



# BLUE OAK SCHOOL

A WALDORF-INSPIRED PUBLIC CHARTER (K-8)

## ENROLLMENT PACKET

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### Welcome to Blue Oak Charter School!

Please include the following with your completed enrollment packet:

- **For verification of birth submit one of the following:**

- Copy of birth certificate
- Physician's certificate of birth
- Signed affidavit of birth
- Previously verified school records
- Personal birth announcement

- **Current Immunization Records**

- **Health Exam** (required for entry into kindergarten/1<sup>st</sup> grade)

- **Oral Exam** (required for entry into kindergarten/1<sup>st</sup> grade)

- **Proof of T-dap booster** (required for entry into 7<sup>th</sup> grade)

- **Transitional Kindergarten Agreement** (required for TK only)

If you have any questions or concerns please contact Kellie Machi, Blue Oak School Registrar, by phone at 530-879-7483 ext. 2037 or by email at [kellie@blueoakcharterschool.org](mailto:kellie@blueoakcharterschool.org)

BLUE OAK SCHOOL

450 W. EAST AVENUE CHICO, CA 95926 TEL 530 879 7483 FAX 530 879 7490 WWW.BLUEOACKCHARTERSCHOOL.ORG

EMERGENCY INFORMATION

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's name \_\_\_\_\_

e-mail \_\_\_\_\_ e-mail \_\_\_\_\_

Parent(s) or guardian(s) child lives with \_\_\_\_\_

Additional Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

If parents are separated or divorced, to whom has physical custody been granted?

Father \_\_\_\_\_ Check one: ☐ Natural ☐ Step ☐ Guardian/Foster

Employer \_\_\_\_\_ Business phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother \_\_\_\_\_ Check one: ☐ Natural ☐ Step ☐ Guardian/Foster

Employer \_\_\_\_\_ Business phone \_\_\_\_\_ Cell \_\_\_\_\_

Medical Concerns/Allergies/Food Restrictions: \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT

As the parent or Guardian of \_\_\_\_\_, I hereby give my consent to the Blue Oak Charter School to obtain emergency Medical or Dental diagnosis or treatment from a licensed physician or dentist in the case of severe illness or injury to my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child.

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## EMERGENCY INFORMATION

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Address

\_\_\_\_\_  
Doctor's Phone Number

\_\_\_\_\_  
Medical Plan & Policy Number

\_\_\_\_\_  
Dentist's Name

\_\_\_\_\_  
Dentist's Address

\_\_\_\_\_  
Dentist's Phone Number

\_\_\_\_\_  
Dental Plan & Policy Number

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

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Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

*The persons listed above are hereby authorized to remove my child from school.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

If child does not live with parents, please describe child's living situation: \_\_\_\_\_

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Siblings

Birth Date

School Now Attending

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Previous Schools Attended

Address

Dates

Grade

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What trait(s) would you like to see strengthened? \_\_\_\_\_

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Has your child had any serious illnesses or injuries (please describe and give dates:

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List and explain any continuing medications your child is taking \_\_\_\_\_

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Does your child suffer from any allergies?

☐ Yes

☐ No

Does your child have any physical challenges, severe weaknesses or abnormal conditions?

☐ Yes

☐ No

Does your child have any difficulties with vision, hearing walking or speech?

☐ Yes

☐ No

Has your child ever undergone psychological, developmental, or educational testing or treatment?

☐ Yes

☐ No

Date: \_\_\_\_\_

Does your child receive special education services?

Yes  
No

What current special services does your child receive?  
Please check all boxes that apply:

IEP  
Resource (RSP)  
Speech/Language  
504 Accommodation Plan  
Special Day Class (SDC)  
None

Has your child been suspended, expelled or is the student in the process of being suspended or expelled from any school?

