



## **STUDENT ENROLLMENT APPLICATION**

1610 EAST MAIN STREET ▪ STOCKTON ▪ CA ▪ 95205 209.

948.4511 PHONE 209.943.5218 FAX

**Gayle Stallworth ▪ Executive Director**

**Alice Stallworth ▪ Principal**

# Dr. Lewis Dolphin Stallworth Charter, Inc.

## REGISTRATION CHECKLIST

Name: \_\_\_\_\_ Entry Date: \_\_\_\_\_

DOB \_\_\_\_\_ School Entry Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Local ID # \_\_\_\_\_

\_\_\_\_\_ Resident Verification (PG&E/Water or Rental/Lease Agreement)

\_\_\_\_\_ Resident Affidavit; if living with someone

\_\_\_\_\_ Birth Certificate, Baptismal Certificate, Passport , Or Hospital documentation

\_\_\_\_\_ Yellow Immunization Card – VERIFIED / UP TO DATE  
(shots must be current & stamped by physician's office)

\_\_\_\_\_ Kinder/First Grade Physical

\_\_\_\_\_ Waiver (w/ proof of appointment)

\_\_\_\_\_ Kinder Dental Form (or waiver)

\_\_\_\_\_ Report Card (K-8) / Transcript (9<sup>th</sup>-12<sup>th</sup> )

\_\_\_\_\_ Registration / Emergency Info

New Student Questionnaire

Special Ed Resource Other

Transfer papers

Permit to Photo and Video Reproduction

Uniform Guide lines

Student Handbook

Yearly Calendar

Parent Involvement

Lunch Application

Special Meals Accommodations

Bus Request

Text book Form

Copy of IEP



# Dr. Lewis Dolphin Stallworth Charter, Inc.

## EDUCATIONAL INFORMATION

Does your child have an IEP?  No  Yes (If Yes, please attach the most recent IEP completed for your child)

Speech/Language  RSP  Special Day Class  Behavior Support Plan

Is the student now on a 504 Disability Accommodation Plan?  No  Yes (If Yes, please attach a copy)

Has your child been identified as GATE?  No  Yes

Have you been involved in an SST (Student Success Team) meeting at a pervious school?  No  Yes

Last SST Date: \_\_\_\_\_

Has your child even been retained?  No  Yes (if Yes, indicate grade level and school): \_\_\_\_\_

Is your child currently:  on a SART contract  on a SARB contract  Expelled  Formally Expelled

Is an expulsion pending at the previous school district? (District Name): \_\_\_\_\_

## EMERGENCY INFORMATION ( In case of an emergency and we are unable to contact you, please list three other contacts)

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_

## STUDENTS MEDICAL INFORMATION

Please list any allergies the school should be aware of: \_\_\_\_\_

Describe any physical, health, or medical information we should be aware of including special medications required during school:

Will you child be bring any special medications to school?  No  Yes

If yes, please request a medical dispense form from school office.

Doctor's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Note: Dr. Lewis Dolphin Stallworth Sr., Charter Schools Inc. does not carry health insurance for students. In the event of an emergency, all medical and associated costs are the responsibility of the parent/guardian.

## T-DAP VERIFICATION 2011-2012

AB 354 is mandating that every student entering 7<sup>th</sup> -12<sup>th</sup> grades must have the T-DAP (Tetanus, Diphtheria, and acellular Pertussis) booster by registration for the 2011-2012 school year. If you child has not yet received the vaccination please, request a T-DAP verification form from the front office. Please note that Stallworth Charter will not be able to process enrollment unless you have the following:

**Proof of vaccination, Permanent exemption from immunization, or Temporary exemption**

# Dr. Lewis Dolphin Stallworth Charter, Inc.

**STUDENTS PRIMARY RESIDENCE CATEGORY**- Please describe the location where the student lives most often, whether or not it is considered "permanent"

