

Admission Requirements

The charter school shall not charge an application fee nor shall it charge tuition. The charter school shall be nonsectarian in its admission and enrollment policies and shall not discriminate against any student on the basis of ethnicity, national origin, gender, or disability.

The Mark West Charter School will actively recruit a diverse student population from the district and surrounding areas who understand and value the school's mission and are committed to the school's instructional and operational philosophy. Admission to the school shall be open to any resident of the State of California. Prospective students and their parents or guardians will be briefed regarding the school's instructional and operational philosophy and will be informed of the school's student-related policies. The school will establish an annual recruiting and admissions cycle, which shall include reasonable time for all of the following: (1) outreach and marketing, (2) orientation sessions for parents and students, (3) an admissions application period, (4) an admissions lottery if necessary, and (5) enrollment. The school may fill vacancies or openings that become available after this process using either a waiting list or any other non-discriminatory process. (In the case of Home Study students admission is open to students residing in Sonoma County or any contiguous county per Ed code section 51474.6 and 46300.2).

In the event that the number of students seeking admission to any grade or class exceeds capacity, the school shall have the right to grant priority in admissions to siblings of current students, children of staff, and residents of the charter-granting district or county.

Enrollment in the Mark West Charter School requires the following:

- Student Registration form
- Home Language Survey (for incoming TK/K only)
- Parent/Guardian Application Questionnaire and Student Application Questionnaire
- Student Profile must be submitted by the student's current teacher
- Birth Certificate
- Immunizations

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Existing students of the Mark West Charter School who have successfully honored the student pledge and policies of MWCS will be guaranteed a placement for the following year.

Intentionally left blank for two-sided copying



4600 Lavell Road, Santa Rosa, CA 95403

Phone: (707) 524-2741

Fax: (707) 524-2782

STUDENT REGISTRATION FORM

Child's LEGAL Name: Last First Middle

Program: Regular Program Home Study Program Grade Entering:

SEX: M F Non-Binary Date of Birth: Month Day Year

Address:

City: Zip: Phone:

Previous School: City: State: Zip: Phone:

Immunization record box with fields for Date Stamp Rec'd, Application #, Enter Date, Permanent ID, and checkboxes for Tdap Booster, Immunization Record, Emergency Form, Review Records/Rights Notif., and Cum Request.

Birthplace: City: State: Country: US Citizen: Yes No
Date first attended school in the U.S.: Month Day Year Date first attended school in California: Month Day Year

Mother/Guardian's Name: Last First Relationship

Father/Guardian's Name: Last First Relationship

Other's Name: Last First Relationship

Mother's email: Father's email:

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

Parental selection checkboxes: Father, Mother, Both, Step-Father, Step-Mother, Guardian, Foster/ Group Home, Other. Includes questions about legal guardianship and custody.

Student Programs & Behavior

Information for staff purposes. Includes checkboxes for Special Education (RSP, SDC, Speech/Language, 504, Full Inclusion) and Other Programs (Gifted, Remedial, Counseling, etc.).

Residence - where is your child/family currently living? (Federally mandated by NCLB) - check all that apply

Residence checkboxes: In a single family permanent residence, Doubled-up, In a shelter, In a motel/hotel, Unsheltered, Other (specify).

Brothers, Sisters, Others in Your Home (Please state name, relationship, birth date/grade)

Numbered list for listing family members: 1. 2. 3. 4.

Highest education level by either parent/guardian (Confidential information needed for State Testing)

- Graduate school / Post-graduate training College graduate Some college (includes AA Degrees)
 High school graduate Not a high school graduate

Duplicate Mailing

If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Full Name: _____ Phone #: () _____

Address: _____

***Please provide 2 self-addressed stamped envelopes. Reports are mailed for the 2nd and 4th quarters.*

Ethnic Data

(Confidential information needed for Federal/State reports)

What is your student's ethnicity? (Please check one)

- Hispanic or Latino Not Hispanic or Latino

Racial Data

(Confidential information needed for Federal/State reports)

Please select one or more boxes to indicate what you consider your student's race to be.