Yes  
No

## CHARTER/DISTRICT SCHOOL ENROLLMENT

No student may be required to attend the Charter School. Students who choose not to attend the Charter School may attend school within their district of residence according to that respective district's policy or at another school district or school within the district through the district's intra and inter-district policies. Parents and guardians of each student enrolled in the charter school will be informed on admissions forms that the students have no right to admission in a particular school of a local education agency as a consequence of enrollment in the charter school, except to the extent that such a right is extended by the local education agency.

I have read and understand the statement above,

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Parent/Guardian Signature





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## REQUEST FOR STUDENT RECORDS

To: \_\_\_\_\_  
Name of School

\_\_\_\_\_  
District

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

Please forward all cumulative education, attendance, behavior, health, special education, speech and language records for the student/student's named below:

	Name	DOB	Grade	Blue Oak-Start Date
1.	_____			
2.	_____			
3.	_____			
4.	_____			

### Authorization:

I authorize the release of the above named student's records as provided under the Family Educational Rights and Privacy Act of 1980. I understand that I may obtain a copy of my child's school records (known as "personally identifiable records"). I am aware that I may challenge the content of these records. I also understand that the school will treat these records confidentially. I understand that no one will send these records to a non-public school agency without my written consent.

\_\_\_\_\_  
Signature of Parent/Legal Guardian or School Official

\_\_\_\_\_  
Date

# HOME LANGUAGE SURVEY ENGLISH VERSION

Name of Student: \_\_\_\_\_ Surname / Last Name \_\_\_\_\_ First Given Name \_\_\_\_\_ Second Given Name \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

## Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Form HLS, Revised October 2005  
California Department of Education



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### ETHNICITY INFORMATION

Please fill out the needed information below. It is required information by the State.

Date: \_\_\_\_\_

Student's full name: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Child's name: \_\_\_\_\_

Please check your child's primary and secondary ethnicity.

<b><u>Ethnicity</u></b>	<b>1 – Primary Ethnicity (mark ONE only)</b>	<b>2 – Other Ethnicities (mark all the apply)</b>
African American or Black (not of Hispanic origin)		
American Indian or Alaskan Native		
Asian		
Chinese		
Japanese		
Korean		
Vietnamese		
Asian Indian		
Laotian		
Cambodian		
Other Asian		
Filipino		
Hispanic or Latino		
Pacific Islander		
Native Hawaiian		
Guamanian		
Samoaan		
Tahitian		
Other Pacific Islander		
White (not of Hispanic origin)		

## Media Release Form

Photographers from reputable local media outlets visit Blue Oak School occasionally to document and report on our many accomplishments, school festivals and activities. Community members and families may take photos of children during these events, in and out of the classroom setting. In addition, student artwork may be displayed publicly and at locations beyond our campus, including internet postings.

These photos, images and artistic renderings may be requested for publication use and or for the purpose of promoting and marketing of Blue Oak School. Please indicate your wishes with regard to this matter by checking one of the two statements below.

\_\_\_\_\_ **I give permission** to have my child's photograph/likeness used or published and/or artwork displayed for the purposes aforementioned.

\_\_\_\_\_ **I do not give permission** to have my child's photograph/likeness used or published and or artwork displayed for the purposes aforementioned.

**Blue Oak will consider the choice above as 'current' until notified in writing to the contrary.**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

## Information Release Form

In order to facilitate communication within classrooms and from administration we ask permission to 'publish' your contact information. This may be in the form of a class phone/email list or school directory. Please indicate your wishes with regard to this matter by checking on of the two statements below.

\_\_\_\_\_ **I give permission** to have my contact information used for the purposes aforementioned.

Please complete the following to ensure that your preferred contact information is used.

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

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ **I do not give permission** to have my contact information used for the purposes Aforementioned.

