



Welcome!

Phoenix Charter Academy (PCA) is a K–12 independent study, home school charter, in northern California. PCA provides a voluntary public educational choice for families who want to educate their children in a home environment. We believe that individual differences and the uniqueness of each child are to be supported and celebrated. Our mission is to serve students through personalized learning and to support parental choice in education. We encourage all students to strive for academic excellence.

We serve all of Shasta & contiguous counties!

We are accredited through WASC (Western Association of Schools and Colleges).

Students will be considered for admission without regard actual or perceived disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code or association with an individual who has any of the aforementioned characteristics. Enrollment preference will be given to siblings of currently enrolled students with PCA. Parent/guardian will guarantee that the information represented in the application and the signed parent agreement is accurate. If any information is misrepresented in the application, the child will be subject to dismissal. We will encourage new students entering PCA to perform well academically and behaviorally while enrolled with PCA. The student agrees to follow behavioral standards outlined in the Student/Parent Handbook. Attendance must meet PCA standards and a copy of attendance from current and/or prior school will be reviewed for excessive excused and/or unexcused absences. Students with a SARB contract must bring in a copy to be reviewed prior to enrollment with PCA. Students must also provide a copy of current grades/transcript for review.



Pre-Enrollment Process

To complete enrollment, students must have completed the following and have the appropriate forms on file:

- ☐ Student Registration and Demographic Information
- ☐ California School **Immunization Record & TDap for grades 7-12.**
- ☐ Copy of **Birth Certificate**
- ☐ School **transcripts** (High School only)
- ☐ Attendance copy from current or prior school required so PCA can review for excessive excused and unexcused absences
- ☐ Special Education document (Individual Education Plan – IEP, or 504), if applicable
- ☐ Oral Health Assessment Form (Dental check-up due by May 31st of student's first year in public school)

Upon Notification of Enrollment at PCA:

- ☐ SCANTRON assessment
- ☐ Student must maintain enrollment in current school until notification of enrollment with PCA
- ☐ Students must complete withdrawal procedure from current school and high school students must bring a copy of withdrawal grades to Registrar
- ☐ Master Agreement (to be completed with teacher at your first meeting)
- ☐ Acknowledgement of Responsibilities (also to be completed at your first meeting)



