

# Maria Montessori Charter Academy

Date: \_\_\_\_\_

Student ID# \_\_\_\_\_

Pupil's Legal Last Name \_\_\_\_\_ Pupil's First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Social Security Number \_\_\_\_\_ Male/Female \_\_\_\_\_

Nickname \_\_\_\_\_ Middle Name \_\_\_\_\_ Other Last Name Used \_\_\_\_\_ Birth Place (City) \_\_\_\_\_ (State) \_\_\_\_\_

Mailing Address: Street, Apt# or PO Box \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 (If Different From Above) Street, Apt# or PO Box \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ District of Residence \_\_\_\_\_

Duplicate Mailing: Yes [ ] No [ ] Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Street, Apt# or PO Box \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian (Full Name)	Name of Employer	Occupation	Work Phone	Work/Home E-Mail Address	Living With Student?
Father:					Yes [ ] No [ ]
Mother:					Yes [ ] No [ ]
Step Parent:					Yes [ ] No [ ]
Guardian:					Yes [ ] No [ ]

\*Legal Restrictions (A current signed court order must be provided):

\*Court Order on file at school? Yes [ ] No [ ]

Name of Siblings	Brother	Sister	Year Born	School Currently Attending	Adults Other Than Parents Living in Home	Relationship to Student

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: _____ Phone: _____ My child takes the following Medication: _____ Describe any health conditions, restrictions, or medical treatment (food allergies, other) the School should be aware of: _____ _____	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.  I understand the school does not provide medical or accident insurance for individual students. I also understand that school insurance is available at parent expense.	Yes [ ] No [ ]  Yes [ ] No [ ]
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I certify under penalty of law, that the above residence address is my primary residence.

Signature of Parent/Guardian: \_\_\_\_\_

Student Name: \_\_\_\_\_

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Name of Last School Attended: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Last Day Attended: \_\_\_\_\_

**Expulsion Information**

Has student ever been expelled from a school? Yes [ ] No [ ]

If yes, please provide date of expulsion: \_\_\_\_\_

**Is This Student Presently Enrolled In:**

Special Education Program with a current IEP Yes [ ] No [ ]

Title 1 Yes [ ] No [ ]

504 Plan Yes [ ] No [ ]

Gifted & Talented (GATE) Yes [ ] No [ ]

**Mobility Information**

U.S. entry date: \_\_\_\_\_

U.S. school entry date: \_\_\_\_\_

CA school entry date: \_\_\_\_\_

MMCA entry date: \_\_\_\_\_

**Home Language Survey (Ed Code 82002)**

Which Language did your child learn when he/she first began to talk? \_\_\_\_\_

Which language do you most frequently speak to your child? \_\_\_\_\_

Which language does your child most frequently use at home? \_\_\_\_\_

Name the language most often spoken by adults in the home: \_\_\_\_\_

Should you child be receiving English Learned Language (ELL) services: Yes [ ] No [ ]

**The following information is required for MMCA to comply with state and federal mandate information:**

**Ethnicity**

Is the student of Hispanic or Latino ethnicity? Yes [ ] No [ ]

The above part of the question is about ethnicity, not race. No matter what you selected above, please complete the following to indicate what you consider your race to be.

**Race**

Select the group with which the student most closely identifies:

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hawaiian                  |
| <input type="checkbox"/> Chinese                           | <input type="checkbox"/> Guamanian                 |
| <input type="checkbox"/> Japanese                          | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> Korean                            | <input type="checkbox"/> Tahitian                  |
| <input type="checkbox"/> Vietnamese                        | <input type="checkbox"/> Other Pacific Islander    |
| <input type="checkbox"/> Asian Indian                      | <input type="checkbox"/> Filipino                  |
| <input type="checkbox"/> Laotian                           | <input type="checkbox"/> Hispanic or Latino        |
| <input type="checkbox"/> Cambodian                         | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Other Asian                       | <input type="checkbox"/> White (Not Hispanic)      |

Select any additional groups that the student identifies with:

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hawaiian                  |
| <input type="checkbox"/> Chinese                           | <input type="checkbox"/> Guamanian                 |
| <input type="checkbox"/> Japanese                          | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> Korean                            | <input type="checkbox"/> Tahitian                  |
| <input type="checkbox"/> Vietnamese                        | <input type="checkbox"/> Other Pacific Islander    |
| <input type="checkbox"/> Asian Indian                      | <input type="checkbox"/> Filipino                  |
| <input type="checkbox"/> Laotian                           | <input type="checkbox"/> Hispanic or Latino        |
| <input type="checkbox"/> Cambodian                         | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Other Asian                       | <input type="checkbox"/> White (Not Hispanic)      |

**Parent Education**

Check the box that describes the education level of the child's most educated parent:

