RIVER MONTESSORI CHARTER SCHOOL

APPLICATION FOR ENROLLMENT, 2016-2017 SCHOOL YEAR

Complete application packets must include this form in addition to three supporting documents: copy of student's birth certificate, proof of CA residence (i.e. utility bill), and immunization record. (Full compliance with SB277 is required before the start of the school year. Please see reverse for additional information). Only complete hard copy applications will be accepted. **Email and fax submissions will not be considered.** Forms received prior to April 8, 2016, at 11:30 a.m. will be included in the lottery. Forms received after this deadline will be placed on the wait list in order of receipt after the lottery. The lottery drawing will be held on Tuesday, April 12, 2016 at 5:00 p.m.

			Student	Information	
Student's first name:				City/State of birth:	
Student's middle name:				Current grade 2015-16:	Last grade completed: (circle one) Pre-K T K K 1 2 3 4 5 6
Student's last name:				Grade entering:	School district of residence:
Age as of Sept. 1, 2016	DOB Month:	Day:	Year:	Current school of attenda	ance:
Parent/Guardian name:	<u> </u>	<u> </u>		Parent/Guardian name:	
I have attended a parent information meeting. Date:				I have attended a parent information meeting. Date:	
I have attended a tour and classroom observation. Date:				I have attended a tour and classroom observation. Date:	
Address:				Address:	
Home Phone:				Home Phone:	
Cell Phone:				Cell Phone:	
Work Phone:				Work Phone:	
Email:				Email:	
Sibling Information				For Office Use Only	
If you have other children currently attending RMCS, please complete the following:				Date submitted: Employee Initials:	Time:
Name:				Birth certificate received	Proof of residence received
Age: Grade 2015-16: Classroom:				Immunization record received*	
Name:				*Full compliance is not r	equired until the start of the school year.
rame.				Immunization Doses:	
Age: Grade 2015	-16: Cla	ssroom:		Immunization Doses: Dtap/DTP/DT:	MMR:
	-16: Cla	ssroom:			MMR: Varicella:
	-16: Cla	ssroom:		Dtap/DTP/DT:	
	i-16: Cla	ssroom:		Dtap/DTP/DT: Polio:	Varicella:
	i-16: Cla	ssroom:		Dtap/DTP/DT: Polio: Hep B:	Varicella: Medical Exemption: Date acceptance received:
Age: Grade 2015 I understand that submiss acknowledge that I must r forfeiture of an admission I understand that submitti	ion of a signed enrol return the acceptance as offer for my child.	lment applicati	stration paper	Dtap/DTP/DT: Polio: Hep B: Date of offer: Date decline offer receive guarantee my child's admission receive the required deadling.	Varicella: Medical Exemption: Date acceptance received:
Age: Grade 2015 I understand that submiss acknowledge that I must reforeiture of an admission	ion of a signed enrol return the acceptance as offer for my child.	lment applicati	stration paper	Dtap/DTP/DT: Polio: Hep B: Date of offer: Date decline offer receive guarantee my child's admission receive the required deadling.	Varicella: Medical Exemption: Date acceptance received: Wait List # on to RMCS. If my child is offered placement, I les. Failure to meet these deadlines may result in

River Montessori Charter School does not discriminate against any pupil on the basis of the characteristics listed in Education Code Section 220 (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).



Students Admitted at Ages 4-6 years Need These Immunizations:

- Diphtheria, Tetanus, and Pertussis (DTaP, DTP, or DT) —5 doses (4 doses OK if one was given on or after 4th birthday)
- Polio (OPV or IPV)—4 doses (3 doses OK if one was given on or after 4th birthday)
- Hepatitis B—3 doses
- Measles, Mumps, and Rubella (MMR)—2 doses (Both given on or after 1st birthday)
- Varicella (Chickenpox)—1 dose

Parents must show their child's Immunization Record as proof of immunization. These immunization requirements also apply to students entering transitional kindergarten.

Frequently Asked Questions

What's required for a medical exemption to a required immunization?

A parent or guardian must submit a written statement from a licensed physician (M.D. or D.O.) which states:

- That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated.
- Which vaccines are being exempted.
- Whether the medical exemption is permanent or temporary.
- The expiration date, if the exemption is temporary.

May other practitioners, besides licensed physicians (M.D.s and D.O.s), provide a medical exemption to a required immunization?

No. Only a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) may provide a medical exemption.

Source: http://www.shotsforschool.org/k-12/

Additional information available at: http://www.shotsforschool.org/laws/sb277faq/