PCA Phoenix Charter Academy

Student Registration Form

Name: First		Middle		Last		Suffix																													
Other/aka Name: First		Middle		Last		Suffix																													
Gender:	Grade	Birth Date	Birth City		Birth State	Birth Country*																													
Physical Address: Street Address																																			
City				State		Zip																													
Mailing Address:																																			
City				State		Zip																													
County of Residence:		Home Phone:		Student Cell Phone:		Student Email Address:																													
School District of Residence* : Please check appropriate box: <table border="1"><tr><td><input type="checkbox"/> Anderson UHSD</td><td><input type="checkbox"/> Igo-Ono-Platina Union</td></tr><tr><td><input type="checkbox"/> Bella Vista</td><td><input type="checkbox"/> Indian Springs</td></tr><tr><td><input type="checkbox"/> Black Butte Union</td><td><input type="checkbox"/> Junction</td></tr><tr><td><input type="checkbox"/> Cascade Union</td><td><input type="checkbox"/> Millville</td></tr><tr><td><input type="checkbox"/> Castle Rock Union</td><td><input type="checkbox"/> Mountain Union</td></tr><tr><td><input type="checkbox"/> Columbia</td><td><input type="checkbox"/> North Cow Creek</td></tr><tr><td><input type="checkbox"/> Cottonwood Union</td><td><input type="checkbox"/> Oak Run</td></tr><tr><td><input type="checkbox"/> Enterprise SD</td><td><input type="checkbox"/> Pacheco Union</td></tr><tr><td><input type="checkbox"/> Fall River Joint Unified</td><td><input type="checkbox"/> Redding SD</td></tr><tr><td><input type="checkbox"/> French Gulch-Whiskey town</td><td><input type="checkbox"/> SCOE</td></tr><tr><td><input type="checkbox"/> Gateway Unified</td><td><input type="checkbox"/> Shasta Union ESD</td></tr><tr><td><input type="checkbox"/> Grant</td><td><input type="checkbox"/> Shasta Union HSD</td></tr><tr><td><input type="checkbox"/> Happy Valley Union</td><td><input type="checkbox"/> Whitmore Union</td></tr><tr><td><input type="checkbox"/> Other:</td><td><input type="checkbox"/> Other:</td></tr></table>				<input type="checkbox"/> Anderson UHSD	<input type="checkbox"/> Igo-Ono-Platina Union	<input type="checkbox"/> Bella Vista	<input type="checkbox"/> Indian Springs	<input type="checkbox"/> Black Butte Union	<input type="checkbox"/> Junction	<input type="checkbox"/> Cascade Union	<input type="checkbox"/> Millville	<input type="checkbox"/> Castle Rock Union	<input type="checkbox"/> Mountain Union	<input type="checkbox"/> Columbia	<input type="checkbox"/> North Cow Creek	<input type="checkbox"/> Cottonwood Union	<input type="checkbox"/> Oak Run	<input type="checkbox"/> Enterprise SD	<input type="checkbox"/> Pacheco Union	<input type="checkbox"/> Fall River Joint Unified	<input type="checkbox"/> Redding SD	<input type="checkbox"/> French Gulch-Whiskey town	<input type="checkbox"/> SCOE	<input type="checkbox"/> Gateway Unified	<input type="checkbox"/> Shasta Union ESD	<input type="checkbox"/> Grant	<input type="checkbox"/> Shasta Union HSD	<input type="checkbox"/> Happy Valley Union	<input type="checkbox"/> Whitmore Union	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	Program Placement: (Check one :) <input type="checkbox"/> General Ed. <input type="checkbox"/> Special Ed.		Residence Category* Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box: <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) <input type="checkbox"/> In a motel/hotel (09) <input type="checkbox"/> In a shelter or transitional housing program (10) <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) <input type="checkbox"/> Unsheltered (car/campsite) (12) <input type="checkbox"/> Other (15) (please specify) _____	
<input type="checkbox"/> Anderson UHSD	<input type="checkbox"/> Igo-Ono-Platina Union																																		
<input type="checkbox"/> Bella Vista	<input type="checkbox"/> Indian Springs																																		
<input type="checkbox"/> Black Butte Union	<input type="checkbox"/> Junction																																		
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<input type="checkbox"/> Happy Valley Union	<input type="checkbox"/> Whitmore Union																																		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:																																		

*If not born in the USA what year did your student first attend school in the USA? _____

What is your child's ethnicity? (Please check one):

- ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)
☐ Not Hispanic or Latino

How would you like to receive school information? (Please check one):

- ☐ General Mail
☐ e-Mails
☐ on-line- view and print from www.ourpca.org



PCA Phoenix Charter Academy

Race of Student (Optional)

Part A – Select One <input type="checkbox"/> Amer Indian or Alaskan Native (10) <i>Go to Part D</i> <input type="checkbox"/> Asian (20) <i>Go to Part B</i> <input type="checkbox"/> Filipino (30) <input type="checkbox"/> Black or African American (40) <input type="checkbox"/> White (50) <input type="checkbox"/> Hispanic or Latino (60) <i>Go to Part E</i> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander - (70) <i>Go to Part C</i>	Part B - Only if Asian selected in Part A then note selection <input type="checkbox"/> Asian Indian (205) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Laotian (206) <input type="checkbox"/> Other Asian (299) <input type="checkbox"/> Vietnamese (204)	Part C - Only if Pacific Islander selected in Part A then note selection <input type="checkbox"/> Samoan (303) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Native Hawaiian (301) <input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399)
Part D - Only if Amer Ind/Alaskan Native selected in Part A then note selection <input type="checkbox"/> Cherokee <input type="checkbox"/> Chippewa <input type="checkbox"/> Choctaw <input type="checkbox"/> Navajo <input type="checkbox"/> Pueblo <input type="checkbox"/> Sioux <input type="checkbox"/> Other		Part E -Hispanic/Latino selected in Part A then note selection <input type="checkbox"/> Argentinean <input type="checkbox"/> Colombian <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican American <input type="checkbox"/> Nicaraguan <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Salvadoran <input type="checkbox"/> Spaniard <input type="checkbox"/> Other

Previous School & Enrollment Details

Name of Previous School:
Previous School Type: <input type="checkbox"/> Charter School <input type="checkbox"/> Non-Charter Public <input type="checkbox"/> Private Non-Sectarian <input type="checkbox"/> Private Sectarian <input type="checkbox"/> Other, Please describe:
School year student first started 9 th grade? _____