- Permanent Housing (20)** – Any fixed and regular residence that is owned, rented, or sublet (i.e. house, condo, apartment, mobile, home, etc..)
- Foster Family Home or Foster Kinship Placement (21)** – A family resident that is licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide 24 hour non-medical care and supervision for not more than six foster children, including, but no limited to, individuals with exceptional needs.
- Temporary shelter (10)** – A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in an emergency situation
- Hotels/motels (09)** – A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly or other similar reasons
- Temporary Doubles Up (11)** – A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic, hardship, or other similar reasons
- Temporary Unsheltered (12)** – A type of residence for homeless individuals that is not meant for human habitation, such as a cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital ( on the street)
- Other (30)** – Any other type of residence not referenced in any other Primary Residence Category
- Licensed Children’s Institution (22)** – A residential facility that is licensed by the state, or other public agency having delegated authority by contract with the state to licenses, to provide non-medical care to children, including, but not limited to, individuals with exceptional needs
- Residential School/Dormitory (23)** – A nonsectarian school where a student with exceptional need resides on a 24- hour basis and receives special education and related services at the school. This includes both public and private facilities
- Health Institution (24)** – A public hospital, state licensed children’s hospital, psychiatric hospital, proprietary hospital, or a health facility for medical purpose ( E.C. 56167(a))
- Incarceration Institute (25)** – Individuals who have been adjudicated by the juvenile court, for placement in a juvenile hall or juvenile home, day center, ranch, or camp, or for individuals placed in a county community school (E.C. 56150)
- Development Center (26)** – A residential facility providing services to individuals who have been determined by the Department of Developmental Services (DDS) regional centers to require programs, training, care, treatment and supervision in a structured health facility setting on a 24 – hour basis
- State Hospital (27)** – A state hospital is a residential facility operated by the California Department of Mental Health (DMH)

## **PARENT/GAURDIAN INFORMATION**

Mother’s Name: \_\_\_\_\_ Student Resides With: Yes  No

Home Address: \_\_\_\_\_ Apt \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Student Resides With: Yes  No

Home Address: \_\_\_\_\_ Apt \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian’s Name: \_\_\_\_\_ Student Resides With: Yes  No

Home Address: \_\_\_\_\_ Apt \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**STUDENTS LIVE WITH:**  Both Parents  Joint/Shared Custody  Father  Mother  Step Parent Only

Guardian  Caregiver  Other Relative  Other Adult

If there is a legal custody agreement or other court order regarding this student, please indicate type and attach a copy:

Joint Custody  Sole Custody  Guardianship  Other

# Dr. Lewis Dolphin Stallworth Charter, Inc.

---

**PARENT EDUCATION LEVEL** -Check the response that describes the education level of the **most highly educated** parent or guardian:

- |   |  |
|---|--|
| <p><input type="checkbox"/> <b>Graduate Degree or Higher (5)</b> – An individual received a Masters or Doctorate Degree</p> <p><input type="checkbox"/> <b>College Graduate (4)</b> -An individual attended a postsecondary education institution and graduated with a Bachelor’s Degree</p> <p><input type="checkbox"/> <b>Some College or Associate’s Degree (3)</b> – An individual attended or is attending postsecondary education institution but did not or has not yet graduated with a Bachelor’s Degree. This includes an individual an individual who received an Associate Degree</p> | <p><input type="checkbox"/> <b>High School Graduate (2)</b> – An individual graduated from high school, met all state and local requirements, and received a standard high school diploma</p> <p><input type="checkbox"/> <b>Not a High School Graduate (1)</b> – An individual did not meet all state and local graduation requirements an did not receive a standard high school diploma</p> <p><input type="checkbox"/> <b>Decline to State (6)</b> – An individual decline to state his or her highest educational level</p> |
|---|--|

**DISMISSAL OF AUTHORIZATION**

At dismissal time, I authorize my child, \_\_\_\_\_ to:

- Walk**     
  **Take the bus**     
  **Take other transportation**     
  **Other (specify below)**
- 

**AUTHORIZATION FOR STUDENT PICK-UP**

The following individuals are authorized to pick up my child from school:

NAME	RELATIONSHIP	CONTACT PHONE
1.		
2.		
3.		
4.		
5.		