**Blue Oak School will consider the choice above as 'current' until notified in writing to the contrary.**

Child(ren) Name(s): \_\_\_\_\_ Grade(s) \_\_\_\_\_

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

BLUE OAK SCHOOL

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PERMISSION TO CHECK FOR HEAD LICE

I, \_\_\_\_\_, parent/care provider of \_\_\_\_\_  
give designated school personnel at Blue Oak School permission to check my child for head lice.  
Upon completion of head lice check, it will be the responsibility of the parent to treat the child if  
he/she tests positive.

IMPORTANT INFORMATION

TO EFFECTIVELY TREAT HEAD LICE, YOU WILL NEED TO SHAMPOO THE HEAD  
WITH RID, NIX OR PRESCRIPTION SHAMPOO. USE COMB TO REMOVE THE NITS  
AND EGGS. ALL FURNITURE, BEDDING AND CARPETING NEED TO BE TREATED  
TO AVOID REINFESTINATION.

\*\*\*Please Note That Your child Will Be Re-Checked Upon Return To Blue Oak School.\*\*\*

\_\_\_\_\_  
Signature of Parent/Care Provider

\_\_\_\_\_  
Date

# Blue Oak School - Family Compact

**Student Name(s):** \_\_\_\_\_

The Blue Oak School/Family Compact represents a partnership between families and the school, by which we each agree to our part to ensure each student receives a solid education.

## **Blue Oak School Agrees to:**

1. Provide a safe and nurturing learning environment.
2. Provide high-quality curriculum, materials, and instruction.
3. Teach the required state standards while using a Waldorf inspired curriculum to meet each student's developmental needs.
4. Hold annual parent-teacher conferences to discuss your child's academic, social and emotional achievements.
5. Provide a variety of opportunities for parents to volunteer on campus and in the classroom.

## **The Student agrees to:**

1. Follow all school and classroom rules.
2. Complete their work on time and to the best of their ability.
3. Ask for help when they need it.

## **The Parent Agrees to:**

1. Bring their child to school on time and pick them up promptly at the end of the day.
2. Attend parent-teacher conferences, class parent meetings and/or any other necessary meetings, to discuss their child's needs.
3. Support their child in completing their school work.
4. Monitor their media/screen time in to order support their developmental, emotional, and educational needs.
5. Read the Parent Handbook and become familiar with Blue Oak's procedures and policies.
6. Acknowledge receipt of the Parent Handbook.

*\* Signing below is an acknowledgment that you have read the above statements.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Executive Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Blue Oak School - Family Compact

Student Name(s): \_\_\_\_\_

## *Participation Hours (50 hours)*

We ask that each family group contribute at least 50 hours of service each school year OR provide an equivalent donation to cover your Participation Hours. There are a variety of tasks and things to get involved in. Please contact our Parent/Community Liaison for more information or review the Volunteer Needs page on the website.

## *Annual Giving Campaign (aka. Materials Donation)*

Our Waldorf curriculum requires specialized natural materials for the children to work with. These materials include main lesson books, wool and cotton yarn, beeswax crayons and modeling wax, watercolor paints, top quality paint brushes, paper, and healthy snacks for our Kindergarten program.

Your materials donations are needed to help us purchase and provide these materials so we can continue to infuse art throughout the curriculum. The good news is that we have improved our re-use and ordering procedures and we have been able to reduce our materials expenses. We now estimate the average materials expense for each student is ~\$150 per child, which is a \$50 savings from previous years!

Please choose from the options below and give what you can to support your own child or children. **If you can**, please consider granting an additional amount to help sponsor another student, so we can continue our work providing a Waldorf inspired education to all children.

## *Annual Gift - please choose from the options below*

_____ \$600	_____ I will pay this now.
_____ \$450	_____ I pledge to donate this later.
_____ \$300	_____ I would like to set up a monthly donation of \$_____
_____ \$150	
_____ \$100	
_____ \$ 75	
_____ \$50	
_____ OTHER	Parent Signature: _____ date: _____



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

Class Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**Counseling Services** Blue Oak offers free short-term individual and group counseling for our students. There are times students need someone to talk to who is not a friend, parent, or teacher. We are committed to providing counseling support to students during those times in order to help them learn how to make good decisions, better understand the world they live in, and celebrate their inner "Greatness". Common counseling topics include social skills, communication, goal setting, problem-solving, organization, concentration, feelings like grief or loss, anxiety, anger, dealing with divorce, bullying prevention or support, self-esteem, stress management, decision making or life skills.

