

West County Community High School

2010-2011 Registration Check List

- | | |
|-------------------------------|---|
| _____ Application page 1 | _____ Home Language Survey |
| _____ Ethnicity | _____ Student Medicine Tracking |
| _____ Additional Services | _____ General Release |
| _____ Emergency Medical | _____ Driver Application Form |
| _____ Emergency/Field Trip | _____ Birth or Baptismal Certificate |
| _____ Family Agreement | _____ Immunization Records |
| _____ Student Agreement | _____ Current PG&E Bill |
| _____ Records Request | _____ Transfer Slip (only if out of WCCUSD) |
| _____ Volunteer Questionnaire | |

For Office Use Only

This student is a:

- New Student Applying for Grade 9 10 11 12
- Continuing Student Applying for Grade 9 10 11 12
- Sibling. WCCHS student name: _____

Parent/Guardian has attended an informational meeting (orientation) on
_____ (date).

OR Parent/Guardian has spoken with a WCCHS staff member on
_____ (date).

Application Number: _____ Date Received _____

Reviewed By: _____ Approved By: _____

Records Requested: _____ Records Received: _____

**West County Community
High School
Student Application
2010/2011**

EMERGENCY INFORMATION

Medical Conditions _____

 Emergency Contact _____
 Relationship _____
 Phone _____

Teen Status Applicant
 Current Student
 Former Student

Application Date _____
Applicant Status _____

Last Name _____

Enrollment Date _____

First Name _____

Year enter _____

Birthdate _____

Class of _____

Gender _____

New/Returning _____

Grade _____

Last School Attended

Ethnicity _____

High School of Residence

Parent Education Level _____

Address **Solamente Espanol:** Yes No **Two Homes:** Yes No

Street Address _____
City _____ **State** _____ **Zip Code** _____
Phone for this Location _____ **Pub/Unpub** _____

2nd Address

Street Address _____
City _____ **State** _____ **Zip Code** _____
Phone for this Location _____ **Pub/Unpub** _____

Parents/Guardians

Last Name _____	First Name _____	Relationship _____
Work Phone _____	Cell Phone _____	Email _____
Last Name _____	First Name _____	Relationship _____
Work Phone _____	Cell Phone _____	Email _____

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one):

- Hispanic or 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 or or more boxes to indicate what you consider your race to be.

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100) (Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |

BIRTHPLACE: City _____ State _____

Country _____

U.S. Citizen: Yes No

Parent/Guardianship Information (with whom the student lives) – check all that apply

- Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home
- Other

Is the above (checked) person(s) the student’s LEGAL guardian? Yes No If no, please complete a “Caregiver Affidavit.”

If there is a legal custody agreement regarding this student, please check one:

- Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step-Father (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

2. Mother Step-Mother (check one) Full Name: _____

Employer: _____ City: _____ Daytime Phone # (____) _____

ADDITIONAL SCHOOL SERVICES:

Student has a current Individualized Education Program (I.E.P.) or is currently being assessed. Code _____

Student has other additional services, for example 504, GATE (please explain):

***Important Note:** The WCCUSD retains all of WCCHS’s share of additional services funds and then provides those services to WCCHS. The WCCUSD can serve most types of needs through services provided on site at WCHS, however, sometimes that is not possible. A student may need to enroll at an alternative school within the district in order to have access to services the district cannot provide at WCHS.

SUSPENSION/EXPULSION HISTORY:

*Important:

Students who have been expelled with due process will not be admitted. If information about a student’s suspensions or expulsion is withheld or omitted, whether on purpose or by accident, the school reserves the right to cancel the student’s admission or dismiss the student after the school year has begun.

My student has been suspended.

My student has been expelled.

If you marked any of the above, please explain below:

EMERGENCY MEDICAL INFORMATION

(Please Print)

NAME _____ BIRTHDATE _____

PARENT/GUARDIAN _____ HOME PHONE _____

CELL PHONE _____ WORK PHONE _____

STREET _____ CITY _____ ZIP _____

MEDICAL HISTORY _____

MEDICINES BEING TAKEN _____

ALLERGIES TO MEDICINE _____

FAMILY DOCTOR _____ HOSPITAL _____

INSURANCE CARRIER _____

TO BE FILLED OUT IF TAKEN TO THE HOSPITAL OR DOCTOR:

HOSPITAL/DOCTOR TAKEN TO _____

TAKEN BY _____ DATE _____ TIME TAKEN _____

RELEASED BY _____

TO BE SENT WITH PARENT

TO BE FILLED OUT IF TAKEN TO THE HOSPITAL OR DOCTOR:

