



Bullis Charter School Registration Checklist

Open Enrollment Period: November 2, 2009 – January 29, 2010

Thank you for registering your child in Bullis Charter School. Enclosed in this packet are the registration materials that **must** be fully completed before your child is eligible for enrollment to Bullis Charter School for Fall 2010.

Please note: Submitting a completed Registration Packet does not automatically guarantee enrollment. If your child is accepted to Bullis Charter School, additional enrollment forms will be sent to you and must be completed prior to admission. Your enrollment or wait-list confirmation as well as the additional enrollment forms will be mailed at the conclusion of this Open Enrollment Period.

Included in this registration packet are the following forms. It is important that **all** required forms are completed and submitted within the dates of this Open Enrollment Period in order to be eligible for enrollment for Fall 2010.

Required documentation for applications (1 per child):

- ___ (1) Registration Form*
- ___ (2) Home Language Survey*
- ___ (3) Ethnicity/Parent Education Level/Mobility Survey*
- ___ (4) Request for Student Records – Release of Information*
- ___ (5) Copies of most recent report card, progress report, and testing results
- ___ (6) Copy of the child's Birth Certificate
- ___ Proofs of Residency
- ___ (7) Copy of parent/legal guardian's driver's license
- ___ (8) Recent copy of property tax bill, or deed or lease/rental agreement
- ___ (9) Recent copy of utility or phone bill showing residency address
- ___ (10) One of the following: (**Los Altos School District residents only**)
 - Proof of residency from Santa Clara County Registrar of Voters; or
 - Current DMV vehicle registration showing residency property address
 - One other recent bill mailed to your residence address

Optional: (Not required for registration, however, MUST be complete before a child is allowed to attend school)

- ___ (11) Registration Health Requirements

Information on this form may be shared with the Santa Clara County Office of Education, BCS's chartering agency.

**Please send or bring completed Registration Packet to:
102 West Portola Avenue, Los Altos, CA 94022-1210
Registration Packets that are received after January 29, 2010
will not be eligible for the 2010-11 Open Enrollment Period.**

Please contact the office if you do not receive written confirmation of your completed application within two weeks of submitting the application.

If you have questions about the application process, please contact us at info@bullischarterschool.com.

*Additional copies of these forms can be downloaded from the Bullis Charter School Website at: www.BullisCharterSchool.org

102 W. Portola Ave.
Los Altos, CA 94022

Phone: (650) 947-4939
Fax: (650) 947-4989

**STUDENT HEALTH HISTORY
CURRENT HEALTH INFORMATION**

● Information obtained from this health history will be included on a confidential health conditions list, if appropriate.

Does your child have any of the following medical conditions? Please check the appropriate boxes:

- Current seizures
If checked, on medication? Yes No
- Current asthma
If checked: uses inhaler on medication
- Diabetes
If checked: Insulin dependent? Yes No
- Bee sting allergy
If checked, requiring: Epi-pen Benadryl
- Behavior problems
- Hearing aids
- Movement limitations
- Prosthesis
- Speech problems
- Recent hospitalizations. If checked, please explain:

- Severe allergies requiring medication. If checked, please explain: _____
- Other (please explain):

- Vision or eye problems: Yes No
If yes, wears glasses:
 for board work
 for reading
 all the time
Date of last eye exam: _____

- Medication: If your child requires medication at school, all medication sent to school must be in the prescription container with a current date and an "Authorization for Administration of Medication" form must be on file (obtain from the school office). Please indication:
Medication: _____ Dsge: ____ Hr(s) given: _____

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SPECIAL EDUCATION

Does the student have an active IEP?

No Yes

If Yes, please attach a copy of the IEP with your application.

	Date Entered	Date of Last IEP Meeting
<input type="checkbox"/> Mental Retardation <small>(10/MR)</small>		
<input type="checkbox"/> Hard of Hearing <small>(20/HH)</small>		
<input type="checkbox"/> Deaf <small>(30/Deaf)</small>		
<input type="checkbox"/> Specific Learning Disability, please name: _____ <small>(40/SLI)</small>		
<input type="checkbox"/> Visual Impairment <small>(50/VI)</small>		
<input type="checkbox"/> Emotional Disturbance <small>(60/ED)</small>		
<input type="checkbox"/> Orthopedic Impairment <small>(70/OI)</small>		
<input type="checkbox"/> Other Health Impairment, please specify: _____ <small>(80/OHI)</small>		
<input type="checkbox"/> Speech/Language Impairment <small>(90/SLD)</small>		
<input type="checkbox"/> Deaf-Blind <small>(100/DB)</small>		
<input type="checkbox"/> Multiple Disability, please specify which ones: _____ <small>(110/MD)</small>		
<input type="checkbox"/> Autism <small>(120/AUT)</small>		
<input type="checkbox"/> Traumatic Brain Injury <small>(130/TBI)</small>		

Please identify which school district developed the IEP:

The undersigned declares that the address of the student given above is the true and correct primary residence of the child within the boundaries of the Bullis Charter School, and that the undersigned will immediately inform the School of any change in address which subsequently occurs.

