

Village Charter School

Application for enrollment

Rcvd _____
Approved <input type="checkbox"/>
Denied <input type="checkbox"/>
Accepted <input type="checkbox"/>
Declined <input type="checkbox"/>

- We recommend that all interested families view our website www.villagecharterschool.net
- Completion of this application does not guarantee placement.
- Kindergarten placement: Names of all kindergarten students approved for enrollment will be placed into a lottery drawing if VCS has more approved applicants than space. Once the lottery has taken place parents will be notified. Students not chosen in the lottery drawing will be placed on a waiting list in order of receipt of this application.
- 1st – 8th placement: Approved student's names will be placed on a waiting list in order of receipt of this application if VCS has more approved applicants than space.
- The waiting list will remain active through the applied school year.

Student Name: _____

School year applying for: _____

Applying with sibling Yes No

Sibling of VCS student Yes No

Grade applying for: _____

Parent Name: _____

Phone: _____

Parent Name: _____

Phone: _____

Briefly describe your child:

Briefly state why you would like your child to attend Village Charter School:

Please explain any behavioral issues that your child has:

Village Charter School - New Student Application for Enrollment

Pupil's Legal Last Name _____ Pupil's First Name _____ Home Phone _____ Grade (applying for) _____ Birth Date _____ Male Female

Residence Street Address: (No PO Box) _____ City _____ Zip _____ Birth Place (City) _____ Birth Place (State) _____

Full Name of Parent/Guardian	Cell Phone	E-mail Address	Living With
<input type="checkbox"/> Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Guardian			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Father <input type="checkbox"/> Step Father <input type="checkbox"/> Guardian			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Guardian			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Father <input type="checkbox"/> Step Father <input type="checkbox"/> Guardian			<input type="checkbox"/> Yes <input type="checkbox"/> No

School History

Name of current/last school attended:	Phone:	Fax:
Address:	Last date attended:	Date of first school entry:

Learning Programs:

Does the student have a current SST? <i>If yes please provide a copy of the SST plan</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home Language Survey (Education Code 62002) Which language did your child learn when he/she first began to talk?
Is the student enrolled in Special Education Programs with a current IEP? <i>If yes please provide copy of IEP</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which language does your child most frequently use at home?
Does the student participate in Title I programs? If yes, which ones?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which language do you most frequently speak to your child?
Does the student have a 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name the language most often spoken by adults in the home.
Has the student qualified for the Gifted and Talented (GATE) program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Expulsion Information:

Has the student ever been expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the date of expulsion:
If yes, please provide reason for expulsion:		

Requested with application:

- 1) Copy of birth certificate
- 2) Copy of current immunization records

All information provided on this application is confidential.

Signature of Parent/Guardian: _____ Date: _____