

Grass Valley Charter CORE Lottery Application

2024/2025 School Year

Child's Name: _____ Birthdate: _____ Age: _____

Grade level for the 24/25 school year: _____

Is your student currently enrolled in any of our programs? Yes No

Does your child have a sibling enrolled in the core program or Discovery Studies?
Yes No

If so, who? _____

Does your child have a sibling entered in the lottery at GVCS? Yes No

If so, what is their name and grade level? _____

Parent/Guardian's Names: _____

Previous School: _____

Cell phone #: _____ Work phone #: _____

Address: _____

Email address: _____

I understand that my student **MUST** have all immunizations up to date prior to core enrollment. _____ (Guardian's initials)

_____ Guardian's Signature

Date

Please reach out to Heidi Wilder at 530-273-8723 or hwilder@gvcsd.us with any questions.

Grass Valley Charter School

An EL Education Mentor School

Core Academic Option 1st - 8th Registration Packet

This registration packet includes:

- ✓ Registration Form
- ✓ Core Academic Agreement
- ✓ Expedition Donation Letter
- ✓ Reasons for Enrolling Forms
- ✓ Request for Records Form



The Core Academic option offers:

EL Education philosophy
Design Principles & Character Traits
Exciting Expeditions
Fascinating Fieldwork
Project-Based Learning
Child-Centered/Family Friendly
High Academic Standards
Adventure Experiences and Service Learning





Student's Legal Name: _____

Please circle: Core DS Both

Legal Last _____ First _____ Middle _____
 Grade: _____ Date of Birth: _____ Birth City: _____ Birth State: _____

Please Circle: Male Female

School year: _____ Primary Contact Email: _____ Home Phone: _____

Mailing Address: _____ Street, Apt. #, or PO Box _____ City _____ Zip _____

Residence Address: _____ Street, Apt. #, or PO Box _____ City _____ Zip _____

Parent/Guardian (Full Name)	Cell Phone:	Email:	Lives With:	Employer:	Occupation:
Father:			Y N		
Mother:			Y N		
Step Parent:			Y N		
Guardian:			Y N		

Legal Restrictions:

Immediate family in the military (Active Duty, Guard, Reserve, or Veteran) Y N Relationship to Student: _____

Currently Deployed: Y N

Military Branch: Status: Active, Guard, Reserve, Veteran Deceased: Y N

If the school cannot contact you in an emergency, please name a local sitter, friend, relative or neighbor who may be called if your child is ill or injured. Your child will be released to only those people.

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____
 Physician's Name: _____ Phone: _____

My child takes the following medication: _____

Health conditions or restrictions: _____

I certify that have read and understand this form and do hereby give my authorization for emergency medical treatment, and that all of the information I have provided on this form is true and correct.	Y N
I understand the school may call an ambulance and/or seek medical treatment for my child, at my expense, in an emergency or if parent emergency contacts are not available.	Y N
I understand the school does not provide medical or accidental insurance for individual students. I also understand that the school insurance is available at parent expense.	Y N

I certify, under penalty of law, that the above Residence Address is my primary residence.

Signature of Parent/Guardian: _____

Date: _____

Name of Sibling:	Living In Home:	Brother or Sister:	Year Born:	Current School:
	Y N			
	Y N			
	Y N			

Name Of Last School Attended: _____

Has your student ever attended school in the Grass Valley School District? Y N

Has your student ever been expelled? Y N

Address: _____

If yes, please explain: _____

Home Language Survey:

What language did your child learn who he/she first began to talk?
 Which language does your child most frequently use at home?
 Which language do you most frequently speak to your child?
 What language is most often spoken by adults in the home?
 Should your child be receiving English Language Learner (ELL) Services?

Y N

Does your child have an active IEP?

Gifted and Talented (GATE)	Y N	Speech Program:	Y N
Title 1	Y N	Resource (RSP):	Y N
504 Plan	Y N	Special Day Classes (SDC):	Y N

Ethnicity: Hispanic or Latino: Y N

Race: (please circle all that apply)

American Indian/Alaskan Native Japanese
 Asian Indian Loatian
 Black/African American Other Asian
 Cambodian Samoan
 Filipino Tahitian
 Guamanian Vietnamese
 Hawaiian White (not of hispanic origin)

Parent Education Level:

Circle the option that best describes the Education Level of child's most educated parent:

- Not a high school graduate
- High school graduate
- Some college
- College Graduate
- Graduate/Post graduate
- Decline to state/unknown

Person who will most often pick up my student: _____

Other people who have my permission to pick up my student: _____

Grass Valley Charter School

Celebrating 30 years of Crew

225 South Auburn Street
Grass Valley, CA 95945
530-273-8723 FAX 530-274-9872



Luke Duchene, Principal
Alex Ezzell, Assistant Principal

Dear Parent/Guardian,

Thank you for filling out the enrollment form. Below is information regarding our yearly expedition donation that is due at the beginning of the next school year. **NO money is due at this time.**

