Blue Oak

450 W. East Ave.
Chico, CA 95926
www.blueoakcharterschool.org
(530) 879-7483 phone
(530) 879-7490 fax

ENROLLMENT

PACKET

BLUE OAK SCHOOL

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EMERGENCY INFORMATION

Child's Name_____ Home Phone_____

Home Address_____ Date of Birth_____

City_____ Zip Code_____

Father's Name_____ Mother's name_____

e-mail_____ e-mail_____

Parent(s) or guardian(s) child lives with_____

Additional Home Address_____City_____Zip_____

If parents are separated or divorced, to whom has physical custody been granted?

_____

Father_____ Check one: [ ] Natural [ ] Step [ ] Guardian/Foster

Employer _____ Business phone_____ Cell_____

Mother_____ Check one: [ ] Natural [ ] Step [ ] Guardian/Foster

Employer _____ Business phone_____ Cell_____

Medical Concerns/Allergies/Food Restrictions: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or Guardian of _____, I hereby give my consent to the Blue Oak Charter School to obtain emergency Medical or Dental diagnosis or treatment from a licensed physician or dentist in the case of severe illness or injury to my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child.

_____ _____

Signature of Parent or Legal Guardian Date

EMERGENCY INFORMATION

Doctor's Name	Doctor's Address
Doctor's Phone Number	Medical Plan & Policy Number
Dentist's Name	Dentist's Address
Dentist's Phone Number	Dental Plan & Policy Number

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call:

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

The persons listed above are herby authorized to remove my child from school.

Signature of Parent or Legal Guardian Date

If child does not live with parents, please describe child's living situation:_____

_____

_____

Siblings	Birth Date	School Now Attending

Previous Schools Attended	Address	Dates	Grade

What trait(s) would you like to see strengthened? _____

_____

Has your child had any serious illnesses or injuries (please describe and give dates:

_____

_____

List and explain any continuing medications your child is taking _____

_____

Does your child suffer from any allergies?	[ ] Yes	[ ] No
Does your child have any physical challenges, severe weaknesses or abnormal conditions?	[ ] Yes	[ ] No
Does your child have any difficulties with vision, hearing walking or speech?	[ ] Yes	[ ] No
Has your child ever undergone psychological, developmental, or educational testing or treatment?	[ ] Yes	[ ] No

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REQUEST FOR STUDENT RECORDS K-8

To: _____
Name of School

_____
District

_____
Mailing Address

_____
City State Zip

Please forward all cumulative health and special education/confidential student files for the student named below:

_____
Name

_____
Birth date

_____
Grade Start Date

Authorization:
I authorize the release of the above named student's records as provided under the Family Educational Rights and Privacy Act of 1980. I understand that I may obtain a copy of my child's school records (known as "personally identifiable records"). I am aware that I may challenge the content of these records. I also understand that the school will treat these records confidentially. I understand that no one will send these records to a non-public school agency without my written consent.

A photostatic or FAX copy of my signature is as valid as the original.

_____
Signature of Parent/Legal Guardian Relationship Date

HOME LANGUAGE SURVEY
ENGLISH VERSION

Name of Student: _____ _____ _____
Surname / Last Name First Given Name Second Given Name

School: _____ Age: _____ Grade Level: _____ Teacher Name: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

_____ _____

Signature of Parent or Guardian Date

Form HLS, Revised October 2005
California Department of Education

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ETHNICITY INFORMATION

Please fill out the needed information below. It is required information by the State.

Date: _____

Student's full name: _____

Country of birth: _____

Child's name: _____

Please check your child's primary and secondary ethnicity.

Ethnicity	**1 – Primary Ethnicity** (mark ONE only)	**2 – Other Ethnicities** (mark all the apply)
African American or Black (not of Hispanic origin)		
American Indian or Alaskan Native		
Asian		
Chinese		
Japanese		
Korean		
Vietnamese		
Asian Indian		
Laotian		
Cambodian		
Other Asian		
Filipino		
Hispanic or Latino		
Pacific Islander		
Native Hawaiian		
Guamanian		
Samoan		
Tahitian		
Other Pacific Islander		
White (not of Hispanic origin)		

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PERMISSION TO CHECK FOR HEAD LICE

I, _____, parent/care provider of _____

give designated school personnel at Blue Oak School permission to check my child for head lice. Upon completion of head lice check, it will be the responsibility of the parent to treat the child if he/she tests positive.

IMPORTANT INFORMATION

TO EFFECTIVELY TREAT HEAD LICE, YOU WILL NEED TO SHAMPOO THE HEAD WITH RID, NIX OR PRESCRIPTION SHAMPOO. USE COMB TO REMOVE THE NITS AND EGGS. ALL FURNITURE, BEDDING AND CARPETING NEED TO BE TREATED TO AVOID REINFESTINATION.