Parent/Guardian Information Form

Male Parent/Guardian		Female Parent/Guardian	
Name:			
First	Middle	First	Middle
Relationship to Student:		Relationship to Student :	
Lives with Student <input type="radio"/>	Send Student Mailings <input type="radio"/>	Lives with Student <input type="radio"/>	Send Student Mailings <input type="radio"/>
Street Address:		Street Address:	
City:		City:	
State:	Zip:	State:	Zip:
Mailing Address: Same as Above <input type="radio"/>		Mailing Address: Same as Above <input type="radio"/>	
City:		City:	
State:	Zip:	State:	Zip:
Employer:		Employer:	
Work Address (Physical):		Work Address (Physical):	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email Address:		Email Address:	



PCA Phoenix Charter Academy

Father/Stepfather/Male Guardian

Highest Level of Education

(Check appropriate answer)

- ☐ Graduate Degree - Holds MA, MS, PhD or EdD (10)
- ☐ College Graduate - Holds BA or BS (11)
- ☐ Some College - Holds AA or has completed 2 full years at a 4-year university (12)
- ☐ High School Graduate – Holds diploma or GED (13)
- ☐ Not a high school graduate (14)
- ☐ Decline to State (15)

Mother/Stepmother/Female Guardian

Highest Level of Education

(Check appropriate answer)

- ☐ Graduate Degree - Holds MA, MS, PhD or EdD (10)
- ☐ College Graduate - Holds BA or BS (11)
- ☐ Some College - Holds AA or has completed 2 full years at a 4-year university (12)
- ☐ High School Graduate – Holds diploma or GED (13)
- ☐ Not a high school graduate (14)
- ☐ Decline to State (15)

Home Language Survey

Which language did your child first learn to speak? _____

Which language does your child most frequently read/speak at home? _____

Which language do the parents/guardians most frequently speak to the student? _____

Which language is most often spoken by the adults in the home? _____

Is your child fluent in English? ☐ Yes ☐ No

APLUS+ Schools Home Survey

- Does the student have access to a computer at home? ☐ Yes ☐ No
- Does the student have access to the internet from home? ☐ Yes ☐ No
- How many times has the student's family moved in the past 12 months? _____

Enrollment Enhancements/Accommodations/Modifiers

- Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis?
☐ Yes ☐ No Include Migrant Education ID Number _____
- Has the student taken a standardized test and been identified as gifted? ☐ Yes ☐ No
- Immunization information is included with this enrollment information ☐ Yes ☐ No
- Birth Certificate is included with this enrollment information ☐ Yes ☐ No
- Pertussis Booster on file? ☐ Yes ☐ No
- Mobility: Grade level when the student first enrolled in PCA _____
Grade level when the student first enrolled in a Shasta County school district _____

Armed Forces/National Guard Service

- Fulltime/Active Duty

Father/Stepfather/Male Guardian

☐

Mother/Stepmother/Female Guardian

☐

Dear Parents:

Thank you for choosing the Phoenix Charter Academy. We would like to inform you of some of the current legislation affecting the written records the schools maintain relating to your children, and your rights as parents in relation to this data. As a parent (or legal guardian), you have a right to review the school records of your child. You also have the right to challenge the validity of the entries. In the event you should leave our school, our policy is to transfer your child's cumulative data upon the request of the receiving school district. You have the right to review the information that we will transfer to that school district. If you have any questions regarding the school records of your child, or wish to review them, please contact the executive director of your child's school to arrange an appointment.

I have read the above Information: _____

Parent/Guardian Signature



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Parent/Guardian Release

- | | | |
|--|------------------------------|-----------------------------|
| • Permission for school directory information to be made available to institutions of higher learning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission for school directory information to be made available to military recruiters | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission to sign in and out of the school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Student allowed to use computers at school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Student allowed to access the Internet at school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission to include student information in school directory | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission to use pictures of this student for school purposes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission to use student work produced by this student for school purposes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission to use pictures of the student in Yearbook ONLY | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission to use student audio/video for school purpose? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission to use student work produced by this student for school purposes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission to text Student | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission to text Parent/Guardian | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission to use Student's Name in school publications? (Yearbook, newsletter, newspaper, website, etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Permission for the school to use student pictures, audio, video, and student work on social media | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Allow student access to Google Apps for Education (GAE) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Has your child ever received any Special Education or Section 504 services of any kind? ☐ Yes ☐ No

If NO: Sign and date here. I certify that my student has never received Special Education services of any kind. I further certify that my student does not have a 504 Plan. I certify that all statements are true and correct to the best of my knowledge.

