

**EARLY APPLICATION WINDOW**  
**IMPORTANT INFORMATION**

If you are claiming one of the priorities below,  
we will need **proof to accompany your  
application.**

\*Quail Lake Development – Proof of residency  
(utility bill – no exceptions)

\*SUSD Employees – Proof of employment  
(SUSD badge)

If your student has an Individual Education  
Plan, you must submit the entire IEP with  
your application.

**Application/Registration paperwork will  
not be accepted after 3:30 p.m.**



Kim Labosky – Principal

Vanessa Drews – Office Manager

Dear Parents,

Thank you for your interest in enrolling your son/daughter at Quail Lake Charter School for the 2017-2018 school year. We would like to take this opportunity to explain the registration process to help you get your child registered correctly.

**Here are the steps to registering your child:**

1. The application forms can be picked up at the Quail Lake office during the hours of 7:45 a.m. to 3:30 p.m. Complete the application and the attached forms. Submit them to the Office Manager during the window of February 1 through February 28, 2017. All applications must be returned by an adult directly to the office. The following items must also be submitted with your application:
  - Grades 1-8: copy of most current report card.
  - QL Development – Proof of residency (utility bill only)
2. All applications will be numbered. This number is used to ensure proper tracking and identification of the application during the registration process. All complete applications submitted by February 28 at 3:30 p.m. will receive a number and be eligible to be entered into the lottery for the 2017-2018 school year. Any applications received after February 28, 2017 at 3:30 p.m. will be placed on the wait list in the order of applications received.
3. Lottery will be Friday, March 3, 2017 at 9:00 am in the Quail Lake MPR. This will determine your placement for both enrollment and the waitlist. Those that are selected to fill an open seat will receive an official SUSD registration packet at orientation and a scheduled time to return to complete the registration process.
4. There will be an orientation meeting on Tuesday, March 7 at 5:30 p.m. in the Quail Lake MPR. The school will be presenting a brief overview of the school, expectations, and the process of registration. All are welcome to attend but only those that are eligible for registration will be receiving the registration packet after the orientation.
5. Registration will be held at scheduled times on March 29-30, 2017.. **Note:** Quail Lake will only continue the registration process for applications in which there are open seats. *You must bring all necessary documents on the day of registration to officially register your child. All listed documents are required at the time of registration. There are no exceptions. Any missing documents will place your child's application at the end of the wait list.*
6. All students who have been registered to attend Quail Lake Charter School will be required to take a "Basic Skills Assessment." This assessment will ensure they have basic knowledge of the prior grade level standards. Upon completion of the assessment, a meeting with the principal may be required.
7. Siblings of current or graduated Quail Lake students, residents of the Quail Lake development, or children of Sanger Unified employees will receive priority status if their application is received by/on February 28, 2017, at 3:30 p.m. Provided there is no waitlist, priority applicants have first entitlement and all other applicants will follow. If there are more applicants than availability, the lottery system will be used to determine order.
8. All parents will be notified of their enrollment status by **April 30, 2017**. If you have any questions or need further clarification, please visit our school website or call the school at 524-6720.

**List of Required Registration Documents Due at Registration Appointment**

Parent or legal guardian must be present and bring with them the following items:

- Birth certificate, baptismal record, or statement of attending physician must be presented to verify age of child (child must be five years old on or before September 1, 2017 to register for Kindergarten)
- Vaccines and Physical Exam – A review by the school nurse prior to registration is strongly recommended.

**SEE REVERSE SIDE FOR A LIST OF SCHOOL ADMISSION HEALTH REQUIREMENTS**

**SCHOOL ADMISSION REQUIREMENTS**

**\*\*\*Enrollment Process is incomplete until ALL requirements are met\*\*\***  
 2017 - 2018 School Year

<u>VACCINES</u>		<u>REQUIRED DOSE</u>
<u>POLIO</u>	4-6 years	4 (3 if last dose after 4 <sup>th</sup> birthday) *
	7-17 years	4 (3 if last dose after 2 <sup>nd</sup> birthday) *
<u>DPT</u>	6 yrs. and under	5 (4 if last dose after 4 <sup>th</sup> birthday) *
	7 yrs. and over	4 (3 if last dose after 2 <sup>nd</sup> birthday) *
<u>Tdap (NOT TD)</u>	7 <sup>th</sup> through 12 <sup>th</sup> grade	1 dose <u>On or After 7<sup>th</sup> birthday.</u>
<u>MMR</u>	K-12th grade	2 (1 <sup>st</sup> MMR must be on or after 1 <sup>st</sup> birthday) * (1 MMR + 1 Measles only also meets requirement)
<u>HEP B</u>	All students	3 Doses
<u>VARICELLA</u>	K – 10 <sup>th</sup> grade	1 or Physician documented disease. <u>Must be signed by MD/NP/PA/DO</u>
<u>Varicella: OUT OF STATE ENTRANTS:</u>		1 for children under 13 (or documented disease) 2 if immunized after 13

\*Any required Dose given 4 days before birthday is acceptable

Late Starters: If student's immunizations are incomplete, yet up to date, he/she may be enrolled 'conditionally'; Refer to 'Conditional Admission' guidelines to determine due dates for subsequent shots needed to remain enrolled.

