



## Registration Packet Checklist

Please mail or deliver the completed registration packet to the FAME office marked on your enrollment offer letter. All items listed below must be included for the packet to be considered complete. Please return this checklist with your packet.

**Student Legal Name:** \_\_\_\_\_ **Grade Level in 2010-2011:** \_\_\_\_\_  
*(From Birth Certificate/Passport) Last Name, First Name Middle Name*

Included	Document	Office use only
	Completed Student Registration Form (5 pages)	
	One legible copy of birth certificate or passport	
	One legible copy of immunization records or a signed Personal Beliefs Affidavit (enclosed)	
	Authorization for Release of Records form	
	Transcripts from previous school (for high school students only)	
	Copies of any IEPs (for students who have received Special Services only)	
	Copy of California High School Exit Exam scores (for students enrolling in grades 11 and 12 only)	

**Please return completed packet to:  
 FAME Independent Study Program  
 39899 Balentine Dr. Suite 335  
 Newark, CA 94560**

**If you have questions please call: 510-445-0199**



Student's Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Past Enrollment Details Continued**

Has your student ever attended FAME Public Charter School? (Circle One) Yes / No If yes, when? \_\_\_\_\_  
 (Start and End Date)

Do you have any other students enrolled in FAME Public Charter School? (Circle One) Yes / No  
 If yes, please list their names: \_\_\_\_\_

If the student has ever attend school **outside of the United States**, please complete: 1) Dates Enrolled: \_\_\_\_\_ Grades Completed: \_\_\_\_\_  
 2) Dates Enrolled: \_\_\_\_\_ Grades Completed: \_\_\_\_\_ 3) Dates Enrolled: \_\_\_\_\_ Grades Completed: \_\_\_\_\_

**Primary Parent(s) and/or Guardian(s)**

Check one: Parent  Step-Parent  Legal Guardian  Lives with Student: (circle one) Yes / No

Male / Female (Circle One) Guardian Relationship \_\_\_\_\_ Send Student Mailings: (circle one) Yes / No

Name \_\_\_\_\_  
 First Name Middle Initial Last Name

Home Address: \_\_\_\_\_  
 Number Street (Apt, if applicable)

City State Zip Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Highest Level of Education (check one)	
Graduate Degree – Holds MA, MS, PHD or EdD	High School Graduate – diploma, GED, or HS Equivalency
College Graduate – Holds BA or BS	Not a high school graduate
Some College – AA, or 2 full years at a 4 yr university	Decline to State

Check one: Parent  Step-Parent  Legal Guardian  Lives with Student: (circle one) Yes / No

Male / Female (Circle One) Guardian Relationship \_\_\_\_\_ Send Student Mailings: (circle one) Yes / No

Name \_\_\_\_\_  
 First Name Middle Initial Last Name

Home Address: \_\_\_\_\_  
 Number Street (Apt, if applicable)

City State Zip Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Highest Level of Education (check one)	
Graduate Degree – Holds MA, MS, PHD or EdD	High School Graduate – diploma, GED, or HS Equivalency
College Graduate – Holds BA or BS	Not a high school graduate
Some College – AA, or 2 full years at a 4 yr university	Decline to State

**Ethnicity and Race**

In accordance with State and Federal laws, a two part question is used to collect race and ethnicity data.

**1. ETHNICITY: Is this student Hispanic or Latino? (Please check one)**

**Yes**, Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

**No**, not 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 boxes to indicate what you consider the student's race to be.

**2. RACE: What is this student's race? (Please check one or more)**

**Native Hawaiian or Other Pacific Islander**

- Hawaiian
- Guamanian
- Samoan
- Tahitian
- Other Pacific Islander

**American Indian or Alaskan Native**

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

**Asian**

- Chinese
- Japanese
- Korean
- Vietnamese
- Asian Indian
- Laotian
- Cambodian
- Filipino
- Hmong
- Other Asian\*** (Includes Pakistan and Malaysia)

**White**

**African American or Black**  
(Includes Bahamas, Haiti, and Zaire)

**Middle Eastern or North African \***  
(Includes Arab and North African states, Israel, Turkey, Iran, and Afghanistan)

**\* Please write the country of origin below:**

\_\_\_\_\_

<b><u>Language Survey</u></b>		<b>English</b>	<b>Other (please indicate language)</b>
What language did your child first learn to speak?			
What language does your child most frequently read/speak at home?			
What language do the parents/guardians most frequently speak to the student?			
What language is most often spoken by the adults in the home?			
For languages other than English: Has your child ever taken the California English Language Development Test Assessment (CELDT)? Yes No Unknown			