Please Note That Your child Will Be Re-Checked Upon Return To Blue Oak School.

_____ _____

Signature of Parent/Care Provider Date

Electronic Media Concerns and Guidelines

In our society, electronic media in all its forms is an ever-growing presence and influence in our lives. As adults we face the difficult choices of deciding how to use various media wisely, and when and how various media should be introduced into the lives of our children.

It is a well-documented fact that the experience of watching television affects the development of children. Strong evidence shows that habitual TV use negatively affects IQ, attention span, reading abilities, imagination, play, language patterns, critical thinking, self-image, perception of others, and moral values. Recent studies indicate that even a single viewing of violent behavior through electronic media can increase violent behavior in children. Habitual use of electronic media affects the child physically as well, altering brain waves, reducing critical eye movements, immobilizing the body, and undermining nutrition, eating habits, and exercise. The content of most TV, video and computer games, and movies shows a glaring disregard for the sensitivity and impressionability of the developing child, and gives commercial interests direct access to a child's forming mind and character.

At Blue Oak School, there is a conscious intention and effort to provide an educational environment that nurtures the imagination and healthy development of every child. Because electronic media exposure tends to work at cross-purposes to this intention and effort, Blue Oak School teachers need the support of parents in restricting media use in the home. Similarly, parents who choose our school because they want to protect their children as much as possible from the negative affects of electronic media also need the support of the parents of their children's classmates.

For these reasons, the kindergarten and class teachers request that parents protect their children from exposure to electronic media. As a guideline, we strongly recommend that children from kindergarten through 3rd grade not be exposed to electronic media at all. If electronic media is introduced to children in grades 1-3, it should be limited to wholesome content, on weekends only, and kept to a minimum. We ask that any exposure to electronic media with children in grades 4 and 5 also be limited to weekends only. Attention to content is particularly important if use is allowed, keeping in mind that electronically received images, language, and meaning lodge in the child's inner being and affect their behavior and sense of well-being at home and at school.

Early adolescence (grades 6-8) marks a time of increased exploration and desire to learn about the world. It also is a time when children do not yet have the maturity to make important life-affecting decisions, and need parental guidance and clear boundaries set by the responsible adults in their lives. We ask that parents of these older students work in partnership with our teachers to limit exposure to electronic media in ways that protect them from its negative influences while also encouraging their increasing capacities for discernment, critical thinking, and self-discipline (i.e., media literacy). We strongly recommend that any TV and movie use be limited to weekends only, and that parents supervise and restrict the use of TV, movies, computer and videogames, the internet, recorded music, and radio use due to the extremely varied content that is present through these media.

We recognize that restricting electronic media use in the home requires a commitment to a family lifestyle that runs counter to our mainstream culture. We also recognize that protecting children from media exposure is especially challenging in homes where older siblings are present, and when a child lives in more than one household. A whole-hearted effort to thoughtfully protect children from media exposure can only be successful when we educate ourselves about the affects of electronic media on children, and then exercise continual determination to go "against the grain" in order to do what we believe is most healthy for them. We ask that every parent join us in this challenging, but so very important, commitment.

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PARENT COMPACT

Parental commitment to his or her child's education is vital to that child's success. Parent involvement and support are crucial to the overall success of our students and school. Therefore, as a parent of a Blue Oak student I WILL:

1. Strengthen the Blue Oak Parent Teacher Partnership by…
   - Attending All-School Meetings, Class Meetings, Town Hall Meetings & Parent Education Nights.
   - Limiting my child's exposure to television and video games at home
   - Actively participating in committees and task forces.
   - Supporting BOS fundraising activities
   - Participating in School Festivals and All-School Work Days
   - Supporting the BOS educational vision and program and continuing to become more informed about Waldorf education
2. Provide assistance, either in the classroom school or at home for a minimum of fifty (50) hours per school year, per family. Twenty-five (25) hours are due at the end of January, the remaining hours are due at the end of the school year.
3. Honor the rhythm of my child's school day. I will deliver my child to school on time, not more than twenty (20) minutes prior to the start of school and I will pick up my child no later than fifteen (15) minutes after dismissal, unless arrangements are made for After School Childcare.
4. Support the State-mandated attendance policy. Children are expected to attend school every day except when ill. I will call the school office before 9:00am to advise of my child's absence.

I(We) have read and are willing to accept the above stated responsibilities.

_____ _____ _____

Parent(s)/Guardian(s) Signature Date

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MATERIALS DONATION

Blue Oak School's Waldorf curriculum provides wonderful, high-quality materials for your child's daily use. These materials include wool and cotton yarns, beeswax crayons and modeling clays, vibrant watercolor paint, top quality brushes, exquisite watercolor and drawing papers, children's subject books and many other fine items. These beautiful materials are an integral and important part of the Waldorf curriculum providing depth and richness to your child's educational experience.