**NEW Personal Belief and/or Religious Belief Waivers are NO LONGER ACCEPTED - SB 277 effective as of 1/1/16**  
 (See your school nurse for further details as needed)

**For a NEW Medical Waiver to be valid, documentation from a licensed physician must indicate the following:**

1. That immunization is 'not safe' due to physical condition of student or medical circumstances affecting student.
2. The duration for which the medical waiver is to remain in place.
3. Names of immunizations that are being waived.
4. Must be signed by licensed physician (MD or DO)

**PHYSICALS:**

<b>Required to start</b>	Kindergarten Physical	Must be dated within 18 mos prior to enrollment (2/20/16)
	1 <sup>st</sup> grade CHDP	Must be dated within 18 mos prior to enrollment (2/20/16)
<b><u>(DENTAL HEALTH)</u></b> (May enroll without)	K & 1 <sup>st</sup> grade	1 <sup>st</sup> grade only if it is the child's 1 <sup>st</sup> entry into public school Assessment dated 1yr prior to enrollment: <b><u>Do not exclude</u></b>

**TB Screening Clearance - Requires one of the following:**

1. PPD skin test or TB Blood test: Date given & date read documented within 18 mos prior to first school enrollment
2. CDPH TB Risk Assessment completed by licensed health provider
3. Physician Release Statement (stating TB testing is not indicated due to 'not being at risk')

**\*History of a Positive 2 months to "HIGH RISK" country – Another TB NEEDED.**

(Revised 2/17 - CC)



# QUAIL LAKE CHARTER SCHOOL APPLICATION

4087 N. QUAIL LAKE DRIVE • CLOVIS, CA 93619  
(559) 292-1273 • FAX: (559) 292-1276



**COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE PLACEMENT AT QUAIL LAKE**

Student Name (Last, First, M.I.)		Current Grade	Grade Applying To
Student Address		City	Zip Home Telephone
Gender M    F	Date of Birth	<input type="checkbox"/> Yes, I am, or my spouse is, a Sanger Unified School District employee. <input type="checkbox"/> Yes, I currently have a sibling attending or a sibling who has graduated from, Quail Lake. (Sibling's Name): _____ <input type="checkbox"/> Yes, I am a resident of the Quail Lake development.	
How did you hear about Quail Lake? <input type="checkbox"/> Friend/Family/Neighbor <input type="checkbox"/> Flyer <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> QL Development <input type="checkbox"/> Other _____			
Requesting Transfer From: (Current or last school/district attended)		Reason for transfer:	
Student Ethnicity: (Please check only one) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian			
Special Programs: (Please check which of the following program services your child is currently receiving or has received in the past) <input type="checkbox"/> GATE <input type="checkbox"/> RSP/SDC <input type="checkbox"/> Migrant/Bilingual <input type="checkbox"/> 504 <input type="checkbox"/> Other:			
Father/Guardian (Last, First)		Mother/Guardian (Last, First)	
Street Address (If different than student address)		Street Address (If different than student address)	
City	Zip	City	Zip
Telephone Number (work/alternate)		Telephone Number (work/alternate)	
Father's e-mail address		Mother's e-mail address	
As the parent/guardian of this student, I understand that if this transfer is approved: 1. District transportation will be provided to Quail Lake for students residing in the Sanger Unified School District. 2. My son/daughter and I are committed to maintaining acceptable attendance, achievement and behavior standards as outlined in the Quail Lake Parent/Student Agreement/Compact. 3. Parent participation is an integral part of the program at Quail Lake. 4. Sanger Unified retains the authority to maintain racial and ethnic balance at Quail Lake.			
Parent/Guardian Signature			Date

<b>Yellow Copy – Parent</b>	<b>OFFICE USE ONLY</b>	<b>White Copy- Office</b>
Date received: _____ Initials _____	<input type="checkbox"/> STAR Test Results _____ (initials)	
# _____	<input type="checkbox"/> Report Card	
<input type="checkbox"/> Assessment Scheduled	<input type="checkbox"/> DPA (SUSD Only) _____ (initials)	
<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Enroll to Grade: _____	
Date: _____	Date: _____	Date: _____



**Please answer the following questions:**

- 1.) Are you a resident of the Quail Lake development?  Yes  No
- 2.) Do you have other children who have graduated from or who are currently attending Quail Lake Charter School?  Yes  No
- 3.) Do you or your spouse work for the Sanger Unified School District?  Yes  No
- 4.) What is your school district of residence? \_\_\_\_\_
- 5.) In what grade will your child enroll? K 1 2 3 4 5 6 7 8
- a. For Kindergarten Only: Will your child be 5 years of age by September 1 of this year?  Yes  No
- 6.) Has your child ever been dismissed from any school previously?  Yes  No
- 7.) Is your child in a pending situation for expulsion or suspension at their current school?  Yes  No
- 8.) Has your child ever had an SST (Student Study Team) meeting to discuss potential academic, behavioral, or social concerns in the school?  Yes  No
- 9.) Is or has your child ever been in foster care services?  Yes  No
- 10.) Is your child on an IEP or does he/she receive special education services?  Yes  No

If you answered "YES" to #10, an attached copy of the IEP must be attached. Does your child receive:

- a. Special Day class (SDC) services?  Yes  No
- b. Resource Specialist Program (RSP) services?  Yes  No
- c. Speech and Language services?  Yes  No
- d. On, or has been on, a 504 plan?  Yes  No
- e. Other IEP or Special Education Services?  Yes  No

*"I confirm that the above information is true to my knowledge. I understand that completion of this form and/or the Quail Lake Environmental Charter School Admissions packet does not guarantee my child enrollment at Quail Lake School. I understand that if I knowingly falsified any of the above information or information in the admissions packet, my child may be denied admission to Quail Lake or may be removed completely from the Quail Lake Charter School."*

Print Child's Name

Date

Parent Signature

(Office Use Only) Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_