13	24 31 7 14	25 1 8 15	26 2 9 16	27 3 10 17	11/10 VETERANS DAY OBSERVED
Month 4 <i>17 Instructional Days</i> NOVEMBER/DECEMBER	20 27 4 11	21 28 5 12	22 29 6 13	23 30 7 14	24 1 8 15	11/20-11/21 Independent Study 11/21 Staff Collaboration 11/22-24 THANKSGIVING BREAK
Month 5 <i>13 Instructional Days</i> DECEMBER/JANUARY	18 25 1 8 15	19 26 2 9 16	20 27 3 10 17	21 28 4 11 18	22 29 5 12 19	12/21 Independent Study-Staff Collaboration 12/22 - 01/05 WINTER BREAK 1/15 MARTIN LUTHER KING DAY 1/19 Last day of the semester
Month 6 <i>19 Instructional Days</i> JANUARY/FEBRUARY	22 29 5 12	23 30 6 13	24 31 7 14	25 1 8 15	26 2 9 16	2/16 LINCOLN'S BIRTHDAY OBSERVED
Month 7 <i>19 Instructional Days</i> FEBRUARY/MARCH	19 26 4 11	20 27 5 12	21 28 6 13	22 29 7 14	23 1 8 15	2/19 PRESIDENT'S DAY
Month 8 <i>15 Instructional Days</i> MARCH/APRIL	18 25 1 8	19 26 2 9	20 27 3 10	21 28 4 11	22 29 5 12	4/1 - 4/5 SPRING BREAK
Month 9 <i>20 Instructional Days</i> APRIL/MAY	15 22 29 6	16 23 30 7	17 24 1 8	18 25 2 9	19 26 3 10	
Month 10 <i>19 Instructional Days</i> MAY/JUNE	13 20 27 3	14 21 28 4	15 22 29 5	16 23 30 6	17 24 31 7	5/27 MEMORIAL DAY 6/7 LAST DAY OF SCHOOL
Staff Building Week	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	Staff Collaboration-Whole School

1st Semester	88
2nd Semester	92
TOTAL DAYS	180

#	Legal Holiday
#	Local Holiday/School Break - All centers closed
#	Independent Study - no onsite classes