



Bayshore Preparatory Charter School

1175 Linda Vista Drive
San Marcos CA 92078
phone (760)471-0847
fax (760)736-0275

Student Registration Form 2014-2015

| | | | | | | | | |
|--|--------|---------------------|--|--|-------------|-------------------------------|----------------|----------------|
| First Name: | | Middle Name: | | Last Name: | | Suffix: | Date Received: | |
| Alias First Name: | | Alias Middle Name: | | Alias Last Name: | | Alias Suffix: | | |
| Gender: | Grade: | State ID#: | | Birthdate: | Birth City: | | Birth State: | Birth Country: |
| Physical Address: Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, please describe on page 3) | | | | Proof of residency on file? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 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 Email address: | | | | | | | | |
| <input type="checkbox"/> Check here if student was born outside the U.S. but granted U.S. citizenship at time of birth | | | | | | | | |
| <input type="checkbox"/> Check here if foreign student temporarily schooling in the U.S. | | | | | | | | |
| <input type="checkbox"/> Check here if student is foreign-born and has been enrolled less than 3 cumulative years in the U.S. | | | | | | | | |

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 a 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), Middle East, or North Africa. |
| <input type="checkbox"/> Middle Eastern | | |
| 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 | Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander | |



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Previous School/Enrollment Details

| | | | |
|--|--|--|---|
| Name of Previous School: | | Address of Previous School: | |
| Previous School Type (please select one): | | | |
| Public School: | | <input type="checkbox"/> Charter School | <input type="checkbox"/> Matriculated from another school/completed highest grade |
| <input type="checkbox"/> In the same district | <input type="checkbox"/> In a different district, same state | <input type="checkbox"/> In a different state | |
| Private, non-religiously-affiliated school: | | | |
| <input type="checkbox"/> In the same district | <input type="checkbox"/> In a different district, same state | <input type="checkbox"/> In a different state | <input type="checkbox"/> Home Schooling Family |
| Private, religiously-affiliated school: | | | |
| <input type="checkbox"/> In the same district | <input type="checkbox"/> In a different district, same state | <input type="checkbox"/> In a different state | |
| Other school: | | | |
| <input type="checkbox"/> Outside of the United States | | <input type="checkbox"/> Institution (example: correctional facility) | |
| Original entry into U.S. School: | | | |
| <input type="checkbox"/> Enrolling in school for first time ever, i.e., no previous school | | <input type="checkbox"/> From a foreign country without schooling interruption | |
| <input type="checkbox"/> From a foreign country with schooling interruption | | | |
| Date first enrolled in the U.S.: | Date first enrolled in this state: | Date first enrolled in district: | Date first enrolled in the school listed above: |
| Grade first enrolled in District.: | Grade first enrolled in school: | School year student entered 9th grade (for HS students): | |

How did you hear about Bayshore?

| | | |
|---|--|--|
| <input type="checkbox"/> Internet search/website | <input type="checkbox"/> Drove by | <input type="checkbox"/> High School counselor |
| <input type="checkbox"/> Facebook/Twitter/Pinterest/Instagram | <input type="checkbox"/> Friend | <input type="checkbox"/> Saw Ad _____ (where?) |
| <input type="checkbox"/> Yelp! | <input type="checkbox"/> Other _____ (explain) | |



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Parent/Guardian Information

| Parent/Guardian 1 | | Parent/Guardian 2 | |
|---|-----------------------------|---|-----------------------------|
| Name: | | Name: | |
| Relationship to student: | | Relationship to student: | |
| Cell Phone: | Email Address: | Cell Phone: | Email Address: |
| 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: | | Employer Address: | |
| Duty Station: | | Duty Station: | |
| Home Phone: | Work Phone: | Home Phone: | Work Phone: |
| 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 <input type="checkbox"/> College Graduate - Holds BA or BS <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university <input type="checkbox"/> High School Graduate - Holds diploma or GED <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Decline to state | | Parent/Guardian 2 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD, or EdD <input type="checkbox"/> College Graduate - Holds BA or BS <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university <input type="checkbox"/> High School Graduate - Holds diploma or GED <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Decline to state | |

Note: If physical address does not represent Permanent Housing, please briefly describe what type of Temporary Housing the physical address represents:

| | |
|---|-------|
| I certify that all statements and information given above are true and correct to the best of my knowledge: | |
| X | X |
| Parent/Guardian: | Date: |



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Home Language Survey

| | |
|--|--|
| What language did the student first learn to speak? | What language does the student most frequently read/speak at home? |
| What language does the parent/guardian most frequently speak to the student? | What language is most often spoken by adults in the home? |
| Is the student fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the student ever been in an English Learner (EL) program? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Enrollment Enhancements/Modifiers

| | | |
|--|------------------------------|-----------------------------|
| Parent/Guardian employed in 1 or more agricultural/fishing activities on a seasonal/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 |

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? (grades 11 & 12) | <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 only)? | <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 is 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 |
| Grants permission to use pictures of the student for school purposes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Grants 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 |



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2014 - 2015 NSLP Worksheet

| | | |
|---------------------|----------------------|--------------------|
| Student First Name: | Student Middle Name: | Student Last Name: |
|---------------------|----------------------|--------------------|

Our school may qualify for various federal and state grants this year. By taking time to fill out this income survey, you can help us provide the additional resources necessary to serve all of our students. It is our goal to provide students with the best opportunity to learn that we can offer, but we need your help. Generally, schools whose families have eligible incomes based on the free and reduced lunch programs may qualify for special grants. Please note that these grants are only based upon the number of students that would qualify for free and reduced lunch programs if such a program was offered, even when school lunch programs are not available. Please review the eligibility requirements; if you would be eligible, please return this questionnaire.

