



# Rocky Point Charter School 2024-2025 Pupil Registration Form

Student's **LEGAL Name (FROM BIRTH CERTIFICATE)**

Last \_\_\_\_\_ First \_\_\_\_\_ Full Middle Name \_\_\_\_\_  
 Male  Female  Non-Binary  Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Step-Mother: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Step-Father: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
 Guardian's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**Check which adults have legal custody:**  
 Father  Mother  Step-Father  Step-Mother  Guardian  Other

**Check with whom child lives:**  
 Father  Mother  Step-Father  Step-Mother  Guardian  Other

Primary Home Phone: \_\_\_\_\_ Parent's Cell Phone (if applicable): \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Mailing Address (if different from above): \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent's email address: \_\_\_\_\_

**If alternate parent wishes to receive school information as well, please furnish the following:**  
 Alternate Parent's Home Phone: \_\_\_\_\_ Alternate Parent's Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 2nd Mailing Address/Relation: \_\_\_\_\_ Zip: \_\_\_\_\_

**ETHNICITY: Mark the ethnicity with which the student most closely identifies: Please check one:**  
 Hispanic/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.**

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

**PARENTS/GUARDIANS EDUCATION LEVEL: Check response that describes the highest education level of each. Father box 1, mother box 2.**  
  Not a high school graduate (1)   High School Graduate (2)   Some College (includes AA degree) (3)  
  College Graduate (4)   Graduate Degree or Higher (5)

**IS PARENT/GUARDIAN ON ACTIVE DUTY AS A MEMBER OF THE ARMED FORCES OR FULL-TIME DUTY WITH THE NATIONAL GUARD:**  
 Yes Name: \_\_\_\_\_  No

**RESIDENCE – where is your child/family currently living? (Federally mandated by NCLB: Please check appropriate box)**  
 Permanent Housing (20)  Hotels/motels (09)  Temporary Shelters (10)  Temporarily Doubled up (11)  
 Temporarily Unsheltered (12)  Foster Family Home or Kinship Placement (21)  
 Other (14) \_\_\_\_\_

**MEDIA PERMISSION**

I/We give permission for my/our child to be observed, interviewed, photographed and/or filmed when a representative of the media have been permitted by the principal or designee to be on campus.  Yes  No

I/We give permission for my/our child to be interviewed, photographed and/or filmed by staff members and the product be released on social media including Facebook.  Yes  No

**MOST RECENT SCHOOL ATTENDED**

Name \_\_\_\_\_ Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_  
 What month and year did your child first attend school in the U.S.: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ School: \_\_\_\_\_ What month and year did your child first attend school in California: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ School: \_\_\_\_\_

Has your child ever been retained? Yes  No  Grade Retained \_\_\_\_\_  
 Is your child currently expelled from another District? Yes  No  Name of District \_\_\_\_\_  
 Is your child currently pending probation or expulsion? Yes  No  Name of District \_\_\_\_\_

Student's Birthplace: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ U.S. Citizen  Yes  No

If not born in the U.S., what month and year did your child enter the U.S.: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**HOME LANGUAGE SURVEY**

What language does your son/daughter most frequently use at home? \_\_\_\_\_  
 Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_  
 What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_  
 Name the language most often spoken by the adults at home \_\_\_\_\_

**SPECIAL EDUCATION**

Resource (RSP)  Special Day Class (SDC)  Speech/Language  504 Accommodation Plan

Has your Child ever been tested by a School Psychologist? Yes  No

If Yes, School \_\_\_\_\_ District \_\_\_\_\_ City/State \_\_\_\_\_

Is there an IEP, psychological or confidential report available from your child's former school?  Yes  No

**WHAT SPECIAL SERVICES HAS YOUR CHILD RECEIVED?**

Gifted (GATE)  Counseling  Community Day School  Title I  
 Indian Education  English Language Development

**OTHER CHILDREN IN FAMILY**

First and Last Name	Relationship	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DAY CARE PROVIDER**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Persons authorized to pick up Child other than Parent or Guardian:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Persons authorized to pick up Child other than Parent or Guardian:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Persons authorized to pick up Child other than Parent or Guardian:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Persons authorized to pick up Child other than Parent or Guardian:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

# ROCKY POINT CHARTER SCHOOL

## Emergency Card 2024-2025

**\*LEGAL ALERT** No Yes (Explain Below)

Student (Last)	(First)	Middle Name (Full Name)	Sex	Birthdate	Grade	Teacher
Home Address			City/State		Zip	
Parent/Guardian	Home Phone		Cell Phone		Business Phone	
Alternate Contact	Home Phone		Cell Phone		Business Phone	
Alternate Contact	Home Phone		Cell Phone		Business Phone	
Day Care Provider	Address		Cell Phone		Business Phone	
Family Doctor				Phone		
Hospital Preferred				Medical Insurance Company		
Medication Allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain)			Food Allergy <input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain)			
Serious Health Problems <input type="checkbox"/> Seizure <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic <input type="checkbox"/> Other (Please explain)						
Does your Child wear glasses?			Yes <input type="checkbox"/> No <input type="checkbox"/> Explain _____			
Does your Child have hearing problems?			Yes <input type="checkbox"/> No <input type="checkbox"/> Explain _____			
Does your Child take medicine regularly?			Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Medication _____			
<b>*EXPLANATION OF LEGAL ALERT</b>						

I hereby give my consent for my son, daughter or ward as named above to participate in extra-curricular activities and to travel with a representative of the district on activity trips. In case the student named above becomes ill or is injured, medical treatment by qualified individuals is hereby authorized.	
Signature of Parent/Guardian	Date