

Willow Creek ACADEMY

Parent/Guardian Contract

Please complete one form per family.

Student's Name: _____
(Last) (First)

Parent (Legal Guardian) Name: _____
(Last) (First)

Parent (Legal Guardian) Name: _____
(Last) (First)

I (We), _____, agree to support and affirm the goals of **Willow Creek Academy (WCA)** by:

1. Being an active partner in my (our) child's education, I (we) will contribute a minimum of 50 hours per year to the educational program in one or more of the following areas:

Please state: _____

2. Additionally, I (we) commit to
 - reading to my (our) child 20 minutes each day, on average
 - assisting my (our) child with homework
 - attending parent meetings
 - following the school rules

I (we) understand that by enrolling my (our) child in WCA, I (we) have agreed to volunteer my (our) family's time and expertise in order to obtain the highest standards of education and ensure that the goals and objectives of WCA and its charter are consistently met.

I (We) agree to support and abide by WCA policies and expectations and to participate in the learning process at home and at the school site. I (We) also understand that WCA is not a traditional school environment and can only be successful with the active participation of all WCA families.

Parent/Guardian Signature(s)

Date

Willow Creek ACADEMY

Application for Admission

Please complete one form per child.

Date: _____

Student's Name: _____
(First) (Middle) (Last)

Birth Date: _____ Current Age: _____ Male Female

Home Address: _____

Telephone: _____ (Home) _____ (Cell)
_____ (Work) _____

Current Grade: _____

Current School: _____ School Contact: _____

School Address: _____

FAMILY INFORMATION

Parent's Name: _____ Parent's Name: _____

Address _____ Address _____

Telephone: _____ (Home) Telephone: _____ (Home)
_____ (Work) _____ (Work)
_____ (Cell) _____ (Cell)

e-mail: _____ e-mail: _____

Willow Creek ACADEMY

Confidential Records Release Form

Please complete one form per child.

Please return this form to Willow Creek Academy's Admissions Office, along with your application. We will mail this form to your child's school.

I hereby
authorize

School Name: _____

School Address: _____
(Student's current school)

to release to Willow Creek Academy the records
of: _____
(Student's name)

Signature: _____ Date: _____
(Parent or legal guardian)

Please release the records requested and complete the enclosed checklist or recommendations, if applicable:

<input type="checkbox"/> Birth certificate	<input type="checkbox"/> IEP reports
<input type="checkbox"/> Grades/Transcripts	<input type="checkbox"/> Psychological testing
<input type="checkbox"/> Attendance records	<input type="checkbox"/> Standardized Achievement Tests
<input type="checkbox"/> Statement of extracurricular activities	<input type="checkbox"/> Medical/CHDP/Immunization records

Please mail all records requested above to the Admissions Office.

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Home Language Survey

The California Education Code requires the school to determine the language(s) spoken by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested.

Thank you for your help.

Please complete one form per child

Date: _____

Name of Student: _____
(First) (Middle) (Last)

Grade: _____ Age: _____

Teacher: _____

1. Which language did your son or daughter learn when he or she first began to talk? _____
2. What language does your son or daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son or daughter? _____
4. Name the languages in the order most often spoken by the adults at home: _____

State of California
Department of Education
OPER-LS 77

Parent/Guardian Signature(s)

Date

