



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Year \_\_\_\_\_

## MCS New Student Enrollment Packet

This information is required to complete enrollment in Moab Charter School.

For registration questions please call the office at (435)259-2277

To register your child, please provide:

- \_\_\_\_\_ Completed Registration Forms
- \_\_\_\_\_ Student original birth certificate (MCS will make a copy)
- \_\_\_\_\_ Student's social security card (voluntary)
- \_\_\_\_\_ Proof of immunization or exemption (MCS will make a copy)
- \_\_\_\_\_ Proof of address (utilities, insurance, lease agreement, etc.)
- \_\_\_\_\_ Student's last report card & sign request for records (If transferring from another school)
- \_\_\_\_\_ A photocopy of previous IEP/504 for Special Education students (if applicable)
- \_\_\_\_\_ Check-out sheet from the last school (mid-year transfers only)
- \_\_\_\_\_ Lunch Application

Date Received	Start Date	MCS Student ID	SSID#	Grade



## Student Information

Last Name		First Name		Middle Name
Grade	DOB	Gender	Social Security Number (Initial to decline to provide Student SSN)	

Student Physical Address

Mailing If Different

Student Best Contact Phone Number  Check to RCV. Txt

**Sibling Information:** Please list all siblings in the household.

Last Name	First Name	Date of Birth	Grade
Last Name	First Name	Date of Birth	Grade
Last Name	First Name	Date of Birth	Grade

**Parent/Guardian Information:** *Student's primary residence.*

**If parents are divorced or separated, please provide proof of:**

\_\_\_\_\_ Shared custody \_\_\_\_\_ Restraining order \_\_\_\_\_ Single Parent

Parent/Guardian Name		Parent/Guardian Name	
Relationship to Student		Relationship to Student	
Home Phone	Cell Phone <input type="checkbox"/> Check to RCV. Txt	Home Phone	Cell Phone <input type="checkbox"/> Check to RCV. Txt
Email *IMPORTANT* most correspondence is sent by email.		Email *IMPORTANT* most correspondence is sent by email.	
Occupation	Work Phone	Occupation	Work Phone
Employer & Employer Address		Employer & Employer Address	



## Consent and Waiver – Student Released to Walk Home

1. I/We, [Name of Parent/Guardian] \_\_\_\_\_ as the parent/guardian of [Name of Child] \_\_\_\_\_ allow without parental supervision and hereby consent, acknowledge, and allow my/our child to walk home from Moab Charter School without parental or Moab Charter School supervision.
2. I/We acknowledge and affirm that my child is [age] \_\_\_\_\_ and has, in my/our opinion, the maturity and physical ability necessary to undertake walking home without parental supervision.
3. I/We further acknowledge that walking home unsupervised may be dangerous for my/our child.
4. I/We, on behalf of ourselves, and our family, do hereby expressly and specifically assume all risk of injury, illness, death, or property damage of any kind resulting from allowing my/our child to walk home from Moab Charter School.
5. I/We affirm that I /we are the parent(s) or legal guardians of the above-named student and have the authority and right to execute this consent and waiver form without any other person or third party’s additional consent or approval.
6. This waiver and consent will remain in effect if my/our child is enrolled in the Moab Charter School until I/we notify Moab Charter School in writing that I/we revoke this authorization.

\_\_\_\_\_ Yes, I agree to everything mentioned above and would like my child to walk home unsupervised.

\_\_\_\_\_ No, my child may not walk home if not accompanied by an approved adult mentioned in Student Information & Emergency Contact list.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## EMERGENCY CONTACT INFORMATION:

*(Do not include anyone under 18 or listed Parent/Guardian) If my child is ill, has an emergency and I cannot be reached, please call, and release my child to the following:*

\_\_\_\_\_  
#1 First and Last Name Relationship to Student

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
#2 First and Last Name Relationship to Student

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
#3 First and Last Name Relationship to Student

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

## STUDENT HEALTH INFORMATION:

### MEDICAL INFORMATION

\_\_\_\_\_  
Physician Practice and Address Physician Phone

\_\_\_\_\_  
Health Insurance Provider Health Insurance ID #

### Dental Information

\_\_\_\_\_  
Dental Practice and Address Dentist Phone

\_\_\_\_\_  
Dental Insurance Provider Dental Insurance ID#

In the event of a suspension, accident, or another emergency, when a parent or guardian is unavailable, I hereby authorize a representative of the school to decide as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. Under such circumstances, I further authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon.

