



Thank you for your interest in Pivot Charter School!

GENERAL INFORMATION

Pivot Charter School emphasizes a rigorous curriculum through a blended learning program of online courses, direct instruction and individualized support at our resource centers and through online classes from credentialed teachers as well as clubs, field trips and Fun Fridays. The online curriculum provides traditional elementary, middle and high school curriculum, numerous Advanced Placement courses, and unique electives as well as Career Technical Education courses. Pivot Charter School is an exceptional program for students who have struggled with their academics for any reason, or for students who want to “get ahead” and progress at a pace that is more commensurate with their abilities. Pivot is a blend of a unique individualized online curriculum coupled with support and oversight from a credentialed teacher and access to activities and academic support.

WHAT IS INDEPENDENT STUDY?

Pivot Charter School is a non-classroom based independent study program in the eyes of the California Department of Education (CDE). The CDE establishes attendance requirements for independent study programs based on the work product that the student produces and “attending school” each school day. Therefore, the amount of schoolwork a student completes is how attendance and truancy are determined. The state requires the school to monitor and ensure students are making satisfactory progress towards a high school diploma and/or promotion. At Pivot Charter School, we have determined that adequate progress and attendance is the completion of at least 5 graded assignments a day for high school students, or 3 graded assignments a day for K-8 students, with a passing grade.

Some students and families have a perception that working online or in independent study will be easier than a traditional setting. Often, the exact opposite is true; many students find it difficult to work independently without the structure of a daily schedule. Students working online and in independent study must have a significant level of independence and/or support at home in order to be successful. While our credentialed teachers are there to support and guide, it is the student's responsibility to work in their courses every school day. If they do not work sufficiently in their courses every school day, they can be considered truant. Pivot has developed programs at our resource centers and online to support students in meeting their educational goals using the online curriculum. These programs are supplemental to the online curriculum and are not mandatory, unless it has been determined that a student is not making satisfactory progress when working solely from home. **Students must be willing and able to work from home every day regardless of attending workshops at the site or online.** Generally, high school students who do not complete a minimum of 30 credits a semester will become seriously behind in their academic progress and extend the time it takes to graduate high school. While a large part of Pivot's mission is to re-engage students who are disenfranchised and who struggle with their school work, if a student is not progressing sufficiently after a certain amount of time it may be determined that it is not in the best interest of the student to remain in independent study.

Pivot will uphold any decision by a prior school/district that determines that enrollment in an independent study program was not in the best interest of the student.

MANDATORY STUDENT ORIENTATION

All new students and one parent/guardian will be required to attend an orientation meeting at Pivot Charter School before Pivot will open a student's courses. This is a mandatory meeting that is held once a week for prospective students to get familiar with the online aspect of independent study along with the requirements to remain enrolled in the program. Even if a student's registration paperwork is complete and they are enrolled, the student and guardian must attend the meeting to be considered ready to begin classes at Pivot Charter School. The first hour and one half will be dedicated to discussing program requirements and access to the online systems. The next hour will be for students (but parents may stay) to be trained on how to utilize the curriculum. There is also important paperwork that must be signed by the student, their parent/guardian, and the student's new Educational Coordinator prior to classes being opened. After the orientation, the parent(s) or guardian and student will meet their Educational Coordinator (or EC at Pivot) to review class options and sign the paperwork that allows the school to open classes. Students will also participate in diagnostic testing prior to classes being opened. Please contact the school for dates and times of orientations.

ENROLLMENT PROCEDURES

The Pivot Charter School registration form is submitted to the school either in hard copy or online. There are additional important documents that must be submitted with the completed Student Registration Packet, as listed on the first page of the registration packet.

The Site Coordinator will review the packet for completeness, contact the family if the registration packet is not complete, and assist them in completing the packet if necessary. If you have questions regarding the process or status of your registration paperwork, please contact the Site Coordinator.