**Referrals** Teachers and staff may refer students for counseling services. Parents/Guardians and/or students can request counseling services. Counseling may occur in a small group format such as Greatness Groups or other peer groups, short-term individual counseling, or classroom supports. A brief intake assessment and classroom observations may also be part of the process, and referrals to community resources may also be valuable, this will only be done with parent/guardian involvement. The counseling service is provided free of charge and always requires parent/guardian approval if more than one session is needed.

**Confidentiality** Counseling services are confidential. Information discussed in the sessions will not be disclosed without the student's consent, except in cases required by law. These exceptions include an expressed intent to harm self or others, reasonable suspicion of neglect/abuse of a minor child, or a court order directing disclosure. The student will be made aware of these limits to confidentiality. You (parent/guardian), and the student will be notified when information is shared with others, except for school officials such as the teacher or administrator. If you would like the counselor to share information with a third party such as a therapist, psychiatrist, social worker, or physician; an additional release will be needed.

*> continued on the other side*

**Benefits/Risks** By signing this form you are indicating that you understand there may be both risks and benefits associated with your students participating in counseling. It may improve your child's ability to relate with others, provide a clearer understanding of themselves, their values, goals and the ability to deal with everyday stress. Counseling can also lead to unexpected and confusing feelings, which may have unpredictable consequences for your child and their relationships.

### **Please mark ONE**

\_\_\_\_ I **give my permission** for the above-mentioned child to receive school counseling services at Blue Oak Charter School for this school year

\_\_\_\_ I **do not give my permission** for the above-mentioned child to receive school counseling services. I understand that I may request counseling services at a later date. I also acknowledge that the school counselor will still engage with my student if an emergency or crisis situation arises and during classroom instruction in collaboration with the teacher.

I, \_\_\_\_\_ (print name), am the legal parent/guardian of  
\_\_\_\_\_ (student name) and I acknowledge the following:

- I have read, understand, and agree to the terms listed here in the School Counseling Informed Consent form.
- I understand that school counseling services are short-term services aimed at supporting more effective education, socialization, and positive adaptive behavior of my student with the school community.
- I understand that these services are not intended as a substitute for diagnosis or treatment of a mental health disorder and are not clinical counseling services.
- That it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.
- I understand that I am responsible for arranging these services. If I, as the parent/guardian, would like help, the school counselor may provide referrals.

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(date)



Teacher: \_\_\_\_\_

**Blue Oak School**  
**Walking Field Trip Permission Form**

It is customary for teachers to take their classes on age-appropriate walking field trips in the school community at different times during the school year. The majority of our walking field trips consist of walking around the local neighborhood. However, students may also observe neighborhood architecture, native plants and animals or visit interesting places in the community.

In order to allow flexibility for these valuable educational activities, this permission will extend for the entire \_\_\_\_\_ school year. Separate permission forms will be used when transportation is involved.

If a parent or guardian is expecting to take his/her student out of school for any reason during the school day, it is important to **notify the school in advance** what time check out will occur. Plans can then be made to be certain the student is at the school at that time.

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
give permission for my child to accompany his/her class on walking field trips during the \_\_\_\_\_ school year with the understanding that school personnel will make every effort to arrange for a safe walk route and supervision to and from the school site. Should it be necessary for my child to have medical care while participating in the trip, I hereby give the School personnel permission to use their judgment in obtaining medical care for my child, and I give permission to the health care provider selected by the School personnel to render medical care deemed necessary and appropriate by the health care provider.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ please check here if instructions for special medical treatment for the student are on file in the school.