- Not a high school graduate (1)
- High school graduate (2)
- Some college (up to AA) (3)
- College graduate (4)
- Graduate school/post graduate (5)
- Decline to state or unknown (6)

# MARIA MONTESSORI CHARTER ACADEMY STUDENT EMERGENCY CARD

Student's Last Name	First Name	Birth Date	Grade	Classroom – Office Use Only
Mailing Address (Street, City, Zip)				( ) Home Phone Number
Physical Address (if different)		E-Mail Address		

Parent(s) or guardian(s) child lives with \_\_\_\_\_

If parents are separated or divorced, to whom has physical custody been granted? \_\_\_\_\_

Name – Mother / Step Mother / Guardian	Home	Work	Cell/Pager
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Name – Father / Step Father / Guardian	Home	Work	Cell/Pager
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If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to (must be over 18 years old and have ID):

Name – Emergency Contact	Home	Work	Cell/Pager
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Name – Emergency Contact	Home	Work	Cell/Pager
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Name – Emergency Contact	Home	Work	Cell/Pager
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Physician's Name	Phone Number	Insurance Company	Insurance ID#
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1. In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical or hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.
2. I do not choose the above statement and desire the following action in the event of an emergency and I cannot be reached.

### PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR CHILD

There are no known health problems

#### EYES

Wears Glasses  To be worn at all times   
 Wears Contacts  To be worn at all times   
 Comments: \_\_\_\_\_

#### MEDICATION

Currently taking prescribed medication   
 Prescribing physician \_\_\_\_\_  
 Medication \_\_\_\_\_  
 For \_\_\_\_\_  
 Medication needs to be taken at school   
 If any medication (including over-the-counter) needs to be taken at school, the medication must be kept in the office and a medication form must be filled out and kept in the office.

#### EARS

Has a hearing problem   
 Has tubes in ear(s)   
 Uses hearing aid   
 Comments: \_\_\_\_\_

#### GENERAL HEALTH

Has the following condition(s):  
 Diabetes  Fainting Spells   
 Epilepsy  Heart Condition   
 Migraines  Asthma   
 Hyperactive (ADHD)

Allergies  (describe) \_\_\_\_\_

Allergic to bee stings  (describe) \_\_\_\_\_

Other  \_\_\_\_\_

Has a life threatening medical condition   
 Explain \_\_\_\_\_

By signing below, the parent(s)/guardian(s) certify under penalty of perjury that the information given on this form is true and accurate.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



1850 Wildcat Blvd.  
Rocklin, CA 95765  
(916) 630-1510  
(916) 624-7305 fax  
www.mmcharter.org

## REQUEST FOR STUDENT'S CUMULATIVE RECORDS

Parents, please fill out the following if your child has attended kindergarten or above at a prior school. We do not request records from preschools.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous School Attended \_\_\_\_\_ Phone # \_\_\_\_\_

School's Full Address \_\_\_\_\_

The above named student has enrolled at Maria Montessori Charter Academy. I give permission to forward the original California state cumulative records or copy of same, test data, psychological and health records, and any other pertinent data regarding my child. (NOTE: The state of California does not require a parent/guardian signature.)

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Parent/Guardian Signature

Date

Please mail student records to:

Maria Montessori Charter Academy  
1850 Wildcat Blvd.  
Rocklin, CA 95765

*Thank you for your assistance.*

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MMCA Office Staff  
(916) 630-1510

Date Request Sent



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## STUDENT HEALTH INVENTORY

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Medical Advisor \_\_\_\_\_ Last Check-up \_\_\_\_\_

Medical Advisor's Address \_\_\_\_\_ Phone \_\_\_\_\_

Check if appropriate:

<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Speech Difficulty
<input type="checkbox"/> Recurring Ear Infections	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Hernia
<input type="checkbox"/> Frequent Urination		

My child has had the following:

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Mumps	<input type="checkbox"/> Severe Crippling Condition
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Measles (10 day)	<input type="checkbox"/> Tonsil/Adenoid Removal
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Measles (3 day)	<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> TB Contact	<input type="checkbox"/> Strep Throat	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Dephtheria	<input type="checkbox"/> Ear Infection	

Allergies (please explain) \_\_\_\_\_

\_\_\_\_\_

Limiting Physical Condition (please explain) \_\_\_\_\_

\_\_\_\_\_

Limiting Mental Condition (please explain) \_\_\_\_\_

\_\_\_\_\_

Special Health Conditions (please explain) \_\_\_\_\_

\_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## STUDENT INFORMATION SURVEY

*Please answer the following questions to help us know more about your child.  
Continue answering on the back if more room is needed.*

Student's Name \_\_\_\_\_

Why do you feel the environment and curriculum at MMCA will be advantageous for your child?