When the registration packet has been reviewed and processed, the student will be assigned an Educational Coordinator (Teacher). The EC will work with the family to ensure that the student attends the Pivot Orientation and an in-person meeting to sign the Master Agreement. After those meetings are complete, the Educational Coordinator will let the student know they are ready to disenroll from their current school.

PREVIOUSLY EXPELLED STUDENT

Pivot Charter School reserves the right to deny enrollment to students who are going through the process of being expelled at another school, who have been expelled from other schools within the last year, are under a current expulsion order, or just completed an expulsion and who have not successfully satisfied an expulsion rehabilitation plan. Please inform the Site Coordinator if you have been or are being expelled from school so they can work with your current school to coordinate potential Pivot Charter School enrollment. Students with a previous expulsion who are approved for enrollment may be required to work virtually for the first 30 days. After this time, the student's EC and the Director of Student Services will review the student's progress and make a determination on whether the student may attend Pivot's resource center programs. The decision to readmit a pupil or to admit a previously-expelled pupil from another school district or charter school shall be in the sole discretion of the Board following a meeting with the Executive Director, and the pupil and parent/guardian, or representative, to determine whether the pupil has successfully completed the rehabilitation plan and whether the pupil poses a threat to others or will be disruptive to the school environment. For more information about this process, contact the Director of Student Services. Review of expelled student enrollment does not occur until Pivot has a completed enrollment packet.

VACCINATIONS

Under the law known as SB 277, beginning January 1, 2016, exemptions based on personal beliefs will no longer be an option for the vaccines that are currently required for entry into child care or school in California. Personal beliefs exemptions on file for a child already attending child care or school will remain valid until the child reaches the next immunization checkpoint at kindergarten (including transitional kindergarten) or 7th grade.

Beginning January 1, 2021, new laws SB 714 and SB 276 address medical exemptions. Schools will be required to submit medical exemptions to the California Department of Public Health (CDPH). A new medical exemption will be required at each immunization checkpoint (Kindergarten and 7th grade), even if the exemption was previously considered permanent.

To see what vaccinations are required visit the following link: <http://www.shotsforschool.org/k-12/>

Please remember, whooping cough, also known as pertussis, continues to threaten students in California. To help stop its spread, all incoming 7th graders (new and returning) are required by law to have proof of a whooping cough booster ('Tdap') shot, or provide a physician's note for extenuating circumstances, in order to attend the resource center program time.

By law, students are not allowed to attend any site-based programs or field trips without immunization records that are compliant with the law.

Important Notes on Pivot Charter School:

- ❖ The amount of schoolwork a student completes is how attendance and truancy are determined in our independent study program. At Pivot Charter School, we have determined that adequate progress and attendance is the completion of at least 5 graded assignments a day for high school students, or 3 graded assignments a day for K-8 students, with a passing grade.
- ❖ If students are unable to make satisfactory progress in their coursework and/or are placed on the school's Multi-Tiered System of Support (MTSS), then they will lose the privilege to be a "virtual" student who works solely from home and must attend the site based program. Attending the site based program ensures that students receive the support they need in order to be successful.
- ❖ All students will take the i-Ready or Exact Path diagnostic assessments during the first few days of school. Students' classes will not be open until these assessments are complete.
- ❖ Having a reliable computer and consistent Internet connection are crucial to student success. Additionally, every student and parent/guardian must have a valid email address and check it often. Pivot will send out most correspondence and important school information via email.
- ❖ As part of independent study, parents and students will be required to meet with their Educational Coordinator on a monthly basis. Every family will have a scheduled face-to-face date and time (on a Friday) to accommodate these meetings. You will learn more about this process later.
- ❖ Pivot will continue to offer more virtual support next school year, similar to what has been presented recently in response to the recent school closures.

WEBSITE AND SOCIAL MEDIA

Be sure to visit our website and Facebook for up to date information:

www.pivotnorthvalley.com
www.facebook.com/PivotCharterSchoolNorthValley
www.instagram.com/pivotnorthvalley

We look forward to speaking with you regarding enrollment at Pivot Charter School. Please call 530-636-4479 to schedule a tour or meeting with the Site Coordinator.