- African American or Black (not of Hispanic origin) Filipino / Filipino American
 American Indian or Alaskan Native: of Native American descent (for example, descendents of the Navajo, Pomo, Aztec, Inca, or Mayan people)
 White: Of European descent (for example, descendents of the Spanish, French, Italian or Portuguese people)

Asian

- Chinese
 Japanese
 Korean
 Vietnamese
 Asian Indian
 Laotian
 Cambodian
 Hmong
 Other Asian

Pacific Islander

- Native Hawaiian
 Guamanian
 Samoan
 Tahitian
 Other Pacific Islander

Is either parent/guardian on active duty in the US Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or on full-time active duty with the National Guard?

- YES NO

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Parent / Guardian Signature

Date

Verified by: _____



Mark West Union School District

Home Language Survey

Date: _____ School: _____

Teacher: _____

California Education Code requires the schools to determine what language is spoken in each students' home. This information is essential for the schools to provide appropriate instructions to all students.

We need your help to satisfy this important requirement. Please answer the following questions and have your child return this form to his/her teacher.

Name of Student _____
Last name First name Middle name

Date of Birth: _____ Age: _____ Grade: _____

- 1. What language did your child first learn to speak? _____
2. What language does your child use most frequently in the home? _____
3. What language do you use most often with your child? _____
4. What language is most often used by the adults at the home? _____
5. What country was your child born in? _____
6. What is the date your child entered the United States? _____
7. What is the date your child was enrolled for the first time in the United States? _____
8. Was your child taught in a language other than English at his/her previous school? _____
a. How many years? _____
b. What grades? _____
c. What language? _____

Signature of parent or guardian: _____

FOR SCHOOL USE ONLY

Table with 4 columns: English Assessment, Date, Score, Level. Rows include CELDT, Listening/Speaking, Reading, Writing, Overall.

Table with 2 columns: Recommended Placement, Date. Rows include ELD, Fluid English Proficiency, Comments.

Intentionally left blank for two-sided copying

MWCS Parent/Guardian Application Questionnaire

Parent's Name: _____ Date: _____

Student's Name: _____

1. I am interested in the Mark West Charter Independent Home Study Program for my child because:

2. What areas of strength do you feel your child has?

3. What areas of weakness do you feel your child needs to develop to fulfill his/her potential?

4. In order to help us best meet the academic and social needs of your student, please let us know any programs your student has been involved in. (Examples: Academic support, GATE, Counseling, RSP, 504 Plan, English Language Support).

5. How did you hear about Mark West Charter Independent Home Study Program?

Elementary School

Word of Mouth

Other: _____

PTA Directory

MWCS Website

MWCS Student Application Questionnaire

Name: _____ Date: _____

Current School: _____ Current Grade: _____

Please answer the following questions in **ink** and in your **own handwriting**. You may **use a dictionary** for correct spelling and word selection. Answers should be limited to the space provided. Thank you.

1. Why are you interested in becoming a student at the Mark West Charter Independent Home Study Program?

2. List three of your ideas for interesting enrichment or fun.

Enrichment/Fun

1)

2)

3)

3. What do you feel are your greatest challenges and greatest strengths in school?

4. What have you liked about school in the past and what are your hopes for the next school year?

Mark West Charter School Student Profile

(To be filled out by current teacher, please return signed and in a sealed envelope)

Thank you for taking the time to fill out this student profile. Please return this form directly to Mark West Charter School, 4600 Lavell Road, Santa Rosa, CA 95403. If you have any questions, please contact us at 707-524-2741.

Student Name: _____

Grade: _____ School: _____

District: _____ Current Teacher's Name: _____

The above student is applying to Mark West Charter School. We provide a rigorous academic program through technology and project based learning. Your responses are valuable in helping us make sure students will succeed in our program

	Good	Fair	Poor	N/A	Inconsistent
Homework Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Work/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Directedness/ Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths: _____

Concerns: _____

Classroom Conduct: _____

Additional Comments (Be Specific): _____

Signature of Teacher: _____

Intentionally left blank for two-sided copying