EL Education has many components including field experiences, off-site activities that support the grade level standards, adventure and service activities, and things we do just to celebrate. We've spent an extensive amount of time analyzing our expenses for these activities and came up with the numbers listed here:

Student grade level	Parent donation per grade level
TK-2nd grades	\$125 per student
3rd-5th grades	\$225 per student
6th-8th grades	\$425 per student

Our goal is that the money we collect from you would be all the money we ask of you for expedition work for the entire school year. There are a few caveats to this statement. Additional costs may include:

- Food on fieldwork activities would be extra
- Gas money may need to be collected depending on the activity
- Special projects that a classroom may decide to do
- Excess parent costs over those required for supervision
- Science Camp for 6th graders only

In addition, the GVCS Foundation will be kicking in a portion of each crew's field experience costs, as well as providing families in need with partial or full scholarships.

Dollar amounts may increase due to increased costs. What you can be assured of is that every year we will analyze, in detail, the expenses and income and inform you of that analysis.

Please be aware that if parent donations are not received and a payment plan set up, the consequence is that you will be charged as each field experience is planned as permitted by California Education Code.

Parent Signature: _____ Date: _____

Grass Valley Charter School Core Academic Program Agreement

Student: _____ Grade: _____

Student: I understand:

1. ____ The Grass Valley Charter School Core Academic Program is the alternative form of education I have chosen.
2. ____ It is important that I arrive at school on time and attend class every day unless I am sick.
3. ____ I will work towards meeting the academic standards established for my grade level by the Grass Valley Charter School Core Academic Program and my teacher.
4. ____ I must follow the Discipline Code and Behavior Guidelines outlined in the Charter School Handbook.

Student's Signature _____ Date _____

Parent/Guardian: I understand the major objective of the Grass Valley Charter School Core Academic Program is to provide an optional educational alternative for my son/daughter. I agree to the above conditions listed under "Student". I also understand that:

(Please initial on the lines to the left of the numbered items.)

1. ____ The Grass Valley Charter School Core Academic Program is the alternative form of education I have chosen for my child.
2. ____ It is my responsibility to ensure my child's consistent daily attendance in the Grass Valley Charter School Core Academic Program.
3. ____ Inappropriate student behavior will place my child in jeopardy of remaining in the Grass Valley Charter School Core Academic Program.
4. ____ Students are expected to work towards academic standards in reading, writing, spelling, math, science, social studies. Instruction includes skill work, project work, and in-depth studies in these areas.
5. ____ I understand that fieldwork is an integral part of our curriculum and all students are expected to participate. Because this is an essential part of our curriculum, only students with a valid medical reason will be excused.
6. ____ I agree to pay monies that will be charged, as allowed by law, for attendance on fieldwork trips.
7. ____ California learning assessments (CAASPP testing) will be administered to students in the Grass Valley Charter School.
8. ____ I will make every attempt to attend All Parent Meetings, Back-to-School Night, and Celebration of Learning.
9. ____ I will attend Student Led Conferences.
10. ____ Parent volunteers are essential to the Grass Valley Charter School Core Academic Program. To the best of my ability, I will volunteer in the classroom or in some other capacity.
11. ____ It is required that I complete required forms and provide proof of insurance for any school trip for which I drive my child, or any other child.

I agree to the above terms of the Grass Valley Charter School Core Academic Program Agreement.

Parent/Guardian Signature _____ Date: _____

***Parent
Required Information Form***

(To be completed by parent/guardian)

Student's Name: _____ Grade: _____

Parent's Name(s): _____

Referred by: _____

Please share your reason(s) for enrolling your child in Grass Valley Charter School.

What would you say your child's academic strengths are? _____

What would you say your child's academic needs are? _____

What special talents does your child have? _____

What special needs does your child have that we may serve? _____

Would you like to share anything else? _____

***Student
Required Information Form***

(To be completed by student)

Student's Name: _____ Grade: _____

Parent's Name(s): _____

Please share your reason(s) for enrolling in Grass Valley Charter School.

What would you say your academic strengths are? _____

What would you say your academic needs are? _____

Would you like to share anything else? _____

Grass Valley Charter School

Request For Cumulative Records

The student(s) listed below has/have enrolled in this school. Please forward the academic records, including proficiency test scores, cumulative records, behavioral health records, confidential records, CSIS number, and other guidance materials to the following school:

Grass Valley Charter School
225 South Auburn Street
Grass Valley, CA. 95945
530-273-8723
FAX: 530-274-9872
Email: hwilder@gvsd.us

Grade:	Last Name:	First Name:	Middle Initial:	Birthdate:

Last school attended: _____

Address: _____

CSIS #: _____

Permission is hereby granted by the parent or guardian to release, as soon as possible, any and all records, test data, psychological, behavioral and health records, special education records, and any pertinent data.

Date:

Signature of parent or guardian