**The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.**

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



# MOAB CHARTER SCHOOL

Tuition Free

Public School

Serving K-6

358 East 300 South, Moab, Ut, 84532  
PH.(435) 259-2277 Fax (435)259-6652

**We are required by law to update the McKinney-Vento database every year. Please fill out this form regardless of your status**

Is the student’s current address a temporary living arrangement due to loss of housing or economic hardship? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered YES, please complete the remainder of this form, select what applies to you and/or your family, and return it to the school office.

If you answer NO, you do not need to complete the remainder of this form. Submit the form to the school office.

Which of the situations below apply to the student?

\_\_\_ H1 Student is sharing a residence with one or more families because of economic hardship.

\_\_\_ H2 Student is living in a motel or hotel.

\_\_\_ H3 Student is living in a shelter (domestic violence, emergency, or transitional housing units).

\_\_\_ H4 Student is living in a car, park, campground, or public place.

\_\_\_ H5 Student is living in a place without adequate facilities (not designed for heat, electricity, or water).

\_\_\_ H6 Student is seeking enrollment without an accompanying parent (not foster care).

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Names and ages of siblings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent/Guardian: If you have any questions concerning this form or the homeless situation, please contact us at (435)259-2277.

**Please return only the forms indicating a temporary residence to the “District Homeless Liaison”.**



## STUDENT HEALTH CONDITIONS

Please check here if there are no known health problems: \_\_\_\_\_

### VISION

\_\_\_\_\_ Known eye condition (other than corrective lenses)

\_\_\_\_\_ Wears glasses \_\_\_\_\_ Wears contacts \_\_\_\_\_ Worn at all times

### ALLERGIES

\_\_\_\_\_ Environmental Allergies \_\_\_\_\_ Insect Allergies \_\_\_\_\_ Medicine Allergies \_\_\_\_\_

\_\_\_\_\_ Food Allergies \_\_\_\_\_ Other Allergies \_\_\_\_\_ (please list below)

### HEARING Known hearing problem.

\_\_\_\_\_ Uses hearing aid \_\_\_\_\_ Worn at all times \_\_\_\_\_ Has tubes in ears

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### THE STUDENT HAS THE FOLLOWING CONDITIONS:

Does medication need to be administered during school hours? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please fill out the Consent to Administer Medication Form enclosed in this packet.

If NO, but you would like MCS to be aware of additional medications your student receives, please list them below.

<u>Condition</u>	<u>Medication Name</u> (as prescribed by a physician)	<u>Dosage</u>	<u>Administer at School (Y/N)</u>
Asthma _____	_____	_____	_____
Epilepsy _____	_____	_____	_____
Fainting spells _____	_____	_____	_____
Diabetes _____	_____	_____	_____
Heart condition _____	_____	_____	_____
Migraine _____	_____	_____	_____
Allergies _____	_____	_____	_____
ADHD/ADD _____	_____	_____	_____
Other (specify) _____	_____	_____	_____

Does the student have any condition which may result in a classroom emergency? (Y/N): \_\_\_\_\_

Does the student have a physical condition that limits participation in:

Classroom Activity (Y/N): \_\_\_\_\_ Explanation: \_\_\_\_\_

Physical Education (Y/N): \_\_\_\_\_ Explanation: \_\_\_\_\_



## CONSENT TO ADMINISTER MEDICATION

*(For the prescription medication to be administered during school hours)*

_____	_____	_____
Student Name	DOB	Grade
_____	_____	_____
Parent/Guardian Printed Name	Preferred Emergency Contact	

<b>*To be completed by a licensed medical provider</b>	
_____	_____
Provider's Name	Phone
_____	_____
Name/Type of Medication	Dosage
_____	_____
Condition for which medication is prescribed	Frequency/times be administered.
_____	_____
Anticipated side effects	Duration
_____	_____
Signature of Licensed Medical Provider	Date
_____	_____

### Parent/Guardian Request/Approval

I hereby request and give my permission for the above-named student to receive the specified medication as stated in the above instructions from the medical provider.

I agree to bring the medication to school in a container from a pharmacist, properly labeled including the name of the student, doctor, date, dosage, name of the medication, and method of administration. I also agree to notify the school of any change or discontinuation of the medication.