The undersigned declares that the above information is true and correct to the best of his/her knowledge.

Parent/Guardian signature

Date



Bullis Charter School
102 West Portola Avenue
Los Altos, CA 94022
(650) 947-4939 tel
(650) 947-4989 fax

REQUEST FOR STUDENT RECORDS— RELEASE OF INFORMATION

To the Parent or Guardian:

Please remember to sign the attached form and include it along with your completed Registration Packet by January 29, 2010.

Please know that your child's records will NOT be requested unless your child is offered a spot at Bullis Charter School AND you accept that spot by completing an Enrollment Confirmation form. Records are requested shortly before the end of the school year.

Incomplete or late Registration Packets will not be eligible for consideration for this Open Enrollment Period.

Thank you.



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Los Altos, CA 94022
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REQUEST FOR STUDENT RECORDS

To the Parent or Guardian: Please complete and sign the statement below:

Applicant Name:

_____ (Last) (First) (Middle)

Current School: _____ Current Grade: _____

School Address: _____

I authorize _____ (current school) to release school records on file for the above student to Bullis Charter School.

Parent/Guardian: _____ Relationship: _____
(Print Name)

Parent/Guardian Signature: _____ Date: _____

To the School: The student list above is registering to Bullis Charter School. To aid our enrollment process, please send the following information for the student:

- All Report Card/Progress Reports
- Results of all standardized tests and evaluations
- Results of all Cognitive Abilities tests and evaluations
- Results of all criterion-referenced tests and evaluations
- Current Health Card
- All Student Study Team (SST) evaluations and recommendations
- All Special Education Records including evaluations and Individual Education Program (IEP)

Please send this information (including this form) to: **Bullis Charter School**
102 West Portola Avenue
Los Altos, CA 94022-1210



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Los Altos, CA 94022
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REQUEST FOR MOST RECENT REPORT CARD, PROGRESS REPORT, AND TESTING RESULTS

To the Parent or Guardian:

Please remember to include a copy of the following items along with your completed Registration Packet by January 29, 2010.

- 1. Most recent report card or progress report**
- 2. STAR or any other testing results**

We understand that this may not be applicable for children applying for kindergarten.

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Thank you.



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Los Altos, CA 94022
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REQUEST FOR BIRTH CERTIFICATE

To the Parent or Guardian:

Please remember to include a photocopy of your child's birth certificate along with your completed Registration Packet by January 29, 2010.

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Thank you.



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REQUEST FOR PROOF OF RESIDENCY

To the Parent or Guardian:

Please remember to include ALL of the following along with your completed Registration Packet by January 29, 2010.

- 1. Copy of parent/legal guardian's valid Driver's License; and**
- 2. A recent copy of your Santa Clara Property Tax Bill or a deed or a copy of your current rental/lease agreement in your name showing residence property address; and**
- 3. A copy of recent utility bill in the name of the parent/guardian for the current month showing residence property address; and**
- 4. One of the items below in your name (*Los Altos School District Residents only*):**
 - Proof of Residency from the Santa Clara County Registrar of Voters; or
 - Current DMV vehicle registration showing residency property address; or
 - One other recent bill mailed to your residence address.

Incomplete or late Registration Packets will not be eligible for consideration for this Open Enrollment Period.

Thank you.



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REGISTRATION HEALTH REQUIREMENTS

The following health requirements are **mandatory** for enrollment:

Immunizations:

<p>Kindergarten/ 1st Grade</p>	<ul style="list-style-type: none"> ▪ 4 doses Polio (3 doses, if last one given after 4th birthday) ▪ 5 doses DPT (4 doses, if the last one given after 4th birthday) ▪ 2 doses MMR (both after 1st birthday) ▪ 3 doses Hepatitis B ▪ 1 dose Varicella <i>*Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.</i> ▪ 1 TB skin test <i>Must be administered at the time of the physical exam, prior to entering kindergarten. Must include date given, date read, and result.</i> <p>• Physical exam done no earlier than 18 months before entering 1st grade</p>
<p>Grades 2-7</p>	<ul style="list-style-type: none"> ▪ 4 doses Polio (3 doses, if last one given after 2nd birthday) ▪ 4 doses DPT (3 doses, if the last one given after 2nd birthday); Booster shot recommended for 7th graders, if 5 years since last dose ▪ 2 doses MMR ▪ 3 doses Hepatitis B (or must start series of 3 shots) ▪ 1 dose of Varicella for children under 13 years; 2 doses if immunized on or after 13th birthday <i>*Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.</i> <p>If student is transferring from a school <u>outside</u> of Santa Clara County:</p> <ul style="list-style-type: none"> ▪ 1 TB skin test, unless written evidence of a Mantoux (PPD) skin test given within 6 months prior to school entrance is presented.

Please note: School verification of immunization is to be by written medical records from a physician or immunization clinic. All new and transfer students must present a current immunization record at the time of enrollment to Bullis Charter School. There is no grace period. (BP 5100)