**CONSENT TO PHOTOGRAPH, FILM, VIDEOTAPE, & RECORD**

I hereby give my consent to Dr. Lewis Dolphin Stallworth Sr., Charter Schools Inc. to take or authorize others to photograph, film, video and/or record the voice of:

Student’s Name (Please Print): \_\_\_\_\_

I understand that these photographs/film/videotape/recordings may be used for educational purpose through the medium of radio, television, newspaper, film, or internet.

Signature of Student or Parent if Student is a Minor: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF RECORDS**

Public law 93-380 requires a parent’s/guardian’s signature (or student’s if 18 years of age) before records can be released. We are not permitted to release any information without written authority. I authorize the Dr. Lewis Dolphin Stallworth, Sr. Charter Schools, Inc. to release the records of Student’s Name (Please Print) \_\_\_\_\_ to requested elementary, high schools, colleges and/or universities. I also grant permission to release information for scholarship consideration.

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

# Dr. Lewis Dolphin Stallworth Charter, Inc.

## ENGLISH HOME LANGUAGE SURVEY

Enrollment Date: \_\_\_\_\_

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

Date Of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_

Male  Female

Student I.D. #: \_\_\_\_\_

The California Education Code (State of California, Department of Education, OPER -77 R – 6/78) 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. Please answer the following questions and have your son/daughter return this form to the office. Thank you for your help.

Name of student \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_

### Questions: Part 1:

1. Which language did your son or daughter learn when he or 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? \_\_\_\_\_
5. What is the first date the started school here in the United States? \_\_\_\_\_

### Questions: Part 2:

1. Is this student Hispanic or Latino? YES or NO
2. Choose circle one or more ethnicities :

American Indian	Asian American	Black-African American	Cambodian
Chinese	Filipino	Guamanian	Hawaiian
Hmong	Japanese	Korean	Laotian
Other Asian	Other Pacific Islander Samoan		Tahitian
Vietnamese	White		

Stallworth Charter School requires the following information:

1. Student was born in \_\_\_\_\_ and entered the USA on \_\_\_\_\_.  
Name of Country Date
2. Is the student a Native American Indian? Yes \_\_\_\_\_ No \_\_\_\_\_ What Tribe? \_\_\_\_\_

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

## SUSPENSION/EXPULSION QUESTIONNAIRE

Dear Parents/Guardian,

California Education Code 49079 requires that teachers be informed of each student who has violated a school's discipline code during the current and three (3) pervious school years. This notification requirement includes information the school receives from law enforcement agencies.

Therefore, please answer the following questions and provide requested information:

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

# Dr. Lewis Dolphin Stallworth Charter, Inc.

## SUSPENSION/EXPULSION QUESTIONNAIRE CONT.

- (1) Has this student been SUSPENDED from any school in the last three (3) years for any reason? Suspension is a short term removal from school for one (1) to five (5) days.

YES \_\_\_\_\_ REASON(S) for SUSPENSION(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (2) Has this student ever been EXPELLED from a school district? Expulsion is removal from school for an extended period of time (one semester, two semester or up to one year).

YES \_\_\_\_\_ REASON(S) for EXPULSION(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (3) Is this student currently on Juvenile Probation for violation(s) of the California Penal Code?

YES \_\_\_\_\_ REASON(S) on PROBATION(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify (or declare) under penalty of perjury under the laws of the State of California that the information I provided on this questionnaire form is true and correct.

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

## EMERGENCY POLICIES & PROCEDURES

In the event of an emergency, students will remain under the supervision of school officials until families or responsible adults can pick them up from school. To pick up a student, please follow the procedures below.

- a) Inform the teacher, paraprofessional, or whichever adult is responsible for that classroom, that you are taking the student.
- b) Sign a Student Release Form for each student you are taking.
- c) Please leave the premises as quickly as possible after signing out your child.
- d) If you would like to help with first aid, dismissing students, etc., please see Ms. Gayle Stallworth to sign up to volunteer. Volunteers should leave students with their classes and should not sign a Student Release Form until they are ready to leave.

