

**Wright Charter School  
Enrollment Packet and Application  
2009-2010**

Thank you for applying to **Wright Charter School**. Applications must be complete before the enrollment process will be initiated. Complete and return each of the items listed on the checklist. Return Completed Enrollment packets to **Wright Charter School, 4389 Price Avenue, Santa Rosa, California, 95407**. Our Phone number is **(707) 542-0556**.

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Current School and District: \_\_\_\_\_

**Enrollment and Application Check list:**

**MARK**

<b>Family</b>	<b>Office</b>	
_____	_____	<b>Wright Charter School Enrollment Form</b>
_____	_____	<b>Copy of Student's Report Cards for previous 2 years</b>
_____	_____	<b>Copy of student's most recent STAR scores ( for grades 3-8)</b>
_____	_____	<b>Student's Writing Sample and Questionnaire (for grades 5-8)</b>
_____	_____	<b>Parent Questionnaire</b>
_____	_____	<b>Immunization record and required medical exam records</b>
_____	_____	<b>Birth Certificate</b>
_____	_____	<b>Release of Student Records</b>

**Applications must be complete before enrollment process will be initiated. Turn completed forms into the Wright Charter School office.**

Wright School District  
4385 Price Avenue  
Santa Rosa, California

# Wright Charter School

Enrollment Form

Wright Charter School  
4389 Price Avenue  
Santa Rosa, California

Child's Last Name (as it appears on Birth Certificate) \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_ Home Telephone \_\_\_\_\_ Place of Child's Birth \_\_\_\_\_

Primary Ethnicity (mark only one) \_\_\_\_\_ African American or Black (not of Hispanic origin) \_\_\_\_\_ American Indian or Alaskan \_\_\_\_\_ Chinese  
\_\_\_\_\_ Japanese \_\_\_\_\_ Korean \_\_\_\_\_ Vietnamese \_\_\_\_\_ Asian Indian \_\_\_\_\_ Laotian \_\_\_\_\_ Cambodian \_\_\_\_\_ Other Asian  
\_\_\_\_\_ Filipino \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Other Pacific Islander \_\_\_\_\_ White (not of Hispanic origin) \_\_\_\_\_ Decline to state

Child is living full time with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Step- mother \_\_\_\_\_ Step-father \_\_\_\_\_ Grandparent \_\_\_\_\_ Guardian

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Father's Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Place of Birth \_\_\_\_\_ Father's Place of Birth \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact Person (other than above) \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Telephone # \_\_\_\_\_

**Home Language Survey** – 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 the requirement is requested. Please answer the following:

1. What language did your child learn when first beginning to talk? \_\_\_\_\_
2. What language does your child most frequently use at home? \_\_\_\_\_
3. What language do you most frequently speak to your child? \_\_\_\_\_
4. Name the language most often spoken by adults in the home. \_\_\_\_\_

Other Children in the Family	Birth Date	Other Persons in the Home	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is student currently expelled from another school district? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For School Use Only

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

Special Services \_\_\_\_\_ RSP \_\_\_\_\_ SDC \_\_\_\_\_ Speech/Language \_\_\_\_\_ ELD

\_\_\_\_\_ Current student  
\_\_\_\_\_ Resident of area

\_\_\_\_\_ Resident of District  
\_\_\_\_\_ Siblings in Wright

### Proof of Birth Date

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Baptismal Record \_\_\_\_\_ Other

Transferred from \_\_\_\_\_

\_\_\_\_\_ Children of employees  
\_\_\_\_\_ Out of District

**Sonoma County Office of Education  
Student Health History**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student's name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Has your child had any of the following?

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Chicken pox  | <input type="checkbox"/> Tuberculosis             | <input type="checkbox"/> Diabetes                |   |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Allergies                | <input type="checkbox"/> Stinging insect allergy |   |
| <input type="checkbox"/> Heart problems   | <input type="checkbox"/> Behavior problems        | <input type="checkbox"/> Convulsions, seizure    |   |
| <input type="checkbox"/> Frequent colds   | <input type="checkbox"/> Recurring ear infections | <input type="checkbox"/> Eye problems            | <input type="checkbox"/> Movement limitations |
| <input type="checkbox"/> Recent illness, hospitalization, surgery or other physical condition which limits your child's activity at school. |   |  |   |

Please provide additional information for any of the above conditions checked.

\_\_\_\_\_  
\_\_\_\_\_

All medication sent to school must be in the prescription container with a current date.

