

NEW DAY ACADEMY
2010-2011 Student Enrollment Application

First Name:		Middle Name:		Last Name:		Suffix:	
Other/aka First Name:		Middle Name:		Last Name:		Suffix:	
Gender:	Incoming Grade:	Birth Date:	Birth City:	Birth State:	Birth County:		
PHYSICAL ADDRESS							
Street Address:			City:	State:	Zip Code:		
MAILING ADDRESS							
Street Address:			City:	State:	Zip Code:		
<input type="checkbox"/> Check here if foreign student temporarily schooling n the U.S. <input type="checkbox"/> Check here if student was born outside the U.S. but granted U.S. citizenship at birth.							
Home Phone:		Cell Phone:		County of Residence:		School District of Residence:	
Student Email Address:							
PREVIOUS SCHOOL & ENROLLMENT DETAILS							
Name of Previous School:							
Address of Previous School:							
Previous School Type (Please select one)							
<input type="checkbox"/> Public school in the same district <input type="checkbox"/> Public school in a different district same state <input type="checkbox"/> Public school in a different state <input type="checkbox"/> Private, non-religiously-affiliated school in the same district <input type="checkbox"/> Private, non-religiously-affiliated school in a different district same state <input type="checkbox"/> Private, non-religiously-affiliated school in a different state <input type="checkbox"/> Private, religiously-affiliated school in the same district <input type="checkbox"/> Private, religiously-affiliated school in a different district same state <input type="checkbox"/> Private, religiously-affiliated school in a different state <input type="checkbox"/> School outside of the country <input type="checkbox"/> Institution (example: correctional facility) <input type="checkbox"/> Charter School <input type="checkbox"/> Home schooling <input type="checkbox"/> Matriculated from another school, i.e., successfully completed the highest grade level offered by the previous school <input type="checkbox"/> Original Entry into US school (enrolling in school for first time ever, i.e., no previous school) <input type="checkbox"/> Original Entry into US school from a foreign county w/no schooling interruption <input type="checkbox"/> Original Entry into US school from a foreign country w/schooling interruption							
Date first enrolled in the U.S.:				Date first enrolled in this State:			
Date first enrolled in this District:				Date first enrolled in this School:			
Grade first enrolled in this District:				Grade first enrolled in this School:			
Home Language Survey							
Which language did your child first learn to speak? _____							
Which language does your child most frequently read/speak at home? _____							
Which language do the parents/guardians most frequently speak to the students? _____							
Which language is most often spoken by the adults in the home? _____							
Is your child fluent in English? Yes No							
OFFICE ONLY: Pre-Enrollment Information							
Program Placement-Circle one:		Anticipated Start Date:		Anticipated Ed Program:			
<input type="radio"/> General Ed <input type="radio"/> Special Ed							

FAMILY INFORMATION

Male Parent/Guardian			Female Parent/Guardian		
Name:			Name:		
First	Middle	Last	First	Middle	Last
Relationship to Student:			Relationship to Student:		
Street Address:			Street Address:		
City:			City:		
State:		Zip:	State:		Zip:
Mailing Address:			Mailing Address:		
City:			City:		
State:		Zip:	State:		Zip:
Employer:			Employer:		
Home Phone:			Home Phone:		
Work Phone:			Work Phone:		
Cell Phone:			Cell Phone:		
Email Address:			Email Address:		
Live with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No			Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Send Student Mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No			Send Student Mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Father/Stepfather/Male Guardian Highest Level of Education (Check appropriate answer) <input type="checkbox"/> Graduate Degree-Holds MA,MS,PhD,or EdD (10) <input type="checkbox"/> First-Professional Degree-Holds DC, DD, DDS, JD, MD, or Ordination (10) <input type="checkbox"/> College Graduate-Hold 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"/> Vocational Certificate (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			Mother/Stepmother/Female Guardian Highest Level of Education (Check appropriate answer) <input type="checkbox"/> Graduate Degree-Holds MA,MS,PhD,or EdD (10) <input type="checkbox"/> First-Professional Degree-Holds DC, DD, DDS, JD, MD, or Ordination (10) <input type="checkbox"/> College Graduate-Hold 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"/> Vocational Certificate (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		
Ethnicity *New federal race and ethnicity data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from one of the two choices below.					
Is this Student Hispanic or Latino? <input type="checkbox"/> No , not Hispanic or Latino <input type="checkbox"/> Yes , Hispanic or Latino					
Race *No Matter what ethnicity is selected above, at least one race must also be selected below.					
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Cherokee <input type="checkbox"/> Navajo <input type="checkbox"/> Chippewa <input type="checkbox"/> Pueblo <input type="checkbox"/> Choctaw <input type="checkbox"/> Sioux		<input type="checkbox"/> Black or African American A person having origins in any of the black racial groups of Africa		<input type="checkbox"/> White <input type="checkbox"/> Decline to State Supported by CA only, not Federal guideline.	
<input type="checkbox"/> Asian A person having origins in any of the Original peoples of the Far East, South East Asia, of the Indian subcontinent Including: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Argentinean <input type="checkbox"/> Cuban <input type="checkbox"/> Columbian <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican American <input type="checkbox"/> Nicaraguan <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Salvadoran <input type="checkbox"/> Spaniard		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Pacific Islands	