In the event that you are unable to reach the school right away, we will release your child to the adult indicated on your child's Authorization for Student Pick - Up form. This individual will be required to sign a Student Release Form as well.

The school principal (or the school official if the principal is not available) will determine whether to evacuate the building. In the event of an evacuation, we will transfer the student to the nearest available safe shelter.

In the event of an emergency, we urge families to work with the School so that we can ensure the safety of all students.

**I have read, understand, and agree to the emergency policies and procedures herein.**

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

# Dr. Lewis Dolphin Stallworth Charter, Inc.

## CONFIDENTIAL-TITLE I SURVEY

We believe that your personal involvement in your student's individualized education is an important contribution to their future. While we are constantly striving to provide better services to our students, we are also looking for ways to offset the demands of home-based education. The best way to ensure that we provide resources, materials, and opportunities above and beyond what one would expect from Site-Base, Independent Study education is to seek and obtain the optimum levels of funding from the state and federal government grants, and other sources.

To get this funding, the state requires information from us regarding the students we are serving. By taking this survey, you are helping us to provide the most accurate picture of our school community, to assess the student's needs thus enabling us to better understand the services we can provide. The most common cause of our school under funding, especially in the case of schools similar to ours, is the lack of demographic information, which you are providing by filling out this survey.

Note: All information is strictly confidential. Results of the survey are tabulated and used as whole as a whole count, not on an individual basis.

If you have read and understand this form but choose not to participate, please check this box:

Annual Income:  \$0-15,000  \$15,001-\$30,000  \$30,001-\$45,000

\$45,001-\$60,000  \$60,001-\$75,000  \$75,000-above

Household Size (including you)

2                      3                      4                      5                      6 or more

Does your household receive any of the following?:

Food Stamps  California Work Opportunity and Responsibility to Kids (CALWORKS)

Food Distribution Program or Indian Reservation (FDPIR)  Other  None

Case Number: \_\_\_\_\_ Parent/Guardian Print Name: \_\_\_\_\_

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

## PARENT-STUDENT TECHNOLOGY AGREEMENT

I \_\_\_\_\_ (student name) understand that the computers at Dr. Lewis Dolphin Stallworth Sr., Charter School, Inc. are for education purposes only. This agreement is for the protection and for the security of DLDSSCSI school equipment.

I understand that abuse or unauthorized use of the Stallworth charter school computers shall result in disciplinary action including: loss of computer privileges, financial compensation, detention, parental conference, suspension or expulsion. In addition, any activity that violates state or federal law shall be reported to the proper authorities.

1. Student must give out personal, family or school information such as names, addresses, phone numbers, email or any other pertinent information of other students or staff members.
2. Students must not download/upload or install any software or equipment on DLDSSCSI's computers. **ALL** program installation must be completed by authorized staff personnel **ONLY**.
3. Students must not attempt to access servers and/or other workstations.
4. Students must not attempt to access the internet unless they have an "Internet Pass" from their teacher. Internet Passes must be returned to the teacher when the student has completed the approved activity or by the end of the day, whichever comes first, however students may not "surf" the internet outside of approved link.
5. Students shall not be permitted to sign up for internet account, messaging, e-mail, purchases/orders, or other services on DLDSSCSI computers.
6. Students are not permitted to use DLDSSCSI computers to send, receive or read e-mail or weblogs.
7. Students are not permitted to play games, stream information unless the site had been approved by the teacher and they have an internet pass to be used while on privilege status.

Students and parent(s) agree to hold Dr. Lewis Dolphin Stallworth, Sr. Charter School, Inc. harmless for student Internet activity. All provision in this agreement will be strictly enforced.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

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

# Dr. Lewis Dolphin Stallworth Charter, Inc.

---

I verify that the information on the New Student Enrollment Form is true to the best of my knowledge, and I understand that any incorrect information could negatively affect the enrollment and placement of my student.

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