

Santa Ynez Valley Charter School
Open Enrollment for the 2018-2019
School Year

Please share with your friends and family information about SYVCS and encourage them to learn more about our programs.

Students and Families interested in enrolling at SYVCS for the 2018-2019 school year need to complete the application for enrollment during the month of February.

Campus tours and information sessions will be held during the month of February and a lottery will be held during the month of March for available spots at each grade level.

Please visit our website at www.syvcs.org for more information about our school programs and for a copy of the enrollment application.



Questions? Please Contact:

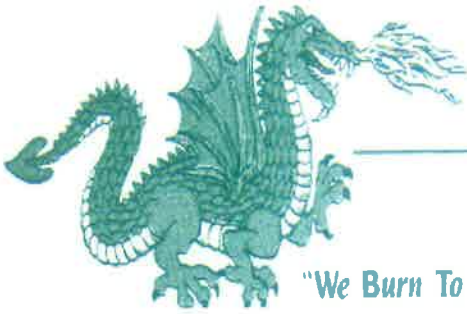
Mercedes Valencia

(805)686-7360

3525 Pine St.

Santa Ynez, CA 93460

www.syvcs.org



Santa Ynez Valley Charter School

3525 Pine Street, P.O. Box 59, Santa Ynez, CA 93460

Phone: 805-686-7360 • Fax: 805-686-7383

syvcs.org

February 1, 2017

Dear Prospective Families:

Thank you for your interest in Santa Ynez Valley Charter School. Our school provides students, in grades K-8, with an academically challenging educational environment that nurtures students and prepares them for high school and beyond. SYVCS students will become self-motivated, highly focused, lifelong learners. Our programs develop these skills through classroom instruction, our buddy programs, music, art and garden education, field trips, and other school activities. Our current enrollment is 195 students, with a waiting list in some grades.

Santa Ynez Valley Charter School was founded to work collaboratively with parents and families. From the beginning, family participation has been a main part of our school's success. Each family contributes at least 3-5 hours of volunteer time each month. A variety of volunteer opportunities exist including working in the classroom, coordinating and driving on field trips, working on fundraising events, gardening and more.

Our open enrollment process requires parents to complete the application form, schedule a tour and provide additional information that may be requested. We also ask that you read our Mission Statement and the Student Family Handbook, which you can find on our website at www.syvcs.org.

All students entering Kindergarten must turn 5 years old on or before September 1, 2017. Limited spaces may be available for students in TK who turn 5 years old between September 1 and December 2, 2017. In addition, please see the attached information about immunizations, as all new students must comply with new laws regarding immunizations.

Open enrollment will be during the month of February with priority given to current students, siblings of current students, children of staff members and residents of the College School District. In the event that requests for enrollment exceed the number of openings, a lottery will be held. You will be contacted during March regarding your enrollment status.

If you have additional questions, please call Mercedes in the office at 686-7360.

Sincerely,

Mr. Mark Palmerston, Ed.D.
Executive Director

SANTA YNEZ VALLEY CHARTER SCHOOL STUDENT REGISTRATION

▶ PLEASE PRINT – STUDENT’S LEGAL NAME			ENTERING GRADE _____ 2018-2019		
Legal Last Name	Legal First Name	Legal Middle Name	Other Legal Name (if applicable)		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:			
		Month	Day	Year	
Parent/Guardian First Name	Last Name	()	()		
		()	()		
Home Phone	Work Phone				
Parent/Guardian First Name	Last Name	()	()		
		()	()		
Home Phone	Work Phone				
Residence Address	Apt#	City	State	Zip	
Mailing (IF DIFFERENT)	Apt #	City	State	Zip	
E-mail Address					

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one): <input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> Not Hispanic or Latino
--