Step 1: Circle Family Size and fill in number below chart

Step 2: Circle the estimated yearly combined income for everyone in the household* (and fill in blank below chart)

| Household Size | Annual Income | Annual Income | Annual Income | Annual Income |
|----------------|-----------------|----------------------|----------------------|---------------|
| 1 | \$0 to \$11,490 | \$11,491 to \$14,937 | \$14,938 to \$21,257 | \$21,258+ |
| 2 | \$0 to \$15,510 | \$15,511 to \$20,163 | \$20,164 to \$28,694 | \$28,695+ |
| 3 | \$0 to \$19,530 | \$19,531 to \$25,389 | \$25,390 to \$36,131 | \$36,132+ |
| 4 | \$0 to \$23,550 | \$23,551 to \$30,615 | \$30,616 to \$43,568 | \$43,569+ |
| 5 | \$0 to \$27,570 | \$27,571 to \$35,841 | \$35,842 to \$51,005 | \$51,006+ |
| 6 | \$0 to \$31,590 | \$31,591 to \$41,067 | \$41,068 to \$58,442 | \$58,443+ |
| 7 | \$0 to \$35,610 | \$35,611 to \$46,293 | \$46,294 to \$65,879 | \$65,880+ |
| 8 | \$0 to \$39,630 | \$39,631 to \$51,519 | \$51,520 to \$73,316 | \$73,317+ |

Household Size: _____

***Annual Household Income:** _____

Assistance Programs - Choose one of the following: none snap calworks fdpir

If a program was circled above, please enter the casenumber: _____

* Annual household income: write in 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.)

Should the fields checked and circled above indicate that my student is eligible/qualified for the National School Lunch Program, I choose to NOT-PARTICIPATE.

| Office Use Only: Eligibility | | Reviewed By: | | |
|------------------------------|-------------------------------|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> FPL | <input type="checkbox"/> Free | <input type="checkbox"/> Reduced | <input type="checkbox"/> Eligible but choosing Non-Participation | <input type="checkbox"/> Not Eligible |

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

X _____
Parent Signature

X _____
Date



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Has your child ever received any Special Education services of any kind? Yes No

If **No**, Sign and date:

I certify that my student has never received Special Education services of any kind (i.e., speech, counseling, OT). I further certify that my student does not have a 504 plan.

Parent/Guardian: X _____ Date: _____

If **Yes**, Sign and date, and provide a copy of the IEP/504 Plan, including any exit IEP/504 Plan and any Speech or Psychological reports. *I understand that I must submit all Special Education documentation, and/or 504 Plan with my child's enrollment paperwork, and that without it my child cannot 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: _____

Has your child ever had difficulty with learning in school and/or have you ever suspected that your child has a learning disability?

Yes No

Has you child ever had disciplinary records/suspensions/expulsions of any kind? Yes No

If **No**, Sign and date:

I certify that my student has never received disciplinary records/suspensions/expulsions of any kind.

Parent/Guardian: X _____ Date: _____

If **Yes**, Sign and date, and provide copies of all disciplinary/suspension/expulsion records, including an exit notice. *I understand that I must submit ALL disciplinary records/suspension/expulsion documentation, and that these documents will be reviewed by the school's Executive Director, with my child's enrollment paperwork, and that without it my child cannot be enrolled with this Charter School. The Executive Director will make a final decision on enrollment and may require an interview during the decision process. I certify that all statements are true and correct to the best of my knowledge.*

Parent/Guardian: X _____ Date: _____

I certify that ALL the statements and information given above and throughout this enrollment paperwork is true and correct to the best of my knowledge and that if any information submitted on this document (or attached to it as part of this enrollment packet) is found to be false, this constitutes grounds for removal of my child from BPCS immediately.

Parent/Guardian: X _____ Date: _____

Any other comments you feel are important to share regarding your child's academic/school history? _____



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Emergency Card

| | | | | | |
|--------------------------|---------|--------|------------|--------|--------------|
| 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 | Current School | over 18 (Y or N) | Relationship to student |
|------|--------|-----------|----------------|------------------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



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Health Information

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

Other Health Condition(s):

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

Known Conditions: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Known hearing problems | <input type="checkbox"/> Glasses to be worn at all times |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Preferential seating | <input type="checkbox"/> Known eye condition/defect in vision |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Wears hearing aid | <input type="checkbox"/> Wears contact lenses |
| <input type="checkbox"/> Epilepsy | | <input type="checkbox"/> Wears glasses |
| <input type="checkbox"/> Heart condition | | |
| <input type="checkbox"/> Nut Allergy | | |
| <input type="checkbox"/> Seizures | | |

Other, please specify:

| Insurance | | |
|---------------------------|---------------------------|---------------------|
| Health Insurance Carrier: | Insurance ID or Policy #: | Hospital Preference |

| 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 forgoing. This authorization will remain in effect until revoked by the undersigned in writing:

Signature of Parent or Guardian: X _____ Date: _____