



Mountain Peak Charter School

Application for Admission Packet

The following documentation **must** be included at the time this application is submitted:

1. Copy of Birth Certificate (for verification of date of birth and guardianship*)
* If application is being handled by a legal guardian, foster parent or caregiver, appropriate documentation of this relationship must be supplied)
2. Copy of Immunization records
3. Report of Health & Oral (Dental) Exam (for Kindergarten and First Grade students ONLY)
4. ** Proofs of Residency (either *two different* utility bills issued w/in last 60 days -or- most recent property tax statement or rental agreement)
5. Copy of Individualized Education Plan (IEP) or 504 Plan (for student with prior Special Education and/or 504 Plan only)
6. Copy of all prior High School transcripts and final grades
(Note to all High School students: all 9-12 grade credits completed elsewhere will be evaluated by Mountain Peak guidance staff for acceptability/transferability into MPCS high school programs.)
7. Copy of documentation regarding expulsion, pending expulsion, suspension or pending suspension from a prior school, if applicable.

***Incomplete application packages cannot be processed.
You will be informed if any documentation is missing or inadequate.***



MOUNTAIN PEAK CHARTER SCHOOL
APPLICATION FOR ADMISSION
AY 2010 - 2011

STUDENT APPLICANT INFORMATION

Legal First Name, Legal Middle Name, Legal Last Name, Gender (Male/Female), Birthdate, Birth City, Birth State, Birth Country. Includes checkbox for US citizenship.

Student's Residence and Contact Information

Proofs of Residency documents must be provided for this address.

Street Address, City, State, Zip, County, School District of Residence, Home phone, Cell phone, E-mail Address. Includes checkbox for same mailing address.

Residence Category (select only one)

- Permanent Housing, Foster Family Home or Kinship Placement, Hotel/Motel, Temporarily Doubled Up, Temporarily Unsheltered, Temporary Shelter, Health Institution, Licensed Children's institution, State Hospital, Residential School/Dormitory, Incarceration Institution, Development Center, Other (please explain)

Mailing address if different from residence address provided above:

Mailing Address, City, State, Zip, Country, Home phone, Cell phone, E-mail Address

Demographic Information

This information is being collected in accordance with California Education Code requirements (EC62002) exclusively for use in comprehensive cohort reporting. Individual and family information is not reported nor released.

Primary Ethnicity (check only one)

- African American, American Indian or Alaskan Native, Asian, Pilipino/Filipino, Hispanic/Latino, Pacific Islander, White

Secondary Ethnicity (check all that apply)

- African American, American Indian or Alaskan Native, Asian, Pilipino/Filipino, Hispanic/Latino, Pacific Islander, White, Samoan, Vietnamese, Tahitian

If you selected Asian or Pacific Islander, please indicate the specific group or groups

- Asian Indian, Cambodian, Chinese, Guamanian, Hawaiian, Japanese, Korean, Laotian, Other (please specify)

Home Language Survey

California Education Code 62002 requires schools to determine the language spoken at home by each student. This information is essential for the school to provide meaningful instruction to students. Further assessment will be given to students whose primary language is other than English.

What language did the student first learn to speak? What language does the student most frequently read/speak at home? What language does the parent/guardian most frequently speak to the student? What language is most often spoken by adults in the home? Is your son/daughter fluent in the English language? Has this student ever taken the California English Language Development Test (CELDT)?

Enrollment and Program Information

Requested Program:

San Diego County

Riverside County

Orange County

- Chula Vista Learning Academy (6-8)
 Home School (K-8)
 Home School (K-8)
 Home School (K-8)
 San Jacinto Learning Academy (K-8)
 Virtual High School Academy (9-12)
 Virtual High School Academy (9-12)
 Virtual High School Academy (9-12)
 Vista Learning Academy (K-8)

For Home School programs: Requested Teacher-of-Record (optional) _____

Grade level student will be enrolling into: _____ grade Entering Term: Fall Spring (circle one)

Has this student been in U.S. schools *less than 12 months*? Yes No

Date first enrolled in United States Schools: _____ / _____ / _____ (MM/DD/YYYY)

Date first enrolled in a California school: _____ / _____ / _____ (MM/DD/YYYY)

Grade Student First Entered into any school: (circle appropriate grade level) PS KN 1 2 3 4 5 6 7 8 9 10 11 12

(For high school applicants only) Schoolyear student first entered 9th grade: _____

Has this student ever been expelled or is this student pending expulsion from another school? Yes No

Has this student ever been suspended or is this student pending suspension from another school? Yes No

(if answered "Yes" to either of the previous two questions, provide expulsion/suspension reports with application)

Names (first and last) of any siblings currently enrolled in Mountain Peak Charter School: _____

Names (first and last) of any siblings also applying to Mountain Peak Charter School: _____

