

School Name: **Volcano School of Arts & Sciences, A Public Charter School** Date application received: _____

STUDENT APPLICATION FORM SY _____
INSTRUCTIONS: To apply please complete Page 1 ONLY

Information Sess.	School Tour	MCK-Vento	Adm Policy
FOR SCHOOL USE ONLY			

STUDENT PERSONAL DATA

Last Name: _____ Birth Date: _____
 First Name: _____ Applying for: Pre-K _____ Kindergarten: _____ or Grade: _____
Must be 4 yrs old (PK) or 5 yrs old (K) by July 31st for the year that you are applying.
 Middle Initial: _____ Lineage: (Jr, II, III, etc.) _____ Applying for Community-Based Education Program Yes _____ No _____
 Home Phone: _____ Cellular Number: _____ Unlisted: Yes _____ No _____

Residence (Identifiable location required)	Mailing Address: (if different from home address)
Number _____ Street _____ Apt. # _____	Number _____ Street _____ Apt. # _____
City _____ State _____ Zip code _____	City _____ State _____ Zip code _____

PRESCHOOL EXPERIENCE

Preschool Experience: Yes _____ No _____
 If "Yes"-attended: _____ less than 6 months
 _____ between 6 and 12 months
 _____ more than 1 year

CURRENT SCHOOL ATTENDING

Name: _____
 Current Grade: _____ Year: _____

CITIZENSHIP

Country of Birth: _____ If Country of Birth is other than US, give year of arrival: _____
 US Citizenship: Yes _____ No _____ If not US Citizen, indicate status: Refugee _____ Immigrant _____ Non-Immigrant _____
 Alien Number: _____

PARENT/GUARDIAN CONTACT INFORMATION

FIRST

Check One: _____ Mr. _____ Mrs. _____ Ms. _____ Other (specify) _____ Relation: _____

_____ Last Name _____ First Name _____ Employer's Name _____

_____ Home Phone # _____ Cellular Phone # _____ Work Phone # (include ext.) _____ Email Address _____

_____ Address (if different from student's) _____

Custody of child: Yes _____ No _____ Child lives with this contact: Yes _____ No _____
If accepted for enrollment, parent must provide documentation of custody status if needed

SECOND

Check One: _____ Mr. _____ Mrs. _____ Ms. _____ Other (specify) _____ Relation: _____

_____ Last Name _____ First Name _____ Employer's Name _____

_____ Home Phone # _____ Cellular Phone # _____ Work Phone # (include ext.) _____ Email Address _____

_____ Address (if different from student's) _____

Custody of child: Yes _____ No _____ Child lives with this contact: Yes _____ No _____
If accepted for enrollment, parent must provide documentation of custody status if needed

SCHOOL SUPPLEMENTARY INFORMATION - Other Children in Family

Name	Age	Name	Age
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

INSTRUCTIONS: To be completed upon acceptance only!

School Name: **Volcano School of Arts & Sciences, A Public Charter School**

Date Accepted: _____

Notified via: _____

STUDENT ENROLLMENT FORM

SY _____

Student ID No. _____

Proof of Age _____

Proof of Res. _____

Medical/TB _____

Name _____

Gender: M _____ F _____

FOR SCHOOL USE ONLY

LANGUAGE INFORMATION (For Demographic Purposes Only)

Language Codes: (Select a letter from the list and fill in the blanks below)

_____ Student's First

_____ Language Most Often

_____ Language Most Often

Acquired Language

Spoken at Home

Used by Student

A - English

F - Cebuno/Isayan

K - Vietnamese

Q - Fijian

V - Pangasinan

L - Other (Specify): _____

B - Cantonese

G - Hawaiian

M - Chuukese

R - Hmong

W - Portugese

C - Mandarin

H - Japanese

N - Pohnpeian

S - Lao

X - Spanish

D - Ilocano

I - Korean

O - Cambodian

T - Marshallese

Y - Thai

E - Tagalog

J - Samoan

P - Chamorro

U - Pampango

Z - Tongan

ETHNICITY INFORMATION (For Demographic Purposes Only)

Ethnicity Code: _____ (Select up to 2 choices from the list below and fill in the blank(s) to the left)

A - American Indian

D - Filipino

G - Japanese

J - Span, Cuba, Mex, Puerto Rican

M - Other (Specify): _____

B - Black

E - Hawaiian

H - Korean

K - Samoan

C - Chinese

F - Part Hawaiian

I - Portuguese

L - White

N - Indo-Chinese
(Camb, Viet, Lao)

OTHER INFORMATION

(Person to Notify In Case Of Emergency if First or Second Contact cannot bereach)

Check One: ___ Mr. ___ Mrs. ___ Ms. ___ Other (specify) _____

Last Name _____

First Name _____

Employer's Name _____

Home Phone # _____

Cellular Phone # _____

Work Phone # (include ext.) _____

Email Address _____

PHYSICIAN INFORMATION

Doctor's Name or Clinic Name _____

Office Phone # _____

Medical Insurance _____

PRIOR SCHOOL ATTENDED

Name: _____

Address: _____

ADDITIONAL INFORMATION

The following questions are optional:

A. Does this student have a current IEP, 504, or related services?
If so, please describe and/or provide documentation.

Yes _____

No _____

B. How did you hear about Volcano School of Arts & Sciences?

Parent/Legal Guardian Signature: _____

Date: _____

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