Coastal Grove Charter School
1897 S Street
Arcata, CA 95521

Applications must be received by the first Friday in February at 4:00pm for inclusion in the enrollment lottery Grade_____ School Year _____

Independent Study ☐

Student's LEGAL Name:_____ **Date of Birth:**_____
(From birth certificate) **Last Name** **First Name** **Middle Name** **Mo./Day/Year**

Student's Preferred Name: _____ Male ☐ Female ☐ Non-Binary ☐

_____|_____| (_____)_____| (_____)_____
Parent/Guardian's Last Name First Name Home Phone Cell/Work Phone

_____|_____|(_____)_____| (_____)_____
Parent/Guardian's Last Name First Name Home Phone Cell/Work Phone

_____
Mailing Address City State Zip

_____
Residence Address (IF DIFFERENT) City State Zip

E-mail addresses: _____

Last School Attended:_____ Last Day of Attendance_____
Name of School City/State Phone No.

Must answer both questions

ETHNICITY: ***Mark the ethnicity with which the student most closely identifies: Please check one:***
☐ Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE (Please check up to five racial categories) 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 your race to be.

☐ American Indian or Alaskan Native (100) (Person having origins in any of the original people of North and South America (including Central America)
☐ Cambodian (207)
☐ Chinese (201)
☐ Japanese (202)
☐ Korean (203)
☐ Vietnamese (204)
☐ Asian Indian (205)
☐ Laotian (206)
☐ Other Pacific Islander (399)
☐ Hmong (208)
☐ Other Asian (299)
☐ Hawaiian (301)
☐ Guamanian (302)
☐ Samoan (303)
☐ Tahitian (304)
☐ African American or Black (600)
☐ White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

HOME LANGUAGE SURVEY
Which language did your son/daughter learn when he/she first began to talk? _____

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

Name the language most often spoken by the adults at home: _____

PARENT EDUCATION LEVEL: Mark the response that describes the highest education level for EACH parent/guardian:

☐ Not a high school graduate
☐ High school graduate
☐ Some college (includes AA degree)
☐ College graduate
☐ Graduate school/post graduate training

What special services has your child received? *(Please check all boxes that apply)*
Special Education: ☐ IEP/Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504 Accommodation Plan
Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development
☐ Medical Health Plan

Has the student been suspended, expelled or is the student in the process of being suspended or expelled from any school? Yes ☐ No ☐
If yes: Name of school: _____Address:_____ Date: _____

RESIDENCE – where is your child/family currently living? (Federally mandated by NCLB: Please check appropriate box)
☐ in a motel/hotel
☐ In a single family permanent residence (house, apartment, condo, mobile home)
☐ Temporarily Doubled-up (sharing housing with other families/individuals due to economic hardship, loss, or other reasons)
☐ Unsheltered (car/campsite)
☐ Farm
☐ In a sheltered or transitional housing program

OTHER CHILDREN IN THE FAMILY:

First and Last Name	Relationship	Lives at Home	Date of Birth	Grade
		Yes ☐ No ☐		
		Yes ☐ No ☐		
		Yes ☐ No ☐		
		Yes ☐ No ☐		

OTHER ADULTS IN THE HOME:

Name	Relationship	Name	Relationship

HEALTH PROBLEMS ***(Check all that apply)***

Diagnosed ADD or ADHD ☐
Asthma ☐
Bladder Problems ☐
Bleeding Disorder ☐
Color Vision Deficiency ☐
Diabetes ☐
Eczema/Skin Trouble ☐
History of Ear Problem ☐ Describe_____
Heart Problem ☐ Describe_____
Head Injury ☐ Describe_____
History of Fractures ☐ Describe_____
History of Hospitalization ☐ Describe_____
History of Surgery ☐ Describe_____
Known Hearing Loss ☐ Right ☐ Left ☐
Known Vision Loss ☐ Right ☐ Left ☐
Physical Limitations ☐ Describe_____
Wears Contact Lens ☐
Wears Glasses ☐ For close work ☐ For distance only ☐ At all times ☐

Epilepsy ☐
Eye Injury ☐
Hypoglycemia ☐
Frequent Nosebleeds ☐
Scoliosis ☐
Seizure Disorder ☐
Chicken Pox ☐

Other or further details of above _____

ALLERGIES ***(Check all that apply)*** None: ☐

Animals ☐ Drugs ☐
Insects ☐ Food ☐
Bee Stings ☐ Plants ☐
Other ☐

List specific item(s) student is allergic to:_____

Describe allergic reaction and/or treatment:_____

Explain:_____

CURRENT MEDICATION(S) No ☐ Yes ☐ Epi-Pen ☐ If medication is needed at school a medication consent form must be picked up from the office and completed by your doctor. Please list below:

Name of Medication(s)	Dosage	Time Taken	Purpose

MEDIA PERMISSION

I give permission for my student to be observed, interviewed, photographed and/or filmed when a representative of the school or media has been permitted by the principal or designee to be on campus. Yes ☐ No ☐

EMERGENCY MEDICAL AUTHORIZATION

I am the parent/guardian of the above named student. In case I am unable to be reached during any emergency, I hereby authorize a representative of the school, pursuant to the provisions of Family Code Section 6910, to act as an agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

I/We have reviewed this two page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Date: _____ **Signature of Parent/Guardian:** _____

Date: _____ **Signature of Parent/Guardian:** _____