Pivot Charter School North Valley II
1350 E. 9th Street, Suite #150
Chico, CA 95928
(P) 530.636.4479
(F) 530.636.4136



2020-2021 Program Checklist

Thank you for your interest in Pivot Charter School! To ensure that you provide us with all of the information we need to begin processing your student registration, we ask that you refer to this list of required documents.

To be submitted before enrollment at Pivot Charter School:

- All pages of this enrollment form are complete
 - Birth Certificate
 - Proof of Residency-- Utility Bill, Rental/Mortgage Agreement, or Other Proof of Residency
 - Copy of expulsion paperwork – if expelled within the last year
 - Proof of guardianship (Caregiver Affidavit or other legal document), if you are not the legal parent or guardian
-

To be submitted after enrollment is confirmed:

- Immunization Records
- Transcript with year-end grades, progress report, or report card, withdrawal grades
- Copy of IEP or 504 – if applicable
- Copy of any legal custody documents – if applicable

I certify that all of the required paperwork is included and all statements and information provided are true and correct to the best of my knowledge.

Parent Signature: _____ Date: _____

If you have any questions about the enrollment requirements, please contact:

Janeth Hurtado
Site Coordinator
1350 E. 9th Street, Suite #150
Chico, CA 95928
Phone: 530.636.4479
Email jhurtado@pivotcharter.org

Enrollment Survey

Please fill out a short survey on why you are choosing Pivot Charter School

Pivot’s Program

- Pivot’s flexible school schedule
- More Advanced Placement options
- Need to be more challenged
- Pivot’s diverse course offerings
- Opportunity for virtual schooling
- Other: _____

Academic Support

- Was not passing my courses
- Need more academic help/support from teachers
- Individualized educational path
- Remediation support

Emotional Support

- Bullying at previous school
- Experience anxiety or depression
- Need more emotional help/support from teachers

High School Academy (Grades 9-12 only)

Please indicate your choice of Pivot Charter School Academy:

UPREP Academy

University Preparatory Academy requirements are aligned to Cal State Universities and the University of California A-G minimum requirements for acceptance. Graduating from the UPREP Academy does not guarantee acceptance into any UC or CSU school. The student who graduates from the UPREP academy will have met the minimum acceptance criteria. Students are encouraged to take classes above the minimum requirements for entry into the University of California or Cal State schools and are also encouraged to take Advanced Placement courses.

- I would like to enroll in UPREP Academy**

Liberal Arts Academy

Liberal Arts Academy requirements are NOT aligned to Cal State Universities and the University of California requirements for admissions. Students who graduate from the Liberal Arts Academy will still be eligible to attend many other four and two year colleges and Universities in California and throughout the country. The primary differentiation from the University Preparatory Academy is that since the focus is not on completing the University of California A-G course requirements, students have more flexibility of which courses will meet their high school diploma requirements.