NAME _____ BIRTHDATE _____

PARENT/GUARDIAN _____ HOME PHONE _____

CELL PHONE _____ WORK PHONE _____

STREET _____ CITY _____ ZIP _____

HOSPITAL TAKEN TO _____ DOCTOR TAKEN TO _____

PROBLEM/COMPLAINT _____

MEDICATIONS GIVEN _____ DATE/TIME _____

ALERGIES TO MEDICINE _____

TREATMENT _____

VITALS: B/P _____ PULSE _____ RESPIRATION _____

WEST COUNTY COMMUNITY HIGH SCHOOL Family Agreement – 2010/2011

I agree to be an active participant in my child's education and in the West County Community High School community. I agree to the following:

- I understand that this is a school of choice. Students and their families choose to attend and support West County Community High School. I further understand that the families are expected to contribute time to ensure the continued well being of the school.
- I have received and read the following West County Community High School documents:
 - 1) Mission/Philosophy/General Information Statement,
 - 2) Admissions Information,
 - 3) Curriculum,
 - 4) Discipline Policies, and
 - 5) Student Agreement

I agree to support the school philosophy and policies as stated in these documents and to abide by the terms of this contract. I understand that the school may amend the policies as necessary with written notice to the parents/guardians.

- I will attend monthly membership meetings. **If I do not attend a mandatory monthly meeting, I will be penalized by having 2.5 hours added to my required participation hours. The Administrative Staff will review and log meeting attendance. A letter will be sent notifying me of missed meeting and the penalty. Failure to fulfill my obligation will cause my family to be out of "good standing" and may cause a loss of enrollment for future years.**
- I understand that in this family cooperative, activities such as field trip driving, in-class assistance, lunchtime supervision, administrative assistance, committee work, board of directors' work, maintenance of school grounds and fund raising activities are all integral to the success of the academic program and to the school's operation. As such, I agree to complete 5 hours of participation per month, plus attend monthly membership meetings during the school year.
- I understand that as the school relies on all members to equally share janitorial responsibilities, I agree to clean the school twice a year, on pre-scheduled dates. The time spent on cleaning will count toward the monthly time commitment.
- **If I am unable to complete the required participation hours, janitorial responsibility and attendance at the monthly membership meetings, I am entitled to complete a Waiver Request form, which is attainable in the Administrative office.**

- I will see that my student attends regularly, arrives at school on time and is picked up/goes home at the school dismissal time. I understand that there is no after school care.
- I will attend parent conferences as scheduled by the teachers, who will work to provide flexibility in the conference schedule.
- I will support the school's discipline policy and reinforce understanding of the school and classroom rules with my student.
- I understand that students with a documented history of expulsion will not be allowed to attend.
- I understand that if important information about a student's behavior problems is withheld or omitted, whether on purpose or by accident, the school reserves the right to cancel the student's admission or to dismiss the student after the school year has begun.

Your signature indicates that you agree to the above conditions. Failure to fulfill your obligations will cause your family to be out of good standing and may cause a loss of enrollment priority for future years.

Student Name:

Parent/Guardian Signature:

Date:

Parent/Guardian Signature:

Date:

WEST COUNTY COMMUNITY HIGH SCHOOL

Student Agreement – 2010/2011

I understand that this is a school of choice. All students not wishing to attend West County Community High School (WCCHS) may attend their school of residence. Students who choose to attend also agree to follow WCCHS's policies and school and classroom rules.

I have received and read the WCCHS Discipline Policies. I agree to support these policies and to abide by the terms of this contract. I understand that the school may change the policies as necessary with written notice to the parents/guardians.

I have discussed my choice of this school with my parent/guardian. I agree to the following:

- I will attend school regularly, arrive at school on time, and understand I must go home at the school dismissal time.**
- I will participate in class, do my homework, and work cooperatively with fellow students, teachers, and adults participating at the school.**
- I understand that if I am having difficulty with schoolwork or with other students/issues, it is my responsibility to talk about this to a teacher or other staff member.**
- I will be respectful and honest in my interactions with others. I agree to treat those who are different than myself with respect and understanding. I am willing to learn to accept others for who they are and learn to find something good in everyone.**
- I will follow the school and classroom rules and discipline. I understand that any changes made in the discipline policies will be discussed with students.**
- I understand that WCCHS will include Challenge Day curriculum, which is based on acceptance and non-bullying. I understand bullying is not tolerated at WCCHS, and I agree to refrain from bullying at all times. I understand that bullying includes excessively interrupting someone when they want to speak, excluding someone from conversations, ignoring others when they are trying to be nice, treating others with disrespect in front of other students, or ostracizing or alienating other students and I agree to welcoming fellow students into my social circle.**
- I understand that violence is unacceptable at West County Community High School. I understand that I may never bring a weapon of any type to school. I understand that even toy weapons are not allowed on campus.**
- I understand that if important information about previous expulsion was not included in my application, whether on purpose or by accident, the school reserves the right to cancel my admission or to dismiss me after the school year has begun. I understand that if I do not follow these policies and/or if I am a threat to the health or safety of myself or of others at West County Community High School, I may be suspended and/or expelled (permanently dismissed from the school).**
- I recognize that these policies are meant to encourage a safe and effective learning environment for myself and all of the students at West County Community High School.**