Free/Reduced Lunch Schedule Please select the household size and the income level from the same line					
Federal poverty Guidelines		Reduced Meals		Free Meals	
Household Size	Annual	Annual	Monthly	Annual	Monthly
1	10,830	20,036	1,670	14,079	1,174
2	14,570	26,955	2,247	18,941	1,579
3	18,310	33,874	2,823	23,803	1,984
4	22,050	40,793	3,400	28,665	2,389
5	25,790	47,712	3,976	33,527	2,794
6	29,530	54,631	4,553	38,389	3,200
7	33,270	61,550	5,130	43,251	3,605
8	37,010	68,469	5,706	48,113	4,010
For each add'l Family member Add	3,740	6,919	577	4,862	406

Is student eligible for free or reduced lunch? If yes at what level? (This is for state reporting only, thank you for participating)
 ___ Yes ___ No ___ Federal Poverty Level ___ Free ___ Reduced ___ Eligible but choosing Non-Participation

Is the parent/guardian employed in agriculture or fishing activities on a seasonal or other temporary Basis? ___ Yes ___ No

Immunization information is included with this enrollment information? ___ Yes ___ No

Birth Certificate is included with this enrollment information? ___ Yes ___ No

Parent/Guardian Release Survey

Student is allowed to use computers at school Yes ___ No ___	Student allowed to access the internet at school Yes ___ No ___
Parent/Guardian grants permission to use student work produced by the student for school purposes Yes ___ No ___	Parent/Guardian grants permission to use pictures of this student for school purposes Yes ___ No ___

***Federal Law requires school to release student information to the military unless parents notify the school that such information is not to be release (EC 49061-49076) Do you want information released on your student.** ___ Yes ___ No

Number of times moved in the past year? ___ Computer at home? ___ Internet access at home? ___

Special Education

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 _____

If Yes: Sign here and provide a copy of the IEP, including an exit IEP.
I understand I must submit all Special Education documentation, and/or 504 Plan with my child's Enrollment paperwork, and that without it my child com not be enrolled with this Charter School. I certify that all statements are true and correct to the best of my knowledge.

Parent/Guardian X _____ Date X _____

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

Parent/Guardian Signature _____ Date _____

NEW DAY ACADEMY Emergency Form

Students Last Name:	Students First Name:	Grade:	Age:		
Mailing Address:		City:	Zip:		
Physical Address:		City:	Zip:		
Person(s) authorized to pick up student from School: <input type="checkbox"/> Mother <input type="checkbox"/> Father Other: _____					
Is there a custody issue regarding this student? <input type="checkbox"/> Yes <input type="checkbox"/> No Legal Restrictions for any parent are: Court Order on file at school: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Proof of Custodial Agreement is required for enrollment.</i>					
Fathers Name:		Mothers Name:			
Home Phone:		Home Phone:			
Cell Phone:		Cell Phone:			
Work Phone:		Work Phone:			
Email:		Email:			
Please list two neighbors/friends or nearby relatives who will assume temporary care of your child if You cannot be reached: Name: _____ Relationship _____ Phone: _____ Name: _____ Relationship _____ Phone: _____					
Other Children in the Family					
Name	Sex M/F	Year Born	School Currently Attending	Over 18 Y/N	Relationship to Student
Known vision problems: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: _____ Known hearing Problems: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: _____ Known health or allergy Problems: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: _____ What action should be taken in case of a complication due to allergic condition or health condition: _____					

In case of 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 circumstance, I further authorize the physician named below 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.