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories) <i>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.</i>																					
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native(100) <small>(Persons having origins in any of the original people of North, Central or South America)</small></td> <td><input type="checkbox"/> Laotian (206)</td> <td><input type="checkbox"/> Tahitian (304)</td> </tr> <tr> <td><input type="checkbox"/> Chinese (201)</td> <td><input type="checkbox"/> Cambodian (207)</td> <td><input type="checkbox"/> Other Pacific Islander (399)</td> </tr> <tr> <td><input type="checkbox"/> Japanese (202)</td> <td><input type="checkbox"/> Hmong (208)</td> <td><input type="checkbox"/> Filipino/Filipino American (400)</td> </tr> <tr> <td><input type="checkbox"/> Korean (203)</td> <td><input type="checkbox"/> Other Asian (299)</td> <td><input type="checkbox"/> African American or Black (600)</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese (204)</td> <td><input type="checkbox"/> Hawaiian (301)</td> <td><input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian (205)</td> <td><input type="checkbox"/> Guamanian (302)</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Samoan (303)</td> <td></td> </tr> </table>	<input type="checkbox"/> American Indian or Alaskan Native(100) <small>(Persons having origins in any of the original people of North, Central or South America)</small>	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)	<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)	<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino/Filipino American (400)	<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American or Black (600)	<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<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"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)			<input type="checkbox"/> Samoan (303)	
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	<input type="checkbox"/> Samoan (303)																				

PARENT EDUCATION – Check the response that describes the education level of the <u>most educated parent</u>.
<input type="checkbox"/> Graduate Degree or Higher (10) <input type="checkbox"/> College Graduate (11) <input type="checkbox"/> Some College or Associate’s Degree (12) <input type="checkbox"/> High School Graduate (13) <input type="checkbox"/> Not a High School Graduate (14)

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

BIRTHPLACE: City: _____ State: _____ Country: _____
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No

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)

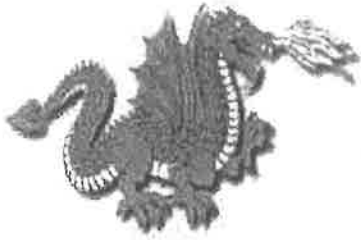
Special Education: Resource (RSP) Special Day Class (SDC) Speech/Language 504

Other: Gifted (GATE) Remedial Math Remedial Reading Counseling English Language Development

Help to Improve Attendance/ Behavior Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

How did you hear about SYVCS and why have you chosen this school for your child?



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December 17, 2015

Dear Parent or Guardian,

Re: New Immunization requirements for 2016

Under a new law known as SB277, beginning January, 2016 exemptions based on personal beliefs will no longer be an option for the vaccines that are currently required for entry into child care or school in California. Most families will not be affected by the new law because their children have received all required vaccinations. Personal beliefs exemptions on file for a child already attending child care or school will remain valid until the child reaches the next immunization checkpoint at kindergarten or 7th grade.

At the time of the next immunization checkpoint, your child will be required to have one of the following:

1. Be up to date on all vaccinations for their age group and grade level (see attached)
2. Have started the course of vaccinations, and remain on schedule, to become up to date on all vaccinations for their age group and grade level (see attached)
3. Have a medical exception signed by a registered physician which states:
 - a. That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated
 - b. Which vaccines are being exempted
 - c. Whether the medical exemption is permanent or temporary
 - d. The expiration date, if the exemption is temporary

Another option would be for you to enroll your child in a home school or independent study program that does not offer a classroom based instruction.

For more information about SB277, please see the Frequently Asked Questions available at:

<http://www.shotsforschool.org/laws/sb277faq/>.

For more information about school immunizations and resources, please visit the California Department of Public Health's website at www.shotsforschool.org, or contact the Santa Barbara County Public Health Department or Santa Barbara County Office of Education.

Thank you for helping us comply with the law.

Sincerely,

Mark Palmerston
Executive Director

GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

GRADES TK/K-12



Entry Requirements by Age and Grade Before Entering:

Vaccine	4-6 Years Old Elementary School at Transitional Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade**
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td (3 doses ok if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V, or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at Kindergarten/TK **through** 12th grade and all students advancing to 7th grade before entry.

1. Notify parents of required immunizations and collect immunization records.
2. Copy the date of each vaccine from the child's immunization record to the California School Immunization Record (Blue Card, CDPH-286) and/or supplemental Tdap sticker [PM 286 S (01/11)] or enter into an approved electronic system that prints a Blue Card.
3. Compare number of doses on the Blue Card to the requirements above.
4. Determine whether child can be admitted.

Continued on next page.