Does your child require medication at school?  Yes  No

If yes, please complete an "Authorization for Administration of Medicine" (obtain from the school office)

Please indicate:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Hour given \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Hour given \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ Doctor \_\_\_\_\_

Date of last dental exam \_\_\_\_\_ Dentist \_\_\_\_\_

Does your child wear glasses?  Yes  No

Does your child have any medical condition which might require care while at school or which might restrict his/her physical activity, such as contact sports? (Please explain)

Information obtained from this health history may be included on a confidential health conditions list, if appropriate.  
For more information/concerns, please contact the school nurse.

\_\_\_\_\_  
Parent Signature

# Wright Elementary School District

## Informal Primary Language Survey

(To be filled out by parent or registering adult)

### Only for languages other than English or Spanish

Student \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

This form is to be completed for all non-Spanish speaking LEP students. If any of the first three questions on the Home Language Survey are answered by a primary language other than ENGLISH, students are considered LEP unless they have been previously reclassified.

1. My child uses \_\_\_\_\_  
(primary language)
2. Has your child gone to school?  
Outside the United States, how many years? \_\_\_\_\_  
Inside the United States, how many years? \_\_\_\_\_

Check the appropriate space below:

3. How well does your child understand the home language?  
 Understands with some limitations.  
 Understands very little. (a few words, phrases or expressions)  
 Does not understand.
4. How well does your child speak the home language?  
 Speaks fluently.  
 Speaks with some limitations.  
 Speaks very little.  
 Does not speak.
5. How well does your child read the home language?  
 Is a good reader.  
 Reads with some limitation.  
 Reads very little.  
 Does not read.
6. How well does your child write in the home language?  
 Is a good writer  
 Writes with some limitation.  
 Writes very little.  
 Does not write.

# Wright Charter School Parent Questionnaire

Please provide the following information about your child. The information will help us as we plan to meet your child's educational needs.

Please mark the items that most describe your child and his/her strengths as a student.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Excellent Student                         | <input type="checkbox"/> Completes homework          | <input type="checkbox"/> Learns easily             |
| <input type="checkbox"/> Average Student                           | <input type="checkbox"/> Needs help with school work | <input type="checkbox"/> Is motivated to learn     |
| <input type="checkbox"/> Poor Student                              | <input type="checkbox"/> Gets along well with others | <input type="checkbox"/> New Material is difficult |
| <input type="checkbox"/> Needs help organizing and completing work |  |  |
| <input type="checkbox"/> Listens to teachers and other adults      |  |  |

What is the title of the mathematics textbook that your child most recently used?

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What are your child's academics strengths?

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In what areas of academics does your child need to improve? Is he/she behind grade level?

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What special talents, interests, or activities does he/she participate in?

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Do you have any concerns about your child's skills and abilities? If so, what are they and what support do you think is needed?

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Wright Charter School asks that you contribute ten hours of volunteer work a year. How would you like to help? (ex: In the classroom, fundraisers, parent nights, school garden)?

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What other information can you share that will help us to best meet the needs of your child?

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Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Questionnaire

The student enrolling in Wright Charter School must complete this questionnaire in his/her own handwriting. Answers should be a complete. Each question should be answered with a minimum of three sentences. If more space is necessary to provide complete answers you may attach a separate piece of paper.

Why do you want to enroll in Wright Charter School?

(Explain why you and/or your parents have interest in you attending the Wright Charter School?)

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As you move into the next grade level, what classes, courses, and experiences do you want to have included in your education? Explain how those classes, courses and experiences will help you develop as an individual. (Include at least two examples.)

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What do you do well and what do you hope to contribute to the Wright Charter School community?

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*Please note: There are no right or wrong answers to these questions. We want to learn more about you and to have a writing sample for placement.*



Wright School District  
4385 Price Avenue  
Santa Rosa, CA 95407  
(707) 542-0550

J.X. Wilson School  
246 Brittain Lane  
Santa Rosa, CA 95401  
Ph. 525-8350 fax 525-0116

Wright Charter School  
4389 Price Avenue  
Santa Rosa, CA 95407  
Ph. 542-0556 fax 542-0418

R.L. Stevens School  
2345 Giffin Avenue  
Santa Rosa, CA 95407  
ph. 575-8883 fax 573-0317

**Parental Consent for Record Release**

I authorize the Wright Charter School to request all records, including any pertinent developmental, medical or psychological information for:

Name	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of last school attended: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Date