The Blue Oak School Board of Directors requests that parents of each child help to cover the costs of these exceptional materials and supplies. The requested donation for the new school year is $180.00 per child. The payment can be made in increments so as not to pose undue hardship on any families. Please submit your payment, along with the bottom of this form, to the office at Blue Oak School upon enrollment.

THANK YOU FOR YOUR SUPPORT!

___ $180.00 material donation enclosed

___ $ 90.00 for first semester and $ 90.00 for second semester

___ $ 45.00 per month until paid in full

___ I would like to discuss this donation with the Director

Blue Oak School
Walking Field Trip Permission Form

It is customary for teachers to take their classes on age-appropriate walking field trips in the school community at different times during the school year. The majority of our walking field trips consist of walking around the local neighborhood. However, students may also observe neighborhood architecture, native plants and animals or visit interesting places in the community such as the public library, and local businesses.

In order to allow flexibility for these valuable educational activities, this permission will extend for the entire 2011-2012 school year. Separate permission forms will always be used when transportation is involved or a trip involves an overnight stay or wilderness activity.

If a parent or guardian is expecting to take his/her student out of school for any reason during the school day, it is important to **notify the school in advance** what time check out will occur. Plans can then be made to be certain the student is at the school at that time.

I, _____ parent/guardian of_____
give permission for my child to accompany his/her class on walking field trips during the 2011-2012 school year with the understanding that school personnel will make every effort to arrange for a safe walk route and supervision to and from the school site. Should it be necessary for my child to have medical care while participating in the trip, I hereby give the School personnel permission to use their judgment in obtaining medical care for my child, and I give permission to the physician selected by the School personnel to render medical care deemed necessary and appropriate by the physician.

Signature of parent/guardian: _____

Date: _____

_____ Please check here if instructions for special medical treatment for the student are on file in the school.

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INCOME SURVEY 2011-2012

Dear Blue Oak Families:

Each year the California Department of Education requires our school to collect a variety of data. This survey is extremely important as it may entitle the Blue Oak Charter School to many different types of funding and grants. It also affects our overall STAR test scores because they take into consideration economic demographics when calculating the overall school score. Please complete this form and return to the office by mail or in person ***even if your child does not qualify.*** If your household receives Food Stamps or if your child receives CalWORKS, KinGAP or FDPIR benefits, you **automatically qualify for Free Lunch.** We acknowledge the sensitivity of this information and promise that the information provided will be kept highly confidential. We appreciate your prompt cooperation.

	FREE ELIGIBILITY SCALE Column 1			**REDUCED-PRICE** ELIGIBILITY SCALE Column 2		
HOUSEHOLD SIZE	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK
2	19,123	1,594	368	27,214	2,268	524
3	24,089	2,008	464	34,281	2,857	660
4	29,055	2,422	559	41,348	3,446	796
5	34,021	2,836	655	48,415	4,035	932
6	38,987	3,249	750	55,482	4,624	1,067
7	43,953	3,663	846	62,549	5,213	1,203
8	48,919	4,077	941	69,616	5,802	1,339

Based on the chart above my child(ren) _____
Child(ren) First & Last Names

_____ Qualifies for free lunch (column 1)

_____ Qualifies for free lunch (column 2)

_____ Does not qualify

_____ My child receives cash aid and/or food stamp assistance

_____ _____
Parent Signature Date

Media Release Form

(need one per student)

Photographers from reputable local media outlets visit Blue Oak School occasionally to document and report on our many accomplishments, school festivals and activities. Community members and families may take photos of children during these events, in and out of the classroom setting. In addition, student artwork may be displayed publicly and at locations beyond our campus, including internet postings.

These photos, images and artistic renderings may be requested for publication use and/or for the purposes of promotion and marketing of Blue Oak School.

Please indicate your wishes with regard to this matter by checking one of the two statements below.

___ I give permission to have my child's photograph/likeness used or published and/or artwork displayed for the purposes aforementioned.

___ I do not give permission to have my child's photograph/likeness used or published and/or artwork displayed for the purposes aforementioned.

Blue Oak will consider the choice above as 'current' until notified in writing to the contrary.

Child's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Information Release Form

(need one per family)

In order to facilitate communication within classrooms and from administration we ask permission to 'publish' your contact information. This may be in the form of class phone trees, a school directory, etc. Please indicate your wishes with regard to this matter by checking one of the two statements below.

___ I give permission to have my contact information used for the purposes aforementioned.

Please complete the following to ensure that your preferred contact info is used

(only include what you would like listed):

Name: _____ Other: _____

Address: _____ _____

Phone: _____ _____

Cell: _____ _____

email: _____ _____

___ I do not give permission to have my contact information used for the purposes aforementioned.

Blue Oak will consider the choice above as 'current' until notified in writing to the contrary.

Child(ren) Name(s): _____ Grade(s): _____

Parent/Guardian Signature: _____ Date: _____