



Registration Packet Checklist

Please mail or deliver the completed registration packet to the address listed below. All items listed must be included for the packet to be considered complete. Please return this checklist with your packet.

Student Legal Name: _____ **Grade Level in 2012-2013:** _____

(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	
	Authorization for Release of Records form	
	Suspension and Expulsion form (middle school and high school students only)	
	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
Phone: 510.445.0199 ~ Fax: 510.687.9574

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 Guardian Relationship _____ Send Student Mailings: (circle one) Yes / No
 (Circle One)

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)	
<input type="checkbox"/> Graduate Degree – Holds MA, MS, PHD or EdD	<input type="checkbox"/> High School Graduate – diploma, GED, or HS Equivalency
<input type="checkbox"/> College Graduate – Holds BA or BS	<input type="checkbox"/> Not a high school graduate
<input type="checkbox"/> Some College – AA, or 2 full years at a 4 yr university	<input type="checkbox"/> Decline to State

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

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

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)	
<input type="checkbox"/> Graduate Degree – Holds MA, MS, PHD or EdD	<input type="checkbox"/> High School Graduate – diploma, GED, or HS Equivalency
<input type="checkbox"/> College Graduate – Holds BA or BS	<input type="checkbox"/> Not a high school graduate
<input type="checkbox"/> Some College – AA, or 2 full years at a 4 yr university	<input type="checkbox"/> 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:

<u>Language Survey</u>	English	Other (please indicate language)
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)

NOTICE OF NONDISCRIMNATORY 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 2012-2013: _____ 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 Public Charter School – Newark Office:

39899 Balentine Drive Suite 335 – Newark, CA 94560

Tel: 510.687.9111 Fax: 510.687.9574



Suspension and Expulsion Form
To be completed for all Middle School and High School Students

Student's Name: (Last Name) _____ (First Name) _____

Date of Birth: _____

FAME PUBLIC CHARTER SCHOOL
(Confidential Information)

California Education Code 49079 requires that teacher (s) be informed of each student who has violated a school's discipline codes during the current school year plus the three (3) previous school years. This requirement includes information the school receives from law enforcement agencies. Pursuant to the above California Education Code, Please answer the following questions and provide appropriate information:

*Has the student been **suspended** from any school in any state in the past three (3) years for any reason? Suspension means the student was removed from school for one (1) to five (5) days.

Yes No

Reason for Suspension (S): _____

Date of Suspension(s): _____

Name (s) of School (s) where infraction (s) occurred:

*Has the student been **expelled** from any school or school district in any state? Expulsion means the student was removed from the school for one (1) or two (2) semesters.

Yes No

Reason (s) for expulsion(s): _____

Date of expulsion(s): _____

Name of school /school district: _____

*Is this student currently on Juvenile Probation for violation of California Penal Code or any other state's Penal Code?

Yes No

Reason for probation: _____

Date probation started: _____

I swear/affirm under penalty of perjury that the foregoing is true and correct and that I have executed this Confidential Statement.

Parent/Guardian Signature

Date

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