



ENROLLMENT PACKET

Dear Parent/Guardian:

Thank you for applying to Bay Area Technology School. Please submit your enrollment packet at your earliest convenience to secure your child's placement. Please be aware that only a **fully completed** enrollment packet will be accepted.

Mail or drop off the completed enrollment packet to:

Bay Area Technology School
8251 Fontaine St.
Oakland, CA 94605
Phone: (510) 382-9932
Email: contact@baytechschool.org

REGISTRATION FORMS (Included in this packet):

- | | |
|---|--|
| <input type="checkbox"/> Student Registration Form | <input type="checkbox"/> Permission Slip |
| <input type="checkbox"/> Emergency Medical Authorization | <input type="checkbox"/> Consent/Release Form Media Permission |
| <input type="checkbox"/> Permission to Release School Records | <input type="checkbox"/> Emergency Information Card |

REQUIRED PAPERWORK:

- Birth Certificate
- Current Immunization Records
- Most Recent Report Card (6-8) or HS Transcript (9-12)
- Test Scores (CAHSEE, CELDT - if applicable)
- Individualized Education Plan (IEP - if applicable)
- Proof of Residence: **Parents must submit two of the following:**
 - A utility bill dated within 45 days
 - Homeowner's/renter's insurance policy
 - Lease agreement with owner's documentation
 - Current Property tax statement
- Parent Verification of ID: **Parents must submit one of the following:**
 - Parent/Guardian California Driver's License
 - Official California ID Card from the department of Motor Vehicles (DMV)
- Guardianship papers or court documents must be used for verification of custody (if necessary).

PLEASE NOTE THAT YOU MUST BRING THE COPIES WITH YOU.



EMERGENCY MEDICAL AUTHORIZATION

Student Name: _____ **Phone:** _____ **Address:** _____ **Email:** _____

Mother living with family? YES NO

Father living with family? YES NO

Mother _____

Daytime Phone _____

Father _____

Daytime Phone _____

Other Name _____

Daytime Phone _____

Name of relative or childcare provider _____

Phone _____

Address _____

Relationship _____

PURPOSE - To enable parents to authorize the emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

**PART I or II MUST BE COMPLETED
PART I (To Grant Consent)**

I hereby give consent for my child to receive ibuprofen (such as Advil or Tylenol) in the case of headaches, fever, or pain due to minor injuries: YES NO

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____

Phone _____

Dentist _____

Phone _____

Medical Specialist _____

Phone _____

Local Hospital _____

Phone _____

In the event reasonable attempts to contact me or _____ at _____ (phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the medical providers listed above or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted: _____

_____ Date

_____ Signature of Parent

_____ Address

**DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I
PART II (Refusal of Consent)**

I DO NOT GIVE MY CONSENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: _____

_____ Date

_____ Signature of Parent

_____ Address



PERMISSION TO RELEASE SCHOOL RECORDS

By my/our signature below, I/we, as parent(s) or legal guardian of _____
whose date of birth is _____ give permission to the principal of
_____ School to release the following school records to
Bay Area Technology School.

Place a check before the records authorized to be released:

- Grades and academic records
- Psychological assessments and records
- Disciplinary records
- Attendance records and medical/immunization Card
- Testing results and/or evaluations
- IEP / 504 Records
- CST – STAR / CELDT Scores

Parent Name

Signature

Date

Legal Guardian Name

Signature

Date



BAY AREA TECHNOLOGY SCHOOL STUDENT REGISTRATION FORM

GRADE

Student Last Name:

▶ Has your student ever attended BAY AREA TECHNOLOGY public schools before? Yes No

PLEASE PRINT – STUDENT’S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)
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Male Female Birth date:

Month	Day	Year
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Parent/Guardian First Name	Last Name	Home Phone () ()	Work Phone () ()
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Parent/Guardian First Name	Last Name	Home Phone	Work Phone
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Mailing Address	Apt#	City	State	Zip
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Residence Address (house # & street name) (IF DIFFERENT)	Apt #	City	State	Zip
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(P.O Box or house # & street name)

First Name:

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- American Indian or Alaskan Native(100)
(Persons having origins in any of the original people of North, Central or South America)
- Chinese (201)
- Japanese (202)
- Korean (203)
- Vietnamese (204)
- Asian Indian (205)
- Laotian (206)
- Cambodian (207)
- Hmong (208)
- Other Asian (299)
- Hawaiian (301)
- Guamanian (302)
- Samoan (303)
- Tahitian (304)
- Other Pacific Islander (399)
- Filipino/Filipino American (400)
- African American or Black (600)
- White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- Graduate Degree or Higher (10)
- College Graduate (11)
- Some College or Associate’s Degree (12)
- High School Graduate (13)
- Not a High School Graduate (14)

Date first attended school <u>in the U.S.</u>		
Month	Day	Year
Date first attended school in <u>California</u>		
Month	Day	Year

Permanent ID:

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

(REV 5/14)

PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM

Student Last Name:

First Name:

Permanent ID:

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the CELDT Test (Calif English Language Development Test)? Yes No I don't know

In which language do you wish to receive written communications from the school? English Spanish

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"/> 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"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

Parent/Guardianship Information (with whom the student lives) – check all that apply

- 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 a "Caregiver Affidavit"
- If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone # (____)** _____
2. Mother Step Mother/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone # (____)** _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ **Phone #:** (____) _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child's former school? Yes No

Has your child been suspended? Yes No Has your child ever been expelled? Yes No

What special services has your child received? (**please check all boxes that apply**)

- Special Education:** Resource (RSP) Special Day Class (SDC) Speech/Language 504
- Other:** Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development
- Help to Improve Attendance/ Behavior Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Enroll Date: _____	Assigned Grade: _____	Blank <input type="checkbox"/> ET <input type="checkbox"/> RC	Approval
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PLEASE COMPLETE INFORMATION ON THE OTHER SIDE OF THE FORM



BAY AREA TECHNOLOGY SCHOOL

Emergency Contact Form

PLEASE PRINT ALL DETAILS CLEARLY

Date: _____

Student Full Name

Date of Birth: ____/____/____
MM/DD/YYYY

Home Address

Apt

City

State

Zip

Parent/Guardian Name: _____

Cell Phone: (____) _____

Home Telephone: (____) _____

Which hospital should the student above be taken to in the case of a medical emergency: _____

Insurance ID Number / MRN

Please list the people you would like to be notified in case of emergency if you, the parent/guardian, cannot be contacted:
IN CASE OF EMERGENCY CONTACT:

(1) Name & Relationship _____

Street Address City State Zip Code

Telephone (____) _____ Daytime Phone # (____) _____

(2) Name & Relationship _____

Street Address City State Zip Code

Telephone (____) _____ Daytime Phone # (____) _____

Is the student above allergic to anything? Yes / No _____

If yes, please list all allergies: _____



BAY AREA TECHNOLOGY SCHOOL

Is the student above taking any medication we should be aware of? Yes / No _____

If yes: Please list all medications we should be aware of: _____

Does the student above have any medical/mobility/mental health concerns of which we should be aware? Yes / No

If yes, please list medical/mobility/mental health concerns that we should be aware of: _____

The information requested on this card is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized emergency personnel. Please be honest when completing all pertinent information.

In the case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Signature: _____ **Date:** _____