- I would like to enroll in Liberal Arts Academy**

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Student Registration Form 2020-2021					Pivot Use Only Form #: Date Received: Date Complete:	
First Name:		Middle Name:		Last Name:		Suffix:
Alias First Name:		Alias Middle Name:		Alias Last Name:		Alias Suffix:
Gender:	Grade level:	Birthdate:	Birth City:	Birth State:	Birth Country:	
Home Phone:		Student Cell Phone:		Student E-mail Address: <i>(or parent e-mail address if student does not have one)</i>		
<input type="checkbox"/> Student has previously been a Pivot Charter School student. <input type="checkbox"/> Student has a sibling that is either currently enrolled or was previously a Pivot Charter School student.						
Physical Address						
Street Address:			City:	State:	Zip:	
Housing Type: <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Temporarily Doubled Up <input type="checkbox"/> Temporarily Unsheltered <input type="checkbox"/> Temporary Shelters <input type="checkbox"/> Unknown <input type="checkbox"/> Foster Family Home/Kinship Placement <input type="checkbox"/> State Hospital <input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Other: _____				County of Residence: <input type="checkbox"/> Health Institution <input type="checkbox"/> Licensed Children's Institution <input type="checkbox"/> Development Center <input type="checkbox"/> Incarceration Institution		
				Proof of residency documentation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address						
Street Address: <input type="checkbox"/> check if same as physical address			City:	State:	Zip:	
<input type="checkbox"/> Check here if student was born outside the U.S. but granted U.S. citizenship at time of birth <input type="checkbox"/> Check here if foreign student temporarily schooling in the U.S. <input type="checkbox"/> Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.						
Ethnicity						
* New federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below: <input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino." <input type="checkbox"/> Not Hispanic or Latino						

Race			
<p>* In addition to ethnicity, at least one race must also be selected below:</p> <p><input type="checkbox"/> American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p style="padding-left: 20px;">Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.</p> <div style="display: flex; justify-content: space-between; padding: 0 20px;"> <div style="text-align: center;"><input type="checkbox"/> Asian Indian</div> <div style="text-align: center;"><input type="checkbox"/> Chinese</div> <div style="text-align: center;"><input type="checkbox"/> Japanese</div> <div style="text-align: center;"><input type="checkbox"/> Laotian</div> <div style="text-align: center;"><input type="checkbox"/> Other Asian</div> </div> <div style="display: flex; justify-content: space-between; padding: 0 20px;"> <div style="text-align: center;"><input type="checkbox"/> Cambodian</div> <div style="text-align: center;"><input type="checkbox"/> Filipino</div> <div style="text-align: center;"><input type="checkbox"/> Korean</div> <div style="text-align: center;"><input type="checkbox"/> Vietnamese</div> </div> <p><input type="checkbox"/> Black or African American - A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Mexican American</p> <p><input type="checkbox"/> Middle Eastern</p> <p style="padding-left: 20px;">Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <div style="display: flex; justify-content: space-between; padding: 0 20px;"> <div style="text-align: center;"><input type="checkbox"/> Guamanian</div> <div style="text-align: center;"><input type="checkbox"/> Samoan</div> <div style="text-align: center;"><input type="checkbox"/> Other Pacific Islander</div> </div> <div style="display: flex; justify-content: space-between; padding: 0 20px;"> <div style="text-align: center;"><input type="checkbox"/> Hawaiian</div> <div style="text-align: center;"><input type="checkbox"/> Tahitian</div> </div> <p><input type="checkbox"/> White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><input type="checkbox"/> Decline to State</p>			
Previous School / Enrollment Details			
Name of Previous School:	Address of Previous School:	School District of Previous School:	Last Day at Previous School:
	<input type="checkbox"/> out of state <input type="checkbox"/> out of country		
Previous School Type (please select one)			
<input type="checkbox"/> Public School		<input type="checkbox"/> Private School	
<input type="checkbox"/> Charter School		<input type="checkbox"/> Home Schooling	
		<input type="checkbox"/> Non-religiously-affiliated	
		<input type="checkbox"/> Religiously-affiliated	
Date First Enrolled in a U.S. School:		<input type="checkbox"/> Check here if enrolling in school for first time ever (i.e., no previous school)	
		<input type="checkbox"/> Check here if from a foreign country <i>without</i> schooling interruption	
		<input type="checkbox"/> Check here if from a foreign country <i>with</i> schooling interruption	
Home Language Survey			
Primary Language: Language the student first learned, is spoken by the student, or in the case of student too young to speak, the language spoken most frequently by adults in the home.			
First Language: What language did the student first learn to speak?			
Home Language: What language does the student most frequently read/speak at home?			
Language Spoken by Parents to Students: What language does the parent/guardian most frequently speak to the student?			
Language Spoken by Adults at Home: What language is most often spoken by adults in the home?			
English Fluency: Is the student fluent in English?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Dashboard Alternative School Status Survey