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Understanding that the Montessori classroom involves freedom of movement and interaction with fellow students during work time, how do you feel your child will handle this independent learning environment?

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What are your child's favorite activities? \_\_\_\_\_

Does your child have any prior Montessori school experience? (age and # of years) \_\_\_\_\_

How does your child entertain him/herself at home? \_\_\_\_\_

Do you consider your child shy or outgoing? \_\_\_\_\_

How does your child deal with conflict or stress? \_\_\_\_\_

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Describe your child's eating habits \_\_\_\_\_

Describe your child's sleeping habits and what hours they sleep \_\_\_\_\_

Does or has your child ever seen a specialist for speech, sensory motor or other therapy? \_\_\_\_\_

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Is there anything else you would like to share with the teachers and staff about your child? \_\_\_\_\_

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*Your child's safety and well being is as important to us as their academic achievements. If at any time you have concerns, please let us know immediately.*

**Maria Montessori Charter Academy  
Agreement to Transport Students Under  
Education Code Section 35330**

**Student Name(s)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Classroom** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete, sign, date and return this agreement to the school office. The agreement must be completed for each school year. It requires, in part, that you have automobile insurance coverage in the stated amounts and a valid driver's license with no pending action to suspend or revoke. It also stipulates that you will be transporting students under Education Code 35330 (a complete copy is available from the school office), which in summary says that you, not the school, will be responsible for your transportation and insurance expenses, and that you, not the school, will be liable in the unlikely event of an accident caused by your own negligence.

I am a parent/guardian of a student of MMCA. I am willing to transport students in my privately owned vehicle to and from school activities off campus on the following terms:

1. I currently have and will continue to maintain liability insurance coverage on the vehicle used to transport MMCA students in the amount of not less than \$100,000 per individual, \$300,000 total injury to persons, and \$50,000 damage to property per accident. A copy of my insurance information showing this along with the coverage dates is attached.
2. I currently have a valid California Driver's license. I will immediately inform MMCA if my driver's license has been, or is in danger of being suspended or revoked. I have attached a copy of my driver's license.
3. I understand that I will be transporting students under Education Code 35330.
4. I have attached a signed Department of Motor Vehicle printout of my driving record.
5. Car seats are required for all students under 6 years of age and 60 pounds. (To be provided by parent)
6. I will follow all speed limits and traffic regulations.
7. I will drive directly to and from the destinations (no detours or stops).
8. I will follow the path designated by the teacher and will make every reasonable effort to stay between the lead and rear vehicles.
9. I will have adequate fuel for the trip prior to leaving with students.
10. No siblings.
11. I will not under any circumstance provide the students with snacks or beverages.
12. Teacher will make car assignments.
13. I will not conduct personal or business cell phone calls for the duration of the field trip.
14. I will make every effort to avoid cancelling on the day of the trip.

I have read the above policy and agree to follow it. I understand that if I do not follow these rules, I may not be eligible to drive on future field trips.

\_\_\_I will drive on MMCA field trips and will be responsible for turning in all appropriate paperwork.  
\_\_\_I do not intend to drive on any MMCA field trips. Should I change my mind, I will be responsible for turning in all appropriate paperwork.

\_\_\_\_\_  
SIGNATURE  
Parent/Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE  
Parent/Guardian

Date \_\_\_\_\_



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## Technology Use Agreement

- When using school computers, you agree:
  - To follow the direction of teachers and school staff.
  - To follow the rules of the school, district, and any network you access.
- Be considerate and respectful of other users.
- Remember that use of school computers and access to the internet is a privilege. If you do not follow the rules, you may be disciplined and you may lose computer privileges.
- School computers are to be used for school-related education and research only. Do not use school computers and networks for personal or commercial activities without permission.
- Do not produce, distribute, access, use, or store information which is:
  - Unlawful
  - Private or confidential
  - Harmful, threatening, abusive, or degenerating to others
  - Obscene, pornographic, or contains inappropriate language
  - Interferes with or disrupts the work of others
  - Causes congestion or damage to system

### E-Mail Etiquette

- Give only your e-mail address for communication. Never give out personal information such as your home address or telephone number.
- Protect the privacy of others. Never give out personal information about anyone.
- Check e-mail frequently and delete unwanted messages.
- End e-mail messages with your name, MMCA, and your internet address.
- Follow guidelines for good writing:
  - Be concise and brief
  - Use descriptive titles
  - Summarize your response
  - Use normal punctuation
  - Check your spelling
  - Use both capital and lower case letters

## Volunteer Policy

**How can I help?** MMCA requests that each family volunteer a minimum of 40 hours and 2 Saturday workdays per school year. Without your time and commitment, our school's goals would be more difficult to attain. Your involvement in our PTA, school activities, and fundraisers is critical to our success. Please check with either your child(ren)'s classroom teachers or school administration for volunteer opportunities.