Parent/Guardian **X** _____ Date: **X** _____

If YES: Sign here and provide one of the following a signed current/active copy of the IEP; an exit IEP; or 504 plan. I understand I must submit all Special Education documentation, and/or 504 Plan with my child's enrollment paperwork. I certify that this statement is true and correct to the best of my knowledge.

Parent/Guardian **X** _____ Date: **X** _____

Please check any or all of the following circumstances that have ever pertained to your student:

- ☐ Expulsion ☐ Pending Expulsion ☐ SARB Contract
☐ Pending determination of SARB ☐ Involved in formal or informal Probation

If none apply: Sign and date here.

I certify that none of the above circumstances pertain to my student. I certify that this statement is true and correct to the best of my knowledge.

Parent/Guardian **X** _____ Date: **X** _____

If YES: Sign here and provide documentation for all circumstances checked

I understand that I must submit all documentation for circumstances checked above, in addition to my student's enrollment paperwork. I certify that this statement is true and correct to the best of my knowledge.

Parent/Guardian **X** _____ Date: **X** _____

***STUDENT'S BIRTH CERTIFICATE & IMMUNIZATION RECORDS ARE ESSENTIAL FOR ENROLLMENT AND TRANSCRIPTS FOR HIGH SCHOOL STUDENTS ARE VERY HELPFUL.** | 6



Emergency Card

Person(s) authorized to pickup student from school:	
Student is authorized to walk home <input type="radio"/> Yes <input type="radio"/> No	
~ Custody issue regarding the student? <input type="radio"/> Yes <input type="radio"/> No	
~ If yes, notes regarding custody issue:	
~ Legal restrictions for any parent:	
~ Court order on file at school? <input type="radio"/> Yes <input type="radio"/> No	
Emergency Contacts: (Relatives/neighbors/friends who will assume temporary care if you cannot be reached)	
Contact Name:	Relationship to student:
Phone 1:	Phone 2:
Contact Name:	Relationship to student:
Phone 1:	Phone 2:

Other Children in family:					
Name:	Gender:	Yr Born:	School Attending:	Over 18	Relationship:
Name:	Gender:	Yr Born:	School Attending:	Over 18	Relationship:
Name:	Gender:	Yr Born:	School Attending:	Over 18	Relationship:
Name:	Gender:	Yr Born:	School Attending:	Over 18	Relationship:
Name:	Gender:	Yr Born:	School Attending:	Over 18	Relationship:
Name:	Gender:	Yr Born:	School Attending:	Over 18	Relationship:

Health Information: Medications taken by student at home (written authorization from doctor required for school to administer)

~ No known health problem or condition: (check here) ☐



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~Condition which may result in a classroom emergency:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Cond.	<input type="checkbox"/> Seizures
<input type="checkbox"/> Bee Sting Allergy	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Nut Allergy	<input type="checkbox"/> Other (please specify):

~ Condition which affects hearing:

<input type="checkbox"/> Known hearing problem	<input type="checkbox"/> Wears hearing aid	<input type="checkbox"/> Other
--	--	--------------------------------

~ Condition which affects vision:

<input type="checkbox"/> Glasses to be worn at all times	<input type="checkbox"/> Known eye condition/defect in vision
<input type="checkbox"/> Wears contact lenses	<input type="checkbox"/> Wears glasses

~ Other health condition:

~ What action is to be taken if student has a complication due to his/her allergic or other health condition? (please be specific):

Insurance:

Health Insurance Carrier:	Insurance ID or Policy #:
	Hospital Preference:

Physician(s):

Name of Physician:	
Address:	Phone:
Vision (list Dr.)	
Hearing (list Dr.)	