Our school may qualify for the DASS program as an alternative school that serves high-risk students. **By taking the time to fill out this DASS survey, you can help us provide the appropriate resources necessary to serve all of our students.**

- Expelled (Ed. Code 48925[b]) including situations in which enforcement of the expulsion order was suspended (Ed. Code 48917)
- Suspended (Ed Code 48925[d]) more than 10 days in a school year
- Wards of the court (WIC 601 or 602) or dependents of the court (WIC 300 or 654)
- Pregnant and/or parenting
- Habitually truant (Ed. Code 48262) or habitually insubordinate and disorderly (Ed Code 48263), and whose attendance at the school is directed by a school attendance review board (SARB) or probation officer (Ed. Code 48263)
- Retained more than once in kindergarten through grade 8
- Recovered dropout based on EC Section 52052.3(b) as students who: (1) are designated as dropouts pursuant to the exit and withdraw codes in the California Longitudinal Pupil Achievement Data System (CALPADS), or (2) left school and were not enrolled in a school for a period of 180 days
- Student is credit deficient (i.e., students who are one semester or more behind in the credits required to graduate on-time, per grade level, from the enrolling school's credit requirements)
- Student has a gap in enrollment (i.e., students who have not been in any school during the 45 days prior to enrollment in the current school, where the 45 days does not include non-instructional days such as summer break, holiday break, off-track, and other days when a school is closed)
- Student has high level transiency (i.e., students who have been enrolled in more than two schools during the past academic year or have changed secondary schools more than two times since entering high school)
- Foster Youth (EC Section 42238.01[b])
- Homeless Youth

Additional Student Group Survey

Some students may qualify for reduced graduation requirements. **By taking the time to fill out the survey below, you can help us provide the appropriate resources necessary to serve our students.**

- Student is enrolling directly from a juvenile hall program
- Student is a migrant farm worker or has a parent/guardian that is a migrant farm worker
- Student is attending school for the first time in the United States
- Student has or had a parent in the military



Enrollment Enhancements / Accommodations / Modifiers	
Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis? If yes, include ID number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is immunization information included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the birth certificate included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent / Guardian Release	
Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160) * California public high schools are required to submit a Cal Grant high school Grade Point Average (GPA) for all graduating seniors, unless the student or parent has opted out of the submission process. Students who do not opt out will have their GPA submitted to the Commission to be considered for a Cal Grant award. <input type="checkbox"/> Opt-out of Cal-Grant GPA Submissions	
Parent wishes to opt-out of Release of Directory Information * Pivot Charter Schools does not currently have a directory that is shared with other families, however when teachers and parents are making attempts to organize special events, directory information is sometimes shared. If you wish to opt out, please let us know. <input type="checkbox"/> Opt-out of Release of Directory Information	
I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Discipline	
Is your child pending expulsion or has your child been expelled in the past year? * If yes, a copy of the expulsion paperwork must be included with your enrollment paperwork	<input type="checkbox"/> Yes <input type="checkbox"/> No

Individualized Education Plan (IEP) and Section 504 Plan Information	
Does student currently have an Individualized Education Plan (IEP)? * If yes, please include a copy of the IEP with your enrollment paperwork	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Does student currently have a Section 504 Plan? * If yes, please include a copy of the Section 504 with your enrollment paperwork	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
If yes to above questions:	
What services has your child received? <input type="checkbox"/> Resource (RSP) <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> 504 <input type="checkbox"/> Speech/Language <input type="checkbox"/> Adaptive PE <input type="checkbox"/> Other: _____	
What was the last date your child was in a special education class or received services?	Month _____ Year _____
School name and address where special education referral, assessment, or IEP was developed. School Name: _____ School Address: _____	

Parent / Guardianship Information

Father
 Mother
 Both
 Step-Father
 Step-Mother
 Guardian
 Foster/Group Home
 Other: _____

Is the above (checked) person(s) the student's LEGAL guardian?
 Yes
 No

If no, please complete the "Caregiver Affidavit".

