

# KEY Academy

## Enrollment Packet Checklist

Welcome to KEY Academy! We are excited that your child is interested in joining our community of learners for the 2014-2015 school year. Please mail or deliver the completed enrollment packet to the address listed below. All items listed must be included in order for the enrollment to be considered complete. Please include the checklist with your packet.

**Student Name:** \_\_\_\_\_ **Grade Level in 2014-2015:** \_\_\_\_\_

Included	Document	Office Use Only
	School Registration/Emergency Card (4 Pages)	
	Request for Student Records (1 Page)	
	One copy of a legible birth certificate or passport	
	One legible copy of immunization records or a signed Personal Beliefs Affidavit	
	One copy of a utility bill showing physical address	
	Copies of any 504's or IEPs (for Special Education Students Only)	

**Mail or Deliver Completed Packets to:**

KEY Academy  
1570 Ward Street  
Hayward, CA 94541

(Office Hours Monday – Friday 8:00 AM-4:30 PM)

**Phone- (510) 543-4124 ~ Fax- (925) 862-0209**

# KEY ACADEMY

## SCHOOL REGISTRATION/EMERGENCY CARD

PLEASE PRINT ALL INFORMATION

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

### STUDENT INFORMATION

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_ Student's Nickname \_\_\_\_\_

Gender:  Male  Female Grade Level for 2014-2015: \_\_\_\_\_ Is this a repeat grade?  Yes  No

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Month Day Year City State Country

Check here if student was born outside the U.S. but granted U.S. citizenship at birth

### STUDENT'S HOUSEHOLD ADDRESS

Student Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Student's mailing address (if different than student's household address):

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Phone Number \_\_\_\_\_ Phone Type (Home/Cellular) \_\_\_\_\_

### PAST ENROLLMENT

Date your child first attended school in the U.S.: \_\_\_\_\_ At What Grade Level? \_\_\_\_\_  
Month Day Year

Date your child first attended school in California: \_\_\_\_\_ At What Grade Level? \_\_\_\_\_  
Month Day Year

Most Recent School Attended: \_\_\_\_\_  
School Name

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates Attended \_\_\_\_\_ Grades Completed at this School \_\_\_\_\_

Is student currently expelled?  Yes  No  
 Is the student currently suspended?  Yes  No

Has your child ever attended KEY Academy?  Yes  No

If yes, when? \_\_\_\_\_  
Start and End date

Do you have any other students enrolled in KEY Academy?  Yes  No

If yes, please list their names: \_\_\_\_\_

Has your child ever attend school outside of the United States?  Yes  No

Dates Enrolled & Grades Completed: \_\_\_\_\_

### ETHICITY AND RACE

What is your child's ethnicity? (Please check one)

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race)

Not Hispanic or Latino



# KEY ACADEMY

## SCHOOL REGISTRATION/EMERGENCY CARD

PLEASE PRINT ALL INFORMATION

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

### ETHNICITY AND RACE continued

African American or Black

White

Middle Eastern or North African \*

(Includes Arab and North African states, Israel, Turkey, Iran, and Afghanistan)

**Hawaiian or Other Pacific Islander**

Hawaiian

Guamanian

Samoan

Tahitian

Other Pacific Islander

**Asian**

Asian Indian

Japanese

Laotian

Chinese

Vietnamese

Filipino

Korean

Cambodian

Hmong

Other Asian \* (Includes Pakistan and Malaysia)

American Indian or Alaskan Native

(Persons having origins in any of the original peoples of North, Central, or South America who maintain tribal affiliation or community attachment)

\* Please write the country of origin:

\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Parent/Guardianship Information (with whom the student lives) – Check ALL that apply**

Father

Mother

Both

Step-Father

Step-Mother

Legal Guardian

Foster/Group Home

Caregiver

**Is the above (checked) person(s) the student's LEGAL guardian?**

Yes

No

**There is a legal custody agreement regarding this student, please check one:**  Joint Custody  Sole Custody  Guardian

**CUSTODY ISSUES:** Absent a copy of a court order, we will assume that both parents have custody of the child and will send student mailings to both parents. If there are problems of custody that might involve the school, please give us the necessary information below. Specific custody restrictions must be verified by providing the school a copy of the COURT ORDER.