I acknowledge that Moab Charter School is not legally obligated to administer medication to my student and agree to hold the school and its employees harmless and not liable, civilly, or criminally, for any adverse reaction suffered by my child because of taking the medication as indicated.

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



## Home Language Survey

(To Be Completed by Parent/Guardian and Trained Designated School Personnel)

\_\_\_\_\_

School

\_\_\_\_\_

Student ID #

\_\_\_\_\_

Student Last Name

\_\_\_\_\_

Student First Name

### **Purpose: The Home Language Survey (HLS):**

1. Identifies a student whose home language is not English; and,
2. Identifies a student who will be tested on the skills of listening, speaking, reading, and writing in English because another language other than English is spoken at home.

**This information cannot be used for immigration matters or reported to immigration authorities.**

### **Parents/Guardians/Family Members:**

1. The English proficiency test determines if your student needs a language support services program along with the regular education program.
2. Your child is entitled to these language support services as a Civil Right.

### **School Responsibilities:**

1. At registration, Utah uses a standard form of the Home Language Survey (HLS) that identifies a student with a language other than English, or who comes from an environment where a non-English language is dominant.
2. Students must be tested for services within 30 days of registration or within two weeks of entry into school, if during the year.

• If the student was not born in the United States, what date was the student enrolled in a U.S.

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

• Which language does your child most frequently speak at home? \_\_\_\_\_

• Which language do adults in your home most frequently use when speaking with your child?

\_\_\_\_\_

• Which language(s) does your child currently understand or speak? \_\_\_\_\_

• Does your family come from a refugee background? \_\_\_\_\_

• What language do you prefer for school-to-home information? \_\_\_\_\_





## STUDENT COMPUTER ACCOUNTS

Guidelines for Student Accounts on Utah's Public Education Network (<http://www.uen.org/policy/html/aup.html>)

1. The primary purpose of the UtahLINK is for the use of the public school professional staff and secondary student access. The use of an individual student account is considered to be a privilege and is permitted to the extent that available resources allow.
2. Elementary students are not allowed individual accounts. Teachers of these grades may apply for a class account but are obligated to directly teach these students about proper network use and supervise them regarding the Acceptable Use Policy. \*The teacher holding this account is ultimately responsible for use of the account and is required to maintain confidentiality with the password (not giving it to students) and is advised to change the password frequently.
3. Students may not maintain accounts upon graduation unless they otherwise qualify under one of the other acceptable use provisions.
4. Generally, students are not permitted to enter professional UtahLINK or Usenet discussion groups. Under certain conditions, posting privileges to specific newsgroups may be granted.
5. All public school student accounts will be issued by the local node administrators and will receive final approval by the State Office of Education.
6. The above-mentioned use is subject to revision in the policy. In all cases, use by professional public education staff shall take precedence. The State Office of Education reserves its right as the final authority on use of the network.

### Public School Student Application for UtahLink Account Student

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Public School Student Application for UtahLINK Account Use  
 School: Moab Charter School District: Charter School  
 School Address: 358 E. 300 S., Moab, UT 84532 Phone:(435)259-2277  
 Purpose(s) for which use of UtahLINK is granted: School Activities and Internet Access

I have read the Acceptable Use Policy and Student Guidelines and agree to abide by their provisions. I understand that violation of the use provisions stated in the policy may constitute suspension or revocation of network privileges.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

SPONSORING TEACHER(S) (Required) I agree to sponsor the above student and to supervise his/her responsible use of the network as defined by the Acceptable Use Policy and Student Guidelines while in my classes.

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

SPONSORING PARENT or GUARDIAN (Required) I have read the Acceptable Use Policy and Student Guidelines for UtahLink. I understand that although administrators of the UtahLink's network have taken reasonable precautions to ensure that controversial material is eliminated on Utah's Public Education Network, I will monitor my child's daily use of the UtahLink and his/her potential access to the worldwide internet and will accept full responsibility for supervision in that regard if and when my child's use is not in a school setting. I hereby give my permission to issue an account for my child and certify that the information contained on this form is correct.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Approval \_\_\_\_\_ Date \_\_\_\_\_



## AUTHORIZATION TO RELEASE RECORDS TRANSFER

Please complete and sign this form.

