

Trillium Charter School 1464 Spear Ave. Arcata, CA 95521

Male
Female

* Application deadline is March 15th at 3:00 PM for inclusion in the enrollment lottery

Students LEGAL Name: _____ Grade _____ School Year _____
Date of Birth: _____
Last First Middle Mo/Day/Year

Mother/Guardian: First name Last name Home phone Cell/work phone

Father /Guardian: First name Last name Home phone Cell/work phone

Physical Address | Mailing Address (if different)

Email Address

Last School Attended: _____ Last Day Attended: _____
Name of School City/State

Student's Birthplace: _____ If not born in the US, when did your child enter US? ____/____
City/State/Country Mo Yr

ETHNICITY: Mark the ethnicity with which the student most closely identifies. Please check one:
 Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South/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 5 racial categories) The above section is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking boxes to indicate what you consider your race to be.
 Laotian (205) Tahitian (304) Other Pacific Islander
 Chinese (201) Cambodian (207) African American or Black (600)
 Japanese (202) Hmong (208) White (700) (Person having origins in any of the original peoples of Europe, North African or Middle Eastern)
 Korean (203) Other Asian (299) American Indian or Alaskan Native (100)
 Vietnamese (204) Hawaiian (301) (Person having origins in any of the original people of North and South America (including Central America))
 Asian Indian (205) Guamanian (302)

HOME LANGUAGE SURVEY
Which language did your child first learn to speak? _____
What language does your child most frequently use at home? _____
What language is most frequently used by the adults in your home? _____

PARENT EDUCATION LEVEL: Check the response that describes the highest education level of either parent/guardian.
 Did not complete high school Some College (includes AA degree) Graduate school/post graduate training
 High School Graduate College Graduate

What Special Services has your child received? (Please check all that apply)
 Resource (RSP) Special Day Class (SDC) Speech/Language 504 Accommodation Plan
 Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development
Has the student been expelled or is the student in the process of being 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 the most appropriate box:

- Single family permanent residence (house, apartment, condo, mobile home)
- Doubled-up (sharing housing with other families/individuals)
- In a shelter or other transitional housing
- Hotel/Motel
- Unsheltered (car, tent, camping)
- Farm

HEALTH PROBLEMS

Does your child have any known health problems? Yes No

If yes, please describe:

Does your child wear glasses? Yes No

If yes, are they for worn For distance only For reading only At all times

Does your child have any hearing loss? Yes No

ALLERGIES: (Check all that apply) None

- Animals Medications Insects Food Bee Stings Plants

Please list specific things your child is allergic to:

MEDICATIONS: None Epi-Pen Other

If medication is needs to be administered at school, a current medication form must be on file signed by you and your child's doctor.

Name of Medication(s)	Dosage	Time Taken	Purpose

MEDIA PERMISSION

I give permission for my child to be observed, interviewed, photographed, and/or filmed during school-related activities when a representative of the media has been permitted by the staff to be on campus. Yes No

TECHNOLOGY USE

I understand that, under adult supervision, my child may have access to the Internet at school as part of the educational program. Such use is a privilege and will be extended for acceptable use, including approved websites, emails and activities only. Unacceptable uses may result in revocation of computer usage and/or appropriate disciplinary action for acts deemed malicious, harmful, destructive or a willful invasion of another's privacy.

- I have read and agree to the technology terms of use
- My child does NOT have permission to use the Internet use at school

EMERGENCY MEDICAL AUTHORIZATION

I am the parent/guardian of the above named student. In case I am unable to be reached during an emergency, I hereby authorize a representative of the school, pursuant to the provision 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 2 page document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares that they are the legal guardians of the above named student(s) and have the authority to grant the above emergency authorizations.

Date: _____ **Signature:** _____

Date: _____ **Signature:** _____