To help us track total hours, please log your time either in the visitor/volunteer log in the school office or on our website (mmcharter.org).

*Please sign and return the attached Policy Acknowledgement and Agreement Form to verify receipt of these policies. Keep this page for your records.*



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## Maria Montessori Charter Academy Uniform Policy (rev. Nov. 06)

*Students are expected to be in uniform each day without exception. The school requests full parental support for the uniform policy. Repeated non-compliance will result in a call for parents to pick up the student or to deliver an appropriate uniform.*

### Uniform Requirements

#### Tops

Styles: Uniform-style oxfords, polos, turtlenecks, T-shirts or blouses. Tops must be sleeved (long or short). Other than the MMCA logo, all tops must be completely unadorned (no logos, lettering, graphics, sparkles, sheen, patterns, decorative accents, etc.).

Colors (solids): white, light blue, navy blue, or forest green.

Second layer: sweater, cardigan or vest in navy blue, MMCA sweatshirts (available thru PTA) are allowed.

Outerwear: not regulated.

#### Bottoms

Styles: Uniform-style pants, capris, shorts, skirts, dresses, or jumpers not shorter than 2" above the knee.

Colors (solid): Navy blue or tan khaki.

Examples of unacceptable bottoms: jeans, sport- or sweat-pants, overalls, leggings as pants.

#### Footwear

Socks or tights in white, navy blue or forest green.

Indoor and outdoor shoes are to be closed at toe and heel, with non-skid soles.

Shoes containing integrated skates must have the skate components removed.

Outdoor shoes must be appropriate for P.E. and running games.

#### Accessories/Hair

Hairstyles are expected to be neat, tidy, and out of the student's eyes.

Hair accessories are to be minimal, non-distracting and in one of the uniform colors.

Jewelry and other accessories are limited to wristwatches and stud earrings.

Hats or hoods will be worn outdoors only, and in the manner for which they were designed.

#### General

1. Any item, type, or color of clothing not specifically allowed in the document is disallowed.
2. Clothing should be clean and should fit properly.
3. Please mark all removable clothing with the student's name in permanent ink.
4. Shirts and blouses with shirttails are to be tucked in except during recess or P.E.
5. There are to be no bandanas.

*Please sign and return the attached Policy Acknowledgement and Agreement Form to verify receipt of this policy. Keep this page for your records.*



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## Policy Acknowledgement and Agreement Form

*Please review the attached Technology, Uniform, and Volunteer Policies. Complete and return this form, indicating that you have read and agree to the terms of these policies. Keep attached policies for your information.*

### Technology Use Agreement

I have read and understand the Technology Use Agreement. I agree to abide by the rules of Maria Montessori Charter Academy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Uniform Policy

I have received a copy of Maria Montessori Charter Academy's Uniform Policy. I have read and agree to abide by the uniform requirements.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Volunteer Commitment

I understand that attending Maria Montessori Charter Academy requires parent participation and commit to volunteering 40 hours during the school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Please complete Permission forms on reverse.*



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## Permission Forms

### PG Film Permission Slip

MMCA occasionally shows entertainment films to students in the classroom. Sometimes, these films are rated PG. Our philosophy embraces a conservative approach to selecting these films and we do not show films that include foul language, excessive violence, or sex.

MMCA requests permission to make selections of these films on your behalf. Your right as a parent to control your child's viewing is respected. Please indicate on the form below, your preference for our handling of this issue. Your child will not be allowed to view PG films without your approval.

\_\_\_\_\_ I give permission for \_\_\_\_\_ to view films selected by the MMCA staff

\_\_\_\_\_ I would like to be notified in advance of each PG film shown from a commercial source.

\_\_\_\_\_ I do not give my permission for my child to view PG films

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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### Local Field Trip Permission Slip

Occasionally students from the school will be going on local field trips. Local field trips are excursions that are within walking distance of the school, such as hikes, trips to the park, library, or cultural center. In order to avoid the need for a permission slip for each local field trip, we request completion of the below blanket permission form for local, walking field trips only.

I give my permission for \_\_\_\_\_ to participate in local field trips.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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### Roster Permission

It is convenient to have a list of students in each classroom with parents' names and contact information so that families can contact one another for play dates, carpools, and various school-related projects and needs. MMCA needs your permission to make this information available to other MMCA families. Please include below the information you are willing to have appear in a class roster. This is for MMCA-related purposes only; not for business or any other solicitation use.

Student Name

Mother's Name

Father's Name

Address

Phone

E-Mail Address

*Please complete Policy Acknowledgement and Agreement Form on reverse.*