If there is a legal custody agreement regarding this student, then please check one:

Joint Custody
 Sole Custody
 Guardian

Shared percentage of custody: Father: _____% Mother: _____% Other: _____%

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN(S)

*If student has more than two legal guardians, please attach information for guardian(s) not included below on a separate sheet. CUSTODY ISSUES: Absent a copy of a court order, we will assume that both parents have custody of the child. If there are problems of custody which might involve the school, please give us the necessary documents. Specific custody restrictions must be verified by providing the school a copy of the COURT ORDER.

Parent/Guardian 1

Name:		Relationship to Student:		Lives with Student?
Physical Address: <input type="checkbox"/> check if same as student		City:	State:	Zip:
Mailing Address: <input type="checkbox"/> check if same as student		City:	State:	Zip:
Home Phone:	Cell Phone:	E-mail Address:		
Employer:	Employer Address:	Work Phone:	Federal Employee?	
Active Duty Military? <input type="checkbox"/> check if not applicable	Military Branch or Service: <input type="checkbox"/> check if not applicable	Duty Station: <input type="checkbox"/> check if not applicable	Send Student Mailings?	
Highest Level of Education:		<input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD <input type="checkbox"/> High School Graduate - Holds diploma or GED <input type="checkbox"/> College Graduate - Holds BA or BS <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university <input type="checkbox"/> Decline to state		

Parent/Guardian 2

Name:		Relationship to Student:		Lives with Student?
Physical Address: <input type="checkbox"/> check if same as student		City:	State:	Zip:
Mailing Address: <input type="checkbox"/> check if same as student		City:	State:	Zip:
Home Phone:	Cell Phone:	E-mail Address:		
Employer:	Employer Address:	Work Phone:	Federal Employee?	
Active Duty Military? <input type="checkbox"/> check if not applicable	Military Branch or Service: <input type="checkbox"/> check if not applicable	Duty Station: <input type="checkbox"/> check if not applicable	Send Student Mailings?	
Highest Level of Education:		<input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD <input type="checkbox"/> High School Graduate - Holds diploma or GED <input type="checkbox"/> College Graduate - Holds BA or BS <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university <input type="checkbox"/> Decline to state		

Verification Proof of Residency

Parent/Guardian, does the student live with you at your home? Yes No

Parent/Guardian Signature: _____ Date: _____

(Please attach current copy of utility bill or other proof of residency for verification)

If "No" to above and living in a residence other than your own, please fill out the form below.

I, _____, hereby certify that I am the parent/guardian of
(Parent/Guardian Name)

_____ and we are presently living with _____
(Student Name) (Name and Relationship)

who resides at _____,
(Street Address, City, and Zip Code) (Phone Number)

Parent/Guardian Signature: _____ Date: _____

Emergency Card Information

Emergency Contacts
(Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached)

Contact 1 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:
Contact 2 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:
Contact 3 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:

Other Children in Family

Name	Gender	Year Born	School Currently Attending	Over 18?	Relationship to student

Health Information

Medications taken by student at school or at home (written authorization from doctor required for medication taken at school):

Other Health Condition:

What action is to be taken if student has a complication due to their allergic condition or other health condition (please be specific):

Known Conditions:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <u>Hearing</u> | <u>Vision</u> |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Nut Allergy | <input type="checkbox"/> Known hearing problems | <input type="checkbox"/> Glasses to be worn at all times |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Wears heading aid | <input type="checkbox"/> Known eye condition/defect in vision |
| <input type="checkbox"/> Epilepsy | | | <input type="checkbox"/> Wears contact lenses |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Wears glasses |

Health Insurance Carrier:

Insurance ID or Policy #:

Hospital Preference:

Name of Primary Care Physician:

Address:

Phone:

Name of Ophthalmologist/Optomtrist (Vision):

Address:

Phone:

Name of Audiologist (Hearing):

Address:

Phone:

In case of accident or other emergency, if parent/guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as they consider necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named above to undertake such acts and treatments of my child as they consider necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I certify that all of the statements and information given above are true and correct to the best of my knowledge. I also agree to bear all costs incurred as a result of medical treatment or transportation required for such. This authorization will remain in effect until revoked by the undersigned in writing.