PLEASE LIST PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

I hereby request and authorize student name: \_\_\_\_\_

Records from the PREVIOUS school: \_\_\_\_\_ in the  
school district of: \_\_\_\_\_ located in

\_\_\_\_\_  
City State Zip Code Phone Number

*To forward the confidential records of my child to:*

**Moab Charter School  
Attention Administrative Assistant  
358 E 300 S  
Moab, UT 84532**

In accordance with UCA 53A-11-504 requirement of the school for transfer of student - Procedures, and 34CFR 99-31 governing the permissible disclosure of education records without the written consent of the parent if the disclosure is to officials of another school in which the student seeks or intends to enroll, we request that a certified copy of this student's record including the student's cumulative file, discipline file, U-PASS testing information, the IEP, and associated testing as well as 504 Plan be sent to us at your earliest possible convenience.

Thank you for your cooperation.

Parent authorization to release records:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_





## MCS PERMISSIONS

I give MCS permission to take my child on walks to Moab locations as part of planned "City Walk" field trips.

I give MCS permission to include my child's image in photos of the school and its activities, which are published for informational and promotional uses. This may include the yearbook, website, newsletter, brochure, or flyers for activities.

I give my child permission to climb on the rock wall at MCS while supervised.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## STUDENT/PARENT HANDBOOK AGREEMENT

I have read the Moab Charter School Student/Parent Handbook and agree with all the items discussed, including the discipline policy.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

Student/Parent Handbook is also available online at [www.moabcharterschool.org](http://www.moabcharterschool.org)



## VISION SCREENING PERMISSION

Yearly vision screening is held by Utah Schools to screen children for vision problems. This free screening will be administered at Moab Charter School, in conjunction with the Utah State Office of Education, Division of Services for the Blind and Visually Impaired.

Children who wear corrective lenses will be screened with their contacts or glasses on. Children’s eyes can change in as short of time as 6 months and there may be a need to see their eye doctor for a possible change in the prescription. If a child cannot clearly see learning materials, it impacts their ability to learn successfully.

Please check here if your child wears glasses or contacts \_\_\_\_\_

I do \_\_\_\_\_ give permission

I do not \_\_\_\_\_ give permission.

for my child to receive vision screening consistent with the requirements of Utah Law. I understand that the results of the vision screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and healthcare professionals working with the schools to provide appropriate follow-up services for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## HEARING SCREENING PERMISSION

A hearing screening and evaluation is provided by Moab Charter School for all current and incoming students. Parents/guardians will be notified only if a concern is identified. If your student wears hearing aids, please be sure he/she is wearing the aid on the day of the screening. Students already receiving regular hearing management need not participate in the screening. Please mark the appropriate spot below if the above applies to your student.

\_\_\_\_\_ Yes \_\_\_\_\_ No My student has a pre-existing hearing condition: \_\_\_\_\_

I do \_\_\_\_\_ give permission I do not \_\_\_\_\_ give permission.

for my child to receive hearing screening consistent with the requirements of the Individuals with Disabilities Education Act (IDEA) and Utah Statutory Law. I understand that the results of the hearing screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and healthcare professionals working with the schools to provide appropriate follow-up services for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## STUDENT PRIVACY AND CONFIDENTIALITY AGREEMENT

TO BE SIGNED BY ANY PARENT OR GUARDIAN WHO MAY VOLUNTEER AT MOAB CHARTER SCHOOL IN ANY CAPACITY DURING THE SCHOOL YEAR.

The Family Educational Rights and Privacy Act (FERPA) is a federal law protecting student privacy. Based on this law, it is Moab Charter School's policy to ensure the protection of student records and information among volunteers and independently contracted service providers through this Student Privacy and Confidentiality Agreement.

As a volunteer or independently contracted service provider working at Moab Charter School, one may gain insight into personal matters regarding a student's family or personal situation. Volunteers and independently contracted service providers are expected to ensure the privacy and confidentiality of students and student records. Personal student matters are protected by the FERPA law and are not to be shared outside of appropriate school personnel in a professional manner. If a person is ever unsure of whether a request for information is appropriate, the matter should be referred to the Director of Moab Charter School for clarification and guidance.

By signing below, I agree to abide by any federal and state laws and school policies protecting the privacy of students, student records, and student's families.

