



## Re-Enrollment Form 2018-2019 School Year

Please update your information with us for re-enrollment in Pivot Charter School and return to:

Pivot Charter School North Valley

1350 E. 9<sup>th</sup> Street Suite 150

Chico, CA 95928

Email: afox@pivotcharter.org

Phone: 530-636-4479 Fax: 530-636-4136

### Program Time Choice

Please check your desired resource center attendance program (subject to availability)

- 5 days a week     
  3 days a week     
  2 days a week     
  1 day a week     
  Virtual

<b>Student Information</b>				<b>Pivot Use Only</b>	
First Name:				Form #:	
Middle Name:				Date Received:	
Last Name:				Date Complete:	
Suffix:					
Grade level:	Birthdate:	Home Phone:	Student Cell Phone:	Student E-mail Address:	
Have your addresses changed?					
<input type="checkbox"/> No <input type="checkbox"/> Yes *Please provide new proof of residency (utility bill, rental/mortgage agreement, or other)					
Physical Address					
Street Address:			City:	State:	Zip:
Mailing Address					
Street Address:			City:	State:	Zip:
Housing Type:					
<input type="checkbox"/> Permanent Housing	<input type="checkbox"/> Temporary Shelters	<input type="checkbox"/> State Hospital	<input type="checkbox"/> Licensed Children's Institution	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Temporarily Doubled Up	<input type="checkbox"/> Hotels/Motels	<input type="checkbox"/> Residential School/Dormitory	<input type="checkbox"/> Development Center	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Temporarily Unsheltered	<input type="checkbox"/> Foster Family Home/Kinship Placement	<input type="checkbox"/> Health Institution	<input type="checkbox"/> Incarceration Institution		
Parent / Guardian Release					
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<input type="checkbox"/> Yes <input type="checkbox"/> No					



Health Information			
Medications taken by student at school or at home (written authorization from doctor required for medication taken at school):			
New health condition(s) since original enrollment:			
Parent / Guardianship Information			
Has there been a change in custody? <input type="checkbox"/> No <input type="checkbox"/> Yes *Please provide updated custody documentation			
Parent/Guardian 1			
Name:		Relationship to Student:	Lives with Student?
Street Address: <input type="checkbox"/> check if same as student	City:	State:	Zip:
Home Phone:	Cell Phone:	E-mail Address:	
Parent/Guardian 2			
Name:		Relationship to Student:	Lives with Student?
Street Address: <input type="checkbox"/> check if same as student	City:	State:	Zip:
Home Phone:	Cell Phone:	E-mail Address:	
Emergency Contacts			
Contact 1 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:
Contact 1 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:

*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 re-enrollment, please contact:

**Amy Fox**  
**Site Coordinator**  
 1350 E. 9<sup>th</sup> Street Suite 150  
 Chico, CA 95928  
**Phone:** 530-636-4479  
**Email:** afox@pivotcharter.org



### Income Survey / NSLP Worksheet

Student First Name:	Student Middle Name:	Student Last Name:	Student Birthdate:
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**Our school may qualify for various federal and state grants this year.** By taking time to fill out this income survey, **you can help us provide the additional resources necessary to serve all of our students.** It is our goal to provide students with the best opportunity to learn that we can offer, but we need your help. Generally, schools whose families have eligible incomes based on the free and reduced lunch programs may qualify for special grants. Please note that these grants are only based upon the number of students that would **qualify** for free and reduced lunch programs if such a program was offered, even when school lunch programs are not available. Please review the eligibility requirements below to determine if you would be eligible. Thank you.

Household Size (How many family members in the home?): \_\_\_\_\_ Total Annual Household Income: \$ \_\_\_\_\_

\* Annual household income: Check yearly gross earnings (before deductions) from work for all household members. (Include any income received by a child from full-time or regular part-time employment. Include income received for a child from SSI, Welfare, Child Support, or Adoption Assistance Payments.)

Assistance Programs (please select one)

- snap / case number: \_\_\_\_\_       fdpir / case number: \_\_\_\_\_  
 calworks / case number: \_\_\_\_\_       none

*The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.*

- I certify that all of the statements and information given above are true and correct to the best of my knowledge.  
 I do not qualify / I do not wish to participate

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