Parent/Guardian Signature: _____

Date: _____



Release of Records

In accordance with the Family Educational Rights and Privacy Rights Act of 1974 and California State Law, please release to the school named below all records, including:

Cumulative Record

Transcripts of Completed Work Including Grades to Date

ELPAC Scores and Related EL Information

Immunization Records

Discipline Records

IEP/504 Information, if applicable

Any Other Educational Information

For Parent to Complete		
Student Name: _____	Birthdate: _____	Grade: _____
Parent/Guardian Signature: _____		Date: _____
Name of Last School Attended: _____		
Fax Number of Last School Attended Registrar Office (to request records): _____		
Address of Last School Attended: _____		
(Street Address, City, State, and Zip Code)		
Dates Attended: _____	<input type="checkbox"/> Student was not previously enrolled in school	
Pivot Charter School Use		
To best serve the student, please FAX the following records to Brittany McElroy at 530-636-4136.		
Transcript	Immunizations	Withdrawal Grades
Discipline Records	IEP/504	Other: _____
Please MAIL the cumulative records at your earliest convenience to the address below.		
Student is officially enrolled with a start date of: _____		

REGISTRAR - PLEASE FORWARD THE STUDENT CUMULATIVE RECORDS TO:

Pivot Charter School North Valley II
1350 E. 9th Street, Suite #150
Chico, CA 95928
(P) 530-636-4479 (F) 530-636-4136 Email: jhurtado@pivotcharter.org

CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5 through 8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birth date: _____
3. My name: _____
(adult giving authorization)
4. My home address: _____
5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").
6. Check one or both (for example, if one parent was advised and the other cannot be located):
 I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
 I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
7. My date of birth: _____
8. My California driver's license or identification card number: _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

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

Dated: _____ Signed: _____

NOTICES

1. **This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.**
2. **A person who relies on this affidavit has no obligation to make any further inquiry or investigation.**
3. **This affidavit is not valid for more than one year after the date on which it is executed.**

ADDITIONAL INFORMATION

TO CAREGIVERS:

- 1) "Qualified relative", for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
- 2) The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
- 3) If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
- 4) If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

- 1) Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
- 2) The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

- 1) No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those dated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
- 2) This affidavit does not confer dependency for health care coverage purposes.



AUTHORIZATION FOR SELF-MEDICATION BY PIVOT STUDENTS

Student's Name: _____ Birthdate: _____

Medication: _____ for _____

Eligibility: In accordance with Pivot Charter Policy, Medication Administration, and CA Education Code, only students who meet the following descriptions may possess and self-administer medications: (1) Students with special medical needs such as asthma and/or severe allergies or who are subject to anaphylactic reactions and may require emergency medications (i.e., asthma inhaler or epinephrine auto-injector ["Epi-pen"]); and (2) Students who require frequent administrations of non-prescription medications or prescription medications that are not controlled substances.

Healthcare Provider: The student named above has (1) asthma or an allergy that could result in an anaphylactic reaction and may require emergency medications; or (2) a condition that requires frequent administration of a prescription or non-prescription medication. The medication is not a controlled substance. This student is capable of, has been instructed on the procedures for, and has demonstrated the skill to self-administer this medication as directed on the form *Medication Authorization for Pivot Charter School Students*. Please allow him/her to self-administer the medication during school hours and as otherwise documented by their healthcare provider.

This student will not require adult supervision while taking this medication.