Name of Physician: _____	Address: _____
Physician Phone: _____	
Insurance ID or Policy #: _____	Health Insurance Carrier: _____
Hospital Preference: _____	
Parent/Guardian Signature: _____	Date: _____

AUTHORIZATION FOR RELEASE OF RECORDS

NEW DAY ACADEMY
PO Box 1536
Alturas, CA 96101
Phone: 1-530-233-3861
Fax to: 1-530-233-3864

Cumulative Record-Transcripts-Special Education Records

In accordance with the Family Education Right and Privacy Act of 1974 and California State Law, please release to the school named above all records including:

FAX immediately the following checked boxes:

- Transcript
- Immunizations records and Birth Certificate
- Current active IEP

MAIL the following:

- Cumulative records
- Special Education records including: IEP's, ITP's, BIP's, academic assessments, speech and language assessments, psychological evaluations and any additional pertinent information
- Official Transcripts with completed work including grades to date
- Any other educational information

Student Name: _____

Birth Date: _____ **Grade:** _____

Authorized/Parent Signature: _____ **Date:** _____

Name of Last School Attended: _____

Address of Last School: _____

City, State, Zip: _____

Phone/Fax Number of School: _____

Dates Attended: From _____ **To:** _____

No Previous School Attended

Home Schooled

For Comments of Receiving Registrar:

- _____ We do not have the Special Education records that you have requested in our files.
- _____ This student did receive Special Education service, but we can not locate the requested files
- _____ This student did not receive Special Education service nor has he/she been identified as being eligible for Special Education.
- _____ We do not have the Cumulative files that you are requesting. You might want to check with the following school. _____

**NEW DAY ACADEMY
Prospective Questionnaire**

1. What are your long-range educational goals for your child?

2. How do you think a personalized learning/independent study education program will help your child achieve those goals?

3. Why do you feel this personalized learning/independent study education program will be different from or superior to your child's current education program?

4. Why do you believe your child can be successful without daily support of classroom instruction as in a regular school setting?

5. How much time do you plan to allocate for direct teaching and monitoring of your child's progress each week? Hours per day: _____ Days per week: _____

6. Describe a typical school day schedule for your child in a personalized learning/independent study educational program.

7. Describe the Space(s) and resources in your home which will be used for your child's learning activities. How can this enhance learning for your child?

8. What are your child's academic strengths and interests include:

9. Your child needs help academically with/in the follow skills/subjects:
__Reading __Writing __Spelling __Math __Science __History/Social
Studies

10. What provision has your family made for your child to socialize with peers if
he/she is enrolled in a personalized learning/independent study education
program?

New Day Academy, through using a different education model from conventional schools, has positive expectations for student performance and progress. In partnership with parents, New Day Academy is accountable to the state of California for student academic growth. Continuing enrollment will require the following:

1. Satisfactory completion of assigned work.
2. Meeting with instructor(s) on the dates at the times mutually set.

If your child is enrolled in New Day Academy, you understand that you are assuming a vital role in his/her education. The daily attention and commitment necessary to provide successful academic progress for your child will be a primary family focus. You commit yourself to:

1. Work cooperatively with New Day Academy staff
2. Set and keep regular meetings with New Day Academy teachers.
3. Communicate needs, concerns and/or suggestions quickly and positively
4. Instruct and monitor your child's work, making sure all assigned activities are completed on schedule and are satisfactory in quality
5. Care for all materials/resources provided by New Day Academy and return all non-consumable items at the end of the school year.

Parent/Legal Guardian

Signature: _____ **Date:** _____

Parent/Legal Guardian

Signature: _____ **Date:** _____