Student Name: _____ **Signature:** _____ **Date:** _____

WEST COUNTY COMMUNITY
HIGH SCHOOL

777 SONOMA ST. RICHMOND, CA 94805

(510) 230-4105

(510) 230-4127

REQUEST FOR CUMULATIVE RECORDS

Date: _____

Last School Attended:

Student Name: _____

Grade: _____ **DOB:** _____

**The above named student has enrolled at West County Community High School.
Please send us the following:**

- _____ **All Student Transcripts**
- _____ **Attendance Records**
- _____ **Special Education Records (if any)**
- _____ **Immunization & Health Records**
- _____ **Discipline Records**
- _____ **Cumulative Folder**
- _____ **Test Scores**

My child is now enrolled at West County Community High School. Please send all pertinent school records to West County Community High School. Thank you.

Parent Name

Parent Signature

Date

Request 1: _____ **Request 2:** _____ **Request 3:** _____

West County Community High School Volunteer Questionnaire

UCCHS depends on your participation to help the school run smoothly. Please fill out the questionnaire below (1 for each adult volunteer) so we may be able to call on you when your talents/skills are needed! These questionnaires will be kept in the office in a binder that staff can access when needed to contact you. Thank you!

Student name: _____ Grade _____

Parent/guardian Name: _____

Email: _____ Phone: _____

Please contact me by email telephone solamente español

I am available (please circle):

Days: MON TUE WED THUR FRI SAT SUN

Times: _____ _____ _____ _____ _____ _____ _____

What skills do you have (please circle):

Filing	Typing	Data Entry	Computer Hardware	Computer Software	Computer Networks
Organizing	Managing	Speaking	Sewing	Phoning	D.J.
Accounting	Math	Music	Theatre	Art	Teacher
Gen Contr	Carpentry	Electrical	Painting	Roofing	Plumbing
Cement	Handyman	Janitorial	Gen. Labor	Windows	Sheetrock
Websites	Gardening	First Aide	Lifeguard	Landscaping	Maintenance

Other special skills: _____

Volunteer Areas (please circle):

Committees:	Volunteer	Admissions	Facilities	Grant Writing	Personnel	Fund-raising	Clubs
Field Trips	Tutoring	Safety Patrol	Sports Teams	Disaster Preparedness		Phone Tree	
Homework Club	Lunchtime Meal Help	Lunchtime Supervisor	Spanish Translation	Work Days	Theatre Club	Music Club	Other club: _____

Date

HOME LANGUAGE SURVEY

School

Room #

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested. In addition, please assist us in the assessment of your child. Thank you for your help.

Name of student: _____

LAST FIRST GRADE AGE SEX

1. Which language did your son or daughter learn when he/she first began to talk? _____
2. What language does your son or daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son or daughter? _____
4. Name the language most often spoken by the adults at home: _____

TO ASSIST US IN THE ASSESSMENT OF YOUR CHILD

5. If a language other than English is indicated on any line above, does your child:

Understand	Speak,	read,	write this language
<input type="checkbox"/> Does not understand	<input type="checkbox"/> Does not speak	<input type="checkbox"/> Does not read	<input type="checkbox"/> Does not write
<input type="checkbox"/> Very little	<input type="checkbox"/> Very little	<input type="checkbox"/> Very little	<input type="checkbox"/> Very little
<input type="checkbox"/> Some	<input type="checkbox"/> Some	<input type="checkbox"/> Some	<input type="checkbox"/> Some
<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent

6. How many years of instruction has your child had in a language other than English? _____

7. Did your child attend school in another country? _____ If yes, how long? _____

yes no

8. Has your child attended school in the United States? _____ - If yes, when? _____/_____/_____ Where? _____

yes no month/year City State School

9. Please write student's date and country of birth Birthdate : _____ Country of Birth _____

month/day/year

**WEST COUNTY COMMUNITY HIGH SCHOOL 2010/2011
STUDENT MEDICINE TRACKING**

Student Name: _____

Parent/Guardian Name: _____

I give my permission for the school to administer:
Acetaminophen _____ Ibuprofen _____