Physician signature/date _____

Parent/Guardian: I give consent to Pivot Charter Schools to allow my child to self-administer this medicine at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medicine. If the medication that is prescribed for my child is for the treatment of asthma or anaphylactic reactions, I agree to provide a supplementary supply of the medication that will be kept by the school in a location to which my child has immediate access. I absolve the Pivot Charter School Board of Education and their agents and employees from any and all liability whatsoever that may result from my child possessing or taking this medicine at school. I further consent for the information about my child's health condition and related medications to be shared with appropriate school staff as necessary for the safety of my child.

Parent or Guardian signature/date _____

Student: (please initial and sign)

_____ I am capable of taking this medicine as recommended and accept this responsibility.

_____ I will keep it secure at all times and will not share it with others. I further acknowledge it is inappropriate and dangerous to share medications with peers, and that any such action will result in the Site Administrator notifying my parent/guardian and possible loss of self-administration privileges.

_____ I agree to verbally notify an Educational Coordinator/Teacher if there is a problem with any medication, supplies or equipment, and/or I need assistance with any aspect of taking my medication during school hours.

Student signature/date _____

Charter School Complaint Notice and Form

Instructions for Charter Schools:

Add your charter school authorizer information to the form before sharing with parents and posting to your website by completing the five blank fields on the following page under the section titled **Complaint Procedures**. The completed section will look similar to this:

Name of Charter School Authorizer
Street Address
City, State, and Zip Code
Email
Phone

If you have questions about completing this form, please contact the Charter Schools Division by phone at 916-322-6029 or via email at charters@cde.ca.gov.

Information for Parents:

Please review the information on the Charter School Complaint Notice web page at <https://www.cde.ca.gov/sp/ch/cscomplaint.asp> for information on how to obtain the correct form from your charter school.

Charter School Complaint Notice

California *Education Code* Requirements

California *Education Code* (EC) Section 47605(d)(4) (https://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=47605&lawCode=EDC) states the following:

- A charter school shall not discourage a pupil from enrolling or seeking to enroll in a charter school for any reason, including, but not limited to, academic performance of the pupil or because the pupil exhibits any of the following characteristics:
 - Academically low-achieving
 - Economically disadvantaged (determined by eligibility for any free or reduced price meal program)
 - English learner
 - Ethnicity
 - Foster youth
 - Homeless
 - Nationality
 - Neglected or delinquent
 - Race
 - Sexual orientation
 - Pupils with disabilities

- A charter school shall not request a pupil's records or require the parent, guardian, or pupil to submit the pupil's records to the charter school before enrollment.

- A charter school shall not encourage a pupil currently attending the charter school to disenroll from the charter school or transfer to another school for any reason (except for suspension or expulsion).

- This notice shall be posted on a charter school's Internet website and a charter school will provide copies of this notice (1) when a parent, guardian, or pupil inquires about enrollment; (2) before conducting an enrollment lottery, and (3) before disenrollment of a pupil.

Complaint Procedures

In order to submit a complaint, complete the Charter School Complaint Form and submit the form to the charter school authorizer, electronically or in hard copy, to the following location:

Charter School Complaint Form

Name: _____

Email Address: _____

Mailing Address: _____

Date of Problem: _____

Phone Number: _____

Charter School (include address):

California *Education Code (EC)* Section 47605(d)(4) allows a parent or guardian to submit a complaint to the charter school authorizer when a charter school discourages a pupil's enrollment, requires records before enrollment, or encourages a pupil to disenroll. Please identify the basis for this complaint below, with specific facts, which support your complaint.

Basis of complaint (check all that apply):

- Pupil was discouraged from enrolling or seeking to enroll in the charter school.
- Records were requested to be submitted to the charter school before enrollment.
- Pupil was encouraged to disenroll from the charter school or transfer to another school.

Please provide further details:

Please file this complaint with the authorizer of the charter school listed on the preceding page electronically or in hard copy.