**Continued on the next page.**

Student's Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Special Services / Special Education Information**

**Has your child ever received any Special Education services of any kind? (Circle One) Yes / No**

**If NO: Sign and date here.** I certify that my student has never received Special Education services of any kind.

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

**If YES: Sign here and provide a copy of the IEP, including an exit IEP. Please complete the next section below.**

- Has your child ever had an Individualized Education Plan (IEP), including preschool and private school settings? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_
- Has your child ever been evaluated for special services? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_
- Has your child ever attended any type of special education class? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_
- Has your child ever participated in Speech/Language Therapy? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_
- Has your child ever participated in Occupational Therapy? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_
- Has your child ever had RSP services? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_
- Has your child ever participated in Adaptive PE? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_
- Has your child ever attended a Special Day Class? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_
- What was the most recent date your child received special services? Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_
- Has your child ever received accommodation under Section 504? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_

**If your child does not have an IEP but was evaluated for special services, enclose a copy of all assessment reports.**

Pursuant to Education Code Section 51745(c) it is understood that no individual with exceptional needs, as that term is defined in Education Code Section 56026 (a student who qualifies for special education services), may participate in independent study, unless his or her individualized education program ("IEP") specifically provides for that participation. For students who enroll in FAME with a current IEP, it is the responsibility of the Charter School to implement the existing IEP to the extent possible at the Charter School. For those students with an IEP that does not provide for independent study participation, the student will be enrolled on an interim basis only while an IEP team meeting is convened to determine whether participation in independent study is appropriate. No make-up services will be provided for time lost due to lack of parental notification of existing IEPs.

**Continued on the next page.**

Please note: Once your student's enrollment at FAME Public 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 FAME.**

**Signed:** \_\_\_\_\_

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.

The signatures of **BOTH** parents are needed unless a single parent or guardian has sole legal custody. If you are a single parent with sole legal custody or an emancipated minor, check here \_\_\_\_\_ and submit a copy of the court order authorizing sole custody to the school.

**PRIMARY PARENT/GUARDIAN/  
EMANCIPATED MINOR**

**PRIMARY PARENT/GUARDIAN**

\_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Best number between 9:00 a.m. and 5 p.m., Monday – Friday

Please mail or deliver the completed registration packet to the FAME office marked on your enrollment offer letter.

**NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS**

FAME Public Charter School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, athletics or other school- administered programs.



## Authorization for Release of Records

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, please release to the school named below all records, including:

- Cumulative Record
- Health Records
- Transcripts of completed work (including grades to date)
- Any other educational information
- Special Education records including: IEPs, ITPs, BIPs, academic assessments, speech and language assessments, psychological evaluations and any additional pertinent information

Student Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Last Name, First Name* *Month/Day/Year*

Grade Level in 2010-2011: \_\_\_\_\_ Start Date with FAME: \_\_\_\_\_

What type of school did the student attend before enrolling at FAME Public Charter?

Please Check One: Public  Private  None  Other

Name of Previous School Attended: \_\_\_\_\_

Address of Previous School Attended: \_\_\_\_\_  
*Number* *Street*

City, State, ZIP: \_\_\_\_\_

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

\_\_\_\_\_ No previous school attended (Check here if the student is enrolling for the first time in school).\*

\*If you have checked this box then, if applicable, in the space provided above write the name and address of the place where your child received special services/assessments/evaluations. Use a separate form for each service.

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

**Receiving Registrar:** Please forward all student records to our administrative office address below.

*Note: In regards to Special Education/Special Services Records, please complete the following, sign, date and return either by FAX or mail:*

\_\_\_\_\_ *We do have the records you have requested in our files.*

\_\_\_\_\_ *We have not been able to locate the requested files, but our records indicate this student did receive special education services.*

\_\_\_\_\_ *After reviewing our records, it is determined that the above named student has not received special education services nor has been identified as being eligible for special education services.*

\_\_\_\_\_  
Registrar Signature Date

**Please forward all student records to:**

**FAME Independent Study Program**  
**FAME Public Charter School**  
39899 Balentine Dr. Suite 335, Newark, CA 94560  
Tel: 510-445-0199 FAX: 510-687-9574