

Fall 2010-2011 Enrollment Information

The Fall Semester begins September 7, 2010

Please submit your application with all the documents listed below. We cannot start the enrollment process until all documents are received.

1) Gather the following required paperwork and submit copies with your application:

- High School Students—submit transcript (all completed high school work)
- Middle School Students—submit most recent report card
- Immunization record
- Legal proof of student's age (e.g. birth certificate, baptismal certificate, passport, or immigration certificate.)

If none of these documents are obtainable, the parent may complete the Affidavit of Birth Date.

- A proof of residency (cable, electric, gas bill)

We will accept a proof of residency in a second party name only if accompanied by a signed statement from the second party stating you reside at their address.

2) If you have a current IEP, please submit a copy of your latest IEP with your application packet. You may request a copy of the IEP from your school district's Special Education office.

Note to Adult Students age 18-19: Admission to Visions In Education will be reviewed on a case-by-case basis. Students over the age of 19 are not eligible to enroll in Charter Schools.

Submit your complete application packet to:

Visions In Education, Admissions Office
4800 Manzanita Avenue
Carmichael, CA 95608

Fax: 916-971-5590

Or call Visions' Admissions Office for scanning and e-mailing information.

Admissions Phone Number: 916-971-7037

Stay enrolled in your current school. **DO NOT WITHDRAW** your student!
Upon receipt of your application packet, a Visions staff member will contact you. All students in grades 2-12 will take a reading test during their enrollment orientation.



Visions In Education Charter School

Student Application 2010-2011

Please note: This information is considered confidential

Student# _____

CT: _____

CT: Request _____

Parent or legal guardian must complete this form . Visions In Education Charter School is a voluntary option for all students.

Choose one: New Student _____ Returning Student (Break in Enrollment at VIE) _____

Choose one: Home School Academy _____ 9-12 Independent Study Academy _____ 9th Grade Online Pilot Program _____

STUDENT INFORMATION ~ Please print legibly

Legal Last:		First:		Middle:		Sur/Suffix:	
Street:			Apt:	City:		State:	Zip:
Age:	Gender:		Grade:		Other Names Used:		
Date of Birth:		Birth City:		Birth State:		Student Cell # ()	
Birth Country:		Date Entered U.S.:		Student E-mail:			
Has the student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No School District/School _____ Date: _____							
Has the student been recommended for expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student ever been in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is your student currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No Probation Officer's name and phone number: _____							
Has the student ever received special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when was last date of services?: _____							
If yes, what type of services: <input type="checkbox"/> SDC <input type="checkbox"/> RSP <input type="checkbox"/> DIS <input type="checkbox"/> Speech <input type="checkbox"/> Don't know							
Does your student have a Section 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Ethnicity Information:

Is the student Hispanic or Latino? (*select only one*) No, not Hispanic or Latino Yes, Hispanic or Latino

****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 lines to indicate what you consider your race to be.*

American Indian/Alaskan Native Black or African American Asian Indian Cambodian Chinese Filipino Guamanian
 Hawaiian Hmong Japanese Korean Laotian Other Asian Other Pacific Islander Samoan Tahitian
 Vietnamese White

Prior schools – please list current/last school attended first.

School:	School District of residence:	Dates attended
School:	School District of residence:	Dates attended

HEAD OF HOUSEHOLD INFORMATION ~ Do not use a P.O. Box Address ~ Please print legibly

Last:		First:		Middle:		Sur/Suffix:	
Street:			Apt:	City:		State:	Zip:
Relationship to student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (please specify) _____							
Home phone: ()			Gender:		Primary language spoken in the home:		
Cell: ()			Marital Status:		Secondary language spoken in the home:		
Work: ()			E-mail address:				
Message: ()							

SECONDARY HEAD OF HOUSEHOLD INFORMATION ~ Please print legibly

Last:		First:		Middle:		Sur/Suffix:	
Street:			Apt:	City:		State:	Zip:
Relationship to student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (please specify) _____							
Home phone: ()			Gender:		Primary language spoken in the home:		
Cell: ()			Marital Status:		Secondary language spoken in the home:		
Work: ()			E-mail address:				
Message: ()							

MAILING ADDRESS IF DIFFERENT THAN ABOVE ~ Please print legibly

Street:			Apt:	City:		State:	Zip:
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Additional Contact Person: _____

Relationship to student: _____ Phone: () _____

Other school-age children in the household enrolled in or applying to Visions In Education ~ Please print legibly

Name:	CT:	Name:	CT:
Name:	CT:	Name:	CT:

Signature of parent/guardian: _____ Date _____

Signature of student: _____ Date _____

****Applications received without the required documentation will not be processed until all items have been received. In addition, all portions of the application must be completed in order to be processed. The submission of this application does not constitute enrollment.**



CT: _____
 Student # _____

Visions In Education / Student Emergency Card

Student's Legal Last Name _____ Legal First Name _____ Nickname _____ Student Birth Date _____

Street Address _____ City _____ Zip _____ Home Phone _____

Gender M/F _____ Teacher _____ Grade _____

Check here *if you do not give permission* for your child's photograph to be used in any school or district promotional publications or websites.