Special Education Information *For questions regarding Special Education, please call the department directly at (760) 734-7611.*

Has this student ever been referred and/or evaluated for Special Education Services? YES NO
 Has this student ever attended a Special Education class? YES NO

If YES for either of the above, you must complete questions 1-4 below:

1. Does this student have an active/current Individualized Education Plan? YES NO
 If NO, what was the date of this student's last Individualized Education Plan? _____ / _____ / _____ (MM/DD/YYYY)
 If YES, what is the date of the current Individualized Education Plan? _____ / _____ / _____ (MM/DD/YYYY)

Which type of class or service did this student attend? (check all that apply)

- Speech
 Special Day Class
 Resource Specialist Program
 Other (please name) _____

2. What was the last date this student was in a Special Education class or received services?
 Month of service: _____ Year of service: _____

3. Name and address of school where Special Education referral, assessment or Individualized Education Plan was developed:
 School Name _____ Phone _____ Date Last Attended _____
 Address _____ City _____ State _____ Zip _____

Does this student currently have an active 504 Plan? _____ Yes _____ No (Must provide 504 Plan with Application)

Prior School Information

Previous School(s) Information (starting with the most recent)

1. _____
 School Name _____
 Address _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ FAX _____
 Date Last Attended: _____

2. _____
 School Name _____
 Address _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ FAX _____
 Date Last Attended: _____

PARENT/GUARDIAN/CAREGIVER INFORMATION

Circle Preferred Title: Mr. Mrs. Ms Miss Dr.
 First Name: _____
 Last Name: _____
 Relation to Student:
 Father Step-Father Grandfather Foster Father
 Mother Step-Mother Grandmother Foster Mother
 Male Legal Guardian Female Legal Guardian
 Other Relative (specify) Caregiver (form required)

Circle Preferred Title: Mr. Mrs. Ms Miss Dr.
 First Name: _____
 Last Name: _____
 Relation to Student:
 Father Step-Father Grandfather Foster Father
 Mother Step-Mother Grandmother Foster Mother
 Male Legal Guardian Female Legal Guardian
 Other Relative (specify) Caregiver (form required)

Address(es) and Contact(s)
 Does the student reside with you at the address shown on page one? Yes No
 If you answered "No" above provide your address(es):
Residence
 Street: _____
 City: _____ State: _____ Zip: _____
 Check here if *mailing address* is same as *residence*, or provide your mailing address if different:
 Street/PO Box: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ E-mail: _____

Address(es) and Contact(s)
 Does the student reside with you at the address shown on page one? Yes No
 If you answered "No" above provide your address(es):
Residence
 Street: _____
 City: _____ State: _____ Zip: _____
 Check here if *mailing address* is same as *residence*, or provide your mailing address if different:
 Street/PO Box: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ E-mail: _____

Household Income Survey and NSLP

While Mountain Peak Charter School does not currently offer lunch programs, reporting aggregate student eligibility based on criteria defined by the National Student Lunch Program allows us to qualify for other funding programs which support yours and other MPCS students' educational programs. This information is collected and compiled exclusively for institutional comprehensive cohort reporting. No individual family income information is reported nor released. This information must be supplied by families of public school attendants every academic year.

Annual Household Income for 2009: \$ _____
 Total number of people residing in household: 2 3 4 5 6 7 8 or more
 Number of Parents living in household: 1 2
 Number of Adults residing in household: _____
 Number of Minor Children residing in household: _____

Parent's / Guardian's Education Level

Father/Male Guardian

- Not a High School Graduate
- High School Graduate (diploma, GED, or HS equivalency)
- Some College (AA Degree or 2 years at 4 year University)
- College Graduate (Holds BA or BS degree)
- Graduate School/Post-Grad (Holds MA, MS, PhD, EdD or JD)

Mother/Female Guardian

- Not a High School Graduate
- High School Graduate (diploma, GED, or HS equivalency)
- Some College (AA Degree or 2 years at 4 year University)
- College Graduate (Holds BA or BS degree)
- Graduate School/Post-Grad (Holds MA, MS, PhD, EdD or JD)

Parent/Guardian and Student Affirmation

I affirm by my initials and signature below, that I understand, accept and will comply with the following statements:

- _____ The information I have provided on this application is true and correct.
- _____ Providing false information or fraudulent documentation in the submission of this application will result in denial or rescinding of admission.
- _____ My student and I will uphold all parental/guardian and student obligations and understand that failure to do so will likely result in the termination of my student's enrollment at Mountain Peak Charter School.
- _____ That upon completion, withdrawal or discharge from Mountain Peak Charter School, I will return all property, materials and learning tools belonging to Mountain Peak Charter School or make appropriate compensation for its replacement.

_____ Parent/Guardian Signature

_____ Date