ANY PARENTS OR GUARDIANS WHO MAY VOLUNTEER AT MOAB CHARTER SCHOOL IN ANY CAPACITY DURING THE SCHOOL YEAR SHOULD SIGN

\_\_\_\_\_

Print Name

\_\_\_\_\_

Parent/Guardian Signature

Date



## Acknowledgment of Special Notices

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Moab Charter School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Moab Charter School may disclose appropriately designated "directory information" without written consent, unless you have advised Moab Charter School to the contrary in accordance with Moab Charter School procedures. The primary purpose of directory information is to allow Moab Charter School to include this type of information from your child's education records in certain school publications.

- Annual Yearbook
- Honor roll or another recognition list
- A playbill, Showing student's role in productions
- Graduation programs.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that take class pictures, or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories - names, addresses, and telephone listings - unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. If you do not want Moab Charter School to disclose directory information from your child's education records without your prior written consent, you must notify Moab Charter School in writing prior to the day your child begins classes at Moab Charter School. Moab Charter School has designated the following as directory information:

- Student's name
- Degrees, honors, and awards received.
- Date of birth
- Participation in officially recognized activities.
- Address
- Dates of attendance
- Telephone listing
- Grade Level
- Email Address
- The most recent educational agency or institution attended.
- Photographs

**ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES** In compliance with Section 504 of the Rehabilitation Act ("504") and the Americans with Disabilities Act (ADA), Moab Charter School will provide reasonable accommodations to a qualified individuals with disabilities. Students, parents, or employees needing accommodations should contact their school ADA/504 Coordinator. In compliance with the Equal Educational Opportunity Act of 1974 and Title VI of the Civil Rights Act of 1964, it is Moab Charter School policy to provide alternative language services to limited English Proficient (LEP) students so that students with language barriers have a meaningful opportunity to participate in Moab Charter School educational programs. Moab Charter School provides English as a Second Language (ESL) instruction and other effective services to students who are identified as LEP by means of a thorough evaluation process. Parents or guardians who want to request alternative language services for their child should contact Moab Charter School.

**EQUAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITY** It is the policy of Moab Charter School to provide equal educational and employment opportunities for all individuals. Therefore, Moab Charter School prohibits all discrimination based on race, color, religion, sex, sexual orientation, age, national origin, disability, or veteran status. This policy extends to all aspects of Moab Charter School educational programs, as well as to the use of all Moab Charter School facilities, and participation in all school-sponsored activities

### CIVIL RIGHTS GRIEVANCE PROCEDURE

Complaints of discrimination should be filed with the individual's principal or supervisor and/or with Governing Board Chair according to the provisions of the School Civil Rights Grievance Procedure, copies of which are available at Moab Charter School. If the complaint is against the principal or supervisor, the complaint may be filed directly with the Governing Board Chair. The Persons, who have been designated to monitor and coordinate Moab Charter School compliance with Title IX, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and all other applicable State and Federal civil rights laws, may be reached at the following address: 358 East 300 South, Moab, Utah 84532, Ph: (435) 259-2277. Complaints of discrimination should be reported as soon as possible, but no later than 90 days after the incident(s) in order to be effectively investigated and resolved

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



## Attendance Expectations

Regular attendance is required by law and is a major key to students' success. The frequent absence of students from day-to-day classroom instruction disrupts the learning process. Quality education requires a continuity of instruction, class participation, learning experience, and study. Activities, discussions, simulations, and presentations take place every day and cannot be duplicated even by make-up work.

Moab Charter School makes every effort, within the following guidelines, to encourage regular attendance for all students and to assist parents in their responsibility to have their children attend school regularly.

The value of daily attendance cannot be overstated. Lost instruction time with a teacher cannot be regained. In accordance with the Utah Compulsory Attendance Laws (53A-11- 101-105), students must attend school 94% of the academic school year. This allows for a maximum of 11 absences for the entire school year. If the student is Absent for 50% of the day or more is considered to be a full day of absence.

### Expectations:

- Students are expected to be to school on time, be prepared, and remain in class the entire day.
- Students are responsible for checking in, through the office when tardy.
- Parents that are checking out their student are required to come in the office and sign the student out, even if they are returning to school for that day.
- Parents should excuse, in writing consecutive absences for special and unusual circumstances.
  - Parents should write or email the day of, or in a timely manner after, the absence to excuse their student.
- After 10 consecutive absences, the State of Utah requires a doctor's note to excuse the absence, or the student will be unenrolled.

School hours are Monday through Thursday 8:15am-3:15pm, Friday 8:15am-1:00pm. We will provide a school calendar, also available at the office and on our website [moabcharterschool.org](http://moabcharterschool.org).

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