Student Resides With:

- Mother and Father Mother Father Joint Physical Custody Other _____
 Court Order prohibits the release of the child to _____ (copy must be on file at school)

Primary Parent/Guardian's Information: Check here if same address as child

Last Name _____ First Name _____ Place of Employment _____ Daytime Phone _____

Home Phone _____ Cell Phone _____ E-mail Address _____

Home Address (if different than the child's address listed above) _____ City _____ State _____ Zip _____

Secondary Parent/Guardian's Information: Check here if same address as child

Last Name _____ First Name _____ Place of Employment _____ Daytime Phone _____

Home Phone _____ Cell Phone _____ E-mail Address _____

Street Address (if different than the child's address listed above) _____ City _____ State _____ Zip _____

If the parent or guardian listed above cannot be reached, whom do we notify in case of emergency? Please list two alternatives:

- | | | | | |
|----|------|---------|-------|--------------|
| 1. | Name | Address | Phone | Relationship |
| 2. | Name | Address | Phone | Relationship |

In the event of an emergency, please provide the following information:

Medical Coverage by: _____ ID# _____

Physician's Name: _____ Phone: _____ Hospital Preference: _____

Health Information:

Medical Alerts: _____

Conditions and/or medicines of which we should be aware: _____

In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

It is understood that the instructions given on this card will remain in force until revoked. Please keep this information current, and call the school immediately to report any changes.

Parent / Guardian Signature: _____ Date: _____

Supplemental Student Home Survey – 2010-2011

Student Legal Last Name (as found on the birth certificate) _____ Student First Name _____ Student ID # _____

Date of Birth _____ City of Birth _____ State _____ Country _____

Education level of student's most educated parent/guardian: (Check one)	
<input type="checkbox"/> Not a High School Graduate	<input type="checkbox"/> Some College (Includes AA degree)
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> College Graduate
<input type="checkbox"/> Graduate School/Post Graduate Training	

Technology Survey

Do you have a computer?
 Yes No

Do you have Internet Access?
 None Dial-up
 High speed

Ethnicity Information:

Is this student Hispanic or Latino? (select only one) No, not Hispanic or Latino Yes, Hispanic or Latino

***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 lines to indicate what you consider your race to be.

What is the race of this student?

American Indian or Alaskan Native Black or African American Asian Indian Cambodian Chinese Filipino
 Guamanian Hawaiian Hmong Japanese Korean Laotian Other Asian Other Pacific Islander Samoan
 Tahitian Vietnamese White

Estimate Annual Household Income

*This data will be used to ensure we have the resources available to best serve your students. It is strictly for informational purposes only. All information is confidential and will not be shared with any specific person or agency

- Step 1:** Find the number of persons in your household and circle the number.
Step 2: Circle the income range to the right of your family size that includes your annual household income.*

5	0-24,800	24,801-32,240	32,241-45,880	45,881 or Above
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Sample

Family Size	Income			
1	0 – 10,830	10,831 – 14,079	14,080 – 20,036	20,037 or Above
2	0 – 14,570	14,571 – 18,941	19,842 – 26,955	26,956 or Above
3	0 – 18,310	18,311 – 23,803	23,804 – 33,874	33,875 or Above
4	0 – 22,050	22,051 – 28,665	28,666 – 40,793	40,794 or Above
5	0 – 25,790	25,791 – 33,527	33,528 – 47,712	47,713 or Above
6	0 – 29,530	29,531 – 38,389	38,390 – 54,631	54,632 or Above
7	0 – 33,270	33,271 – 43,251	43,252 – 61,550	61,551 or Above
8	0 – 37,010	37,011 – 48,113	48,114 – 68,469	68,470 or Above
9	0 – 40,750	40,751 – 52,975	52,976 – 75,388	75,389 or Above
10	0 – 44,490	44,491 – 57,837	57,838 – 82,307	82,308 or Above
11	0 – 48,230	48,231 – 62,699	62,700 – 89,226	89,227 or Above
12	0 – 51,970	51,971 – 67,561	67,562 – 96,145	96,146 or Above

*Annual household income: List 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.

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