Please check if you wish to be contacted first:
Yes _____ No _____

Parent /Guardian Signature: _____

Date: _____

DATE	STUDENT COMPLAINT	MEDICINE GIVEN	DOSAGE	TIME	STAFF INITIALS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

GENERAL RELEASE

For photographs, videotaping, interview comments, and posting on the Internet

Occasionally West County Community High School would like to use the name, photographs, video recordings, and/or interview comments of students for educational and promotional purposes. Sometimes this includes requests from the news media to record and photograph students while covering school events for news purposes only. Any posting of student-related material on the Internet is done by legitimate news media personnel or WCCHS personnel.

In order to use such material, parental consent is necessary for students under 18 years of age.

2010/2011 SCHOOL YEAR

Please fill out this form and return to WCCHS

Please indicate below if you give permission for your child's name, image or comments to be used:

For WCCHS publications YES NO

For WCCHS website YES NO

By the news media, including:

Newspapers YES NO

Radio YES NO

Television YES NO

Websites YES NO

I understand that WCCHS has no control over further distribution of a photo or image once it appears in a school publication or website. By signing below I hereby release WCCHS from any damages or injuries claimed by the student or guardian related to production or distribution of the photo or image.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

WEST COUNTY COMMUNITY HIGH SCHOOL

777 Sonoma St.

Richmond, CA 94805

(510) 230-4105

DRIVER APPLICATION FORM

The purpose of this form is to reduce the liability of the school and volunteer drivers by being proactive in our selection of field trip drivers. If you are interested in helping with such needs during the school year, please fill out this form and return it to the school office along with copies of your valid California Driver's License, current auto registration, and a copy of the declaration page for your current vehicle insurance coverage. A new driver application form must be filled out each school year. Insurance minimums are as follows:

PUBLIC LIABILITY/BODILY INJURY	\$100,000/\$300,000 per occurrence
PROPERTY DAMAGE	\$50,000 per occurrence
MEDICAL	\$5,000 per occurrence

Section I - Driver Information

Name: _____ Address: _____

Phone: (H) _____ (W) _____ (C) _____

CA Driver's License # _____ Expiration Date: _____

Vehicle #1:

Color/Make/Model/Year: _____

License #: _____ Number of working seat belts: _____

Insurance Company: _____ Policy #: _____

Uninsured/underinsured motorist coverage? Yes: _____ No: _____

Vehicle #2:

Color/Make/Model/Year: _____

License #: _____ Number of working seat belts: _____

Insurance Company: _____ Policy #: _____

Uninsured/underinsured motorist coverage? Yes: _____ No: _____

SECTION II - Requirements for Drivers

I certify that:

1. I possess a valid California Driver's license.
2. I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding transporting other students or faculty members of a field trip that might affect my ability to meet the qualifications for a driver.
3. I will maintain the minimum insurance coverage required by the charter school for vehicle(s) listed in Section I and only volunteer to drive when such insurance policies and coverage are in force.
4. I understand that in case of any type of accident, injury, or vehicle damage, Charter School's liability insurance policy DOES NOT provide primary or direct insurance on my vehicle. Charter school's insurance will take effect only after my personal auto insurance limits are exhausted. I will advise Charter School of any change in information provided on this form, including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change in vehicle.
5. The number of individuals riding in my vehicle(s) will not exceed the number of passengers the vehicle is designed to carry or the number of working seat belts.
6. Students will be in their own seats and secured with individual working seat belts (No double-belted children is permitted).
7. No children under the age of 12 will ride in the front passenger seat.
8. Students will not be left unattended in the vehicle.
9. I will maintain my vehicle(s) in safe operating conditions (brakes, tires, etc.)
10. I will operate my vehicle(s) in a safe manner, including NOT using a cell phone while driving.
11. I will read and follow the instructions for driving and chaperoning students provided by the sponsoring teacher of the field trip.
12. I will notify school personnel if I no longer wish to drive or if I wish to be removed from the approved driver list.

SECTION III - Declaration and Signature

I affirm that I will carefully transport students under my care, including obeying all traffic laws. The information given on this form is true and correct to the best of my knowledge and belief.

Signature

Date

SECTION IV - School Administration Approval

_____ Approved for placement on the Charter School's Approved Driver List

_____ Denied placement on the Charter School's Approved Driver List

Name of Administrator

Date