Table 2: Conditional Admission Immunization Schedule

Vaccine	Dose	Time Intervals
Polio¹	1 st dose	Before admission
	2 nd dose	As early as 6 weeks but no later than 10 weeks after the 1 st dose. Before admission if 10 or more weeks have elapsed since the 1st dose at the time of admission.
	3 rd dose	As early as 6 weeks but no later than 12 months after the 2nd dose. Before admission if 12 or more months have elapsed since the 2nd dose at the time of admission.
	4 th dose (Required only for entry to kindergarten level or above)	Age 4-6 years: If the 3rd dose was given before the 4 th birthday one more dose is required before admission. Age 7-17 years: If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.
Diphtheria, Tetanus, and Pertussis FOR PUPILS UNDER AGE 7 YEARS: Diphtheria-tetanus-pertussis (DTP) or combination of DTP and diphtheria-tetanus toxoids OR: FOR PUPILS AGE 7 YEARS AND OLDER: Diphtheria-tetanus-pertussis (DTP, Tdap) and diphtheria-tetanus toxoids	1 st dose	Before admission.
	2 nd dose	As early as 4 weeks but no later than 8 weeks after the 1st dose. Before admission if 8 or more weeks have elapsed since the 1st dose at the time of admission.
	3 rd dose	As early as 4 weeks but no later than 8 weeks after the 2nd dose. Before admission if 8 or more weeks have elapsed since the 2nd dose at the time of admission.
	4 th dose	As early as 6 months but no later than 12 months after the 3rd dose. Before admission if 12 or more months have elapsed since the 3rd dose at the time of admission.
	5 th dose (Required only for pupils ages 4-6 years for entry to kindergarten level and above)	If the 4th dose was given before the 4th birthday, one more dose is required before admission.
	1 st dose	Before admission.
	2 nd dose	As early as 4 weeks but no later than 8 weeks after the 1st dose. Before admission if 8 or more weeks have elapsed since the 1st dose at the time of admission.
	3 rd dose	As early as 6 months but no later than 12 months after the 2nd dose. Before admission if 12 or more months have elapsed since the 2nd dose at the time of admission.
	4 th dose	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.
	One Tdap dose	Before 7th through 12th grade entry.
Measles: Note: For children entering kindergarten (or first grade if kindergarten is skipped) on or after August 1, 1997, two doses are required. For children entering 7th grade on or after July 1, 1999, the series shall be in process or completed.	One dose only	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.
	1 st dose	Before admission.
	2 nd dose	As early as 1 month but no later than 3 months after the 1st dose.
Rubella	One dose only	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.

Table 2: Conditional Admission Immunization Schedule (continued)

Vaccine	Dose	Time Intervals
Mumps (Not required for pupils age 7 years and older)	One dose only	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.
Hib Children 2-14 months old	Two doses	1st dose before admission; 2nd dose as early as 2 months but no later than 3 months after the 1st dose.
Children 15 months-4 1/2 years old	One dose	Before admission.
Hepatitis B For children entering at kindergarten level (or first grade if kindergarten skipped) or below on or after August 1, 1997.	1 st dose	Before admission.
	2 nd dose	As early as 1 month but no later than 2 months after the first dose.
	3 rd dose	Infants and children under age 18 months: As early as 2 months but no later than 12 months after the 2nd dose. Also, no earlier than 4 months after the 1st dose. Children age 18 months and older: As early as 2 months but no later than 6 months after the 2nd dose. Also, no earlier than 4 months after the 1st dose.
Varicella ¹ For children aged 13 through 17 years not admitted to California schools before July 1, 2001.	1 st dose	Before admission.
	2 nd dose	As early as 4 weeks but no longer than 3 months after first dose.

¹ Oral polio vaccine (OPV) or inactivated polio vaccine (IPV) or any combination of these vaccines is acceptable.

² Children admitted to California schools at the kindergarten level or above before July 1, 2001 are exempt from this requirement.

Note: Authority cited: Sections 120330, 120335 and 131200, Health and Safety Code. Reference: Sections 120325, 120335, 120370 and 120375, Health and Safety Code.

§ 6040. Requirements for Continued Attendance.

An already admitted pupil who is subsequently discovered not to have received all the immunizations which were required before admission or who is subsequently discovered not to have complied with the requirements for conditional admission specified in Section 6035 shall continue in attendance only if he or she receives all vaccine doses for which he or she is currently due and provides documentation of having received such doses no later than 10 school days after he or she or the parent or guardian is notified. The school, child care center, day nursery, nursery school, family day care home, or development center shall notify the pupil or the parent or guardian of the time period (no longer than 10 school days) within which the doses must be received.

§ 6045. Special Immunization Schedules.

- (a) Immunization schedules not conforming to those specified in Sections 6020 and 6035 may be approved by the State Department of Health Services when substantial medical or other conditions warrant, such as during an outbreak or epidemic of a particular disease.