Parent Signature

In case of accident or emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers 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 treatment of my child as he/she considers 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:

The undersigned hereby agree to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by the undersigned in writing:

Signature of Parent or Guardian: _____ Date: _____



Enrollment Questionnaire

1. What are your long-range educational goals for your child?

2. How do you think a personalized learning/independent study education program will help your child achieve those goals? _____

3. Why do you feel this personalized learning/independent study education program will be different from or superior to your child's current educational program? _____

4. Why do you believe your child can be successful without the daily support of classroom instruction as in a regular school setting? _____

5. How much time do you plan to allocate for direct teaching and monitoring of your child's progress each week? Hours per day: _____ Days per week: _____

6. Describe a typical school day schedule for your child in a personalized learning/independent study educational program. _____

7. Describe the space(s) and resources in your home which will be used for your child's learning activities.

8. How will this enhance learning for your child? _____



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9. Your child's academic strengths and interests include: _____

10. Your child needs help academically with/in the following skills/subjects:

Reading: _____ Writing: _____ Spelling: _____ Math: _____ Science: _____

History/Social Studies: _____

11. What provisions has your family made for your child to socialize with peers if he/she is enrolled in a personalized learning/independent study education program? _____

Phoenix Charter Academy (PCA), though using a different education model from conventional schools, has positive expectations for student performance and progress. In partnership with parents, PCA is accountable to the state of California for student academic growth. Continuing enrollment will require the following:

1. Satisfactory completion of assigned work;
2. Meeting with instructor(s) on the dates and times mutually set.

If your child is enrolled in PCA, you understand that you are assuming a vital role in her/his education. The daily attention and commitment necessary to provide successful academic progress for your child will be a primary family focus. You commit yourself to:

1. Work cooperatively with PCA staff;
2. Set and keep regular meetings with PCA instructor(s);
3. Communicate needs, concerns and/or suggestions quickly and positively;
4. Participate with PCA and other parents in networking activities;
5. Instruct and monitor your child's work, making sure all assigned activities are completed on schedule and are satisfactory in quality.
6. Care for all materials/resources provided by PCA and return all non-consumable items at the end of the school year.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____



PCA Phoenix Charter Academy

Authorization for Release of Records

Cumulative Record and/or Special Education Records

Enrollment date with PCA as of: _____

MAIL the following:

- Cumulative records
- Special Education records including: IEP's, ITP's, BIP's, academic assessments, speech and language assessments, psychological evaluations and any additional pertinent information
- Official Transcripts with completed work including grades to date
- Any other educational information

Student Name: _____

Birth Date: _____ Grade: _____

Authorized Signature: _____ Date: _____

Name of Last School Attended: _____

Phone Number of Last School: _____ Fax Number: _____

Dates Attended: From: _____ To: _____

☐ No previous school attended (Check if student not previously enrolled in any school)

For Comments of Receiving Registrar:

Please complete the following in response to special education records, sign, date, and return either by FAX or by mail.

_____ We do not have the records you have requested in our files.

_____ We have not been able to locate the requested files, but our records indicate this student did receive special education services.

_____ After reviewing our records, it is determined that the above named student has not received special education services nor has been identified as being eligible for special education services.

Receiving Registrar Signature

Date

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

PLEASE FORWARD ALL STUDENT RECORDS TO:

**Phoenix Charter Academy
2195 Larkspur Lane
Redding, CA 96002**



PCA Phoenix Charter Academy

Authorization for Release of Faxed Record Information

Pre- Enrollment Request for: Transcripts and/or Special Education Records Enrollment Application in Process, **fax items checked below:**

Items needed to complete our enrollment process. If enrolled, a request for records will be faxed. Thanks

Please FAX immediately the following checked boxes:

- ☐ Transcript
- ☐ Immunization Records & Birth Certificate
- ☐ Current Active IEP or 504 plans
- ☐ Expulsion, SARB, Attendance

Student Name: _____

Birth Date: _____ Grade: _____

Authorized Signature: _____ Date: _____

Name of Last School Attended: _____

Phone Number of Last School: _____ Fax Number: _____

Dates Attended: From: _____ To: _____

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

PLEASE Fax ALL Requested RECORDS TO: (530) 222-9281

Household Data Collection - Phoenix Charter Academy - 2017 - 2018

Last Name:		First Name:	Birthdate:	
School: Phoenix Charter Academy		Grade:	Classroom:	School Code: 0136440

1. Check the total number of adults and children living in your household:
☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Other:

2. Total Annual Household Income: \$

Home Phone Number:	Cell Phone Number:	E-mail Address:
X _____ Parent Signature		X _____ Date
<p><i>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></p>		