Parent/Guardianship Contact Information #1			Parent/Guardianship Contact Information #2		
First Name	Last Name	First Name	Last Name	First Name	Last Name
Contact Type (Ex: Parent, Care Provider)	Relationship (Ex: Father, Mother)	Contact Type (Ex: Parent, Care Provider)	Relationship (Ex: Father, Mother)	<b>Home address (if different than student's household address):</b>	
<b>Home address (if different than student's household address):</b>			<b>Home address (if different than student's household address):</b>		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
<b>For phone messages, which number would you prefer to be the primary contact?</b> <input type="checkbox"/> Home <input type="checkbox"/> Cellular Home Phone Number: _____ Cellular Phone Number: _____ Work Phone Number: _____ Primary Language Spoken at Home: _____ Email Address: _____ Employer/Occupation: _____			<b>For phone messages, which number would you prefer to be the primary contact?</b> <input type="checkbox"/> Home <input type="checkbox"/> Cellular Home Phone Number: _____ Cellular Phone Number: _____ Work Phone Number: _____ Primary Language Spoken at Home: _____ Email Address: _____ Employer/Occupation: _____		
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- AA or 2 full years at a 4 yr. university <input type="checkbox"/> High School Graduate- diploma, GED, or HS Equivalency <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Decline to State			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- AA or 2 full years at a 4 yr. university <input type="checkbox"/> High School Graduate- diploma, GED, or HS Equivalency <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Decline to State		

# KEY ACADEMY

## SCHOOL REGISTRATION/EMERGENCY CARD

PLEASE PRINT ALL INFORMATION

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

### STUDENT EMERGENCY INFORMATION

**Physicians Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Does your child have any health problems the school should be aware of?**  Asthma  Bee Sting  Allergy  Diabetes  Seizures  Other (list below)

Explain other health problems: \_\_\_\_\_ Allergies (list): \_\_\_\_\_

In the event of illness or suspension, I hereby give my consent for my child to be released to the following person(s). They will call for my child (or my child may be taken to their house)

First Name	Last Name	Relationship	Telephone Number	City
------------	-----------	--------------	------------------	------

First Name	Last Name	Relationship	Telephone Number	City
------------	-----------	--------------	------------------	------

First Name	Last Name	Relationship	Telephone Number	City
------------	-----------	--------------	------------------	------

First Name	Last Name	Relationship	Telephone Number	City
------------	-----------	--------------	------------------	------

**RELEASE FROM SCHOOL:** Your child will be released from school (except for illness/suspension) only by written permission from parent/guardian. I understand that if my child becomes ill during or injured during school hours and requires medical treatment and a parent/guardian cannot be reached, the school will obtain whatever treatment is necessary. I understand that if I have any objection to my child receiving any medical treatment other than first aid, I must file such objection in writing with the school.

In the event reasonable attempts to contact me/us at the above locations, or other person(s) named herein fail, my signature below gives full authorization for (1) the administration of any treatment deemed to be necessary by a medical practitioner; (2) the transfer of son/daughter or ward to any medical practitioner; 3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and given to provide Authority and Power on the part of the school authorities and aforesaid agent(s) to give reasonable care. If my doctor, listed above, cannot be reached, any medical doctor may be called.

Parent or Guardian Signature: \_\_\_\_\_

### HOME LANGUAGE SURVEY

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

What language did your child learn when he or she first began to talk? \_\_\_\_\_

What language does your child most frequently use at home? \_\_\_\_\_

What language do you most frequently speak to your child in? \_\_\_\_\_

What language do the adults at home most often speak? \_\_\_\_\_

### SPECIAL EDUCATION INFORMATION

Does your child have a current 504 plan?  Yes  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 child has never received Special Education services of any kind.

\_\_\_\_\_  
Parent/Guardian Signature Date

If YES: Sign and date here. Please provide a copy of the IEP, including an exit IEP.

\_\_\_\_\_  
Parent/Guardian Signature Date



**KEY ACADEMY**  
**SCHOOL REGISTRATION/EMERGENCY CARD**  
PLEASE PRINT ALL INFORMATION

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please note: Once your child's enrollment at KEY Academy Charter School is confirmed, your student may not be enrolled in any other public or private school. Please read the following and sign as indicated.

I confirm that my child is not enrolled in any other California public or private school. My child's last school of attendance has been notified of his/her withdrawal. I understand that I may be required to provide proof of withdrawal from prior school upon request from KEY Academy.

I hereby certify, under penalty of perjury under the laws of the state of California that the information provided on this form and other documentation for enrollment is true, correct, and current.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# KEY Academy

## Request for Student Records

The following student has enrolled at KEY Academy. Please forward all records to:

KEY Academy 1570 Ward Street Hayward, CA 94541 Phone: (510) 543-4124 Fax: 925-862-0209 <a href="http://www.keyacademycharterschool.org">www.keyacademycharterschool.org</a>
---

Please include transcripts, health folders, cumulative folders, special education records, speech records, psychological records, and any other educational information.

**Student Name:** \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Records Requested From:** \_\_\_\_\_  
Name of School

Address City State Zip Code

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Last Date of Student's Attendance at School Above:** \_\_\_\_\_

**Dates Attended at Previous School:** \_\_\_\_\_

**This Request was authorized by:** \_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Authorized School Employee Date

<p><b>Responding School Please Check the Applicable Response:</b></p> <p><input type="checkbox"/> We are forwarding the student's records to you</p> <p><input type="checkbox"/> We have no record of this student</p> <p><input type="checkbox"/> Student records were sent to the following school</p>
--