



MOSCOW CHARTER SCHOOL

Science • Technology • Engineering • Arts • Math

For office use only:

Submitted Forms:

- | | |
|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Medical Release Form | <input type="checkbox"/> Bus Transportation Form |
| <input type="checkbox"/> Technology Agreement | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Lunch Program Agreement | <input type="checkbox"/> Medication Form |
| <input type="checkbox"/> Immunization Record | |

Registration Form for 2016-2017

Student Legal Name:

Last

First

Middle

Preferred Name

M

F

Date of Birth:

City/State of Birth:

Grade of Enrollment:

Previous School (Name & Address):

STUDENT'S PRIMARY RESIDENCE

Parent/Guardian 1:

Parent/Guardian 2:

Relationship to Student:

Relationship to Student:

Primary #

Primary #

Secondary #

Secondary #

Email Address:

Email Address:

Employer:

Employer:

Primary Mailing Address:

STUDENT'S SECONDARY RESIDENCE (if applicable)

Parent/Guardian 1:

Parent/Guardian 2:

Relationship to Student:

Relationship to Student:

Primary #

Primary #

Secondary #

Secondary #

Email Address:

Email Address:

Employer:

Employer:

Secondary Mailing Address:

AUTHORIZATION FOR PICKUP OF STUDENT The following individuals are authorized to pick up my child:

- | | | |
|------|-------------------------|--------------|
| Name | Relationship to student | Phone number |
|------|-------------------------|--------------|
- | | | |
|------|-------------------------|--------------|
| Name | Relationship to student | Phone number |
|------|-------------------------|--------------|
- | | | |
|------|-------------------------|--------------|
| Name | Relationship to student | Phone number |
|------|-------------------------|--------------|

PARENT AUTHORIZATION NEEDED Please check below to permit the following:

I give permission for my child to attend MCS field trips.

I give permission for my contact information to be shared in a student directory for MCS Families. Email Phone Street Address

I give permission for my child to be photographed/videotaped during school activities; and for photos/videos to be shared with school families or used in publicity. (without last name)

It is my intention that my child will be present for/and participate in the end of the year theater production.

SCHOOL HANDBOOK My child and I have read the [Moscow Charter School Handbook](http://www.moscowcharterschool.org/handbook) and agree to follow the guidelines it establishes. (The handbook is available online at www.moscowcharterschool.org/handbook a paper copy is available from the office upon request.)

Parent Signature



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LUNCH PROGRAM AGREEMENT

Moscow Charter School serves FDA approved hot lunches. Lunch is prepared at an offsite kitchen and transported to MCS; orders are placed each morning before 9:15. Parents are responsible to provide a lunch for their child in the event that the child forgets to order, has an unpaid balance, or arrives at school after orders have been placed without making prior arrangements.

Lunch payments must be made in advance and a positive balance must be maintained in your account.

Ultimately it is the parent/guardian's responsibility to maintain a positive balance.

The business manager will check your balance weekly and will notify you if your balance has dropped below \$0.00. At this time, payment on your balance as well as additional money for future lunch purchases needs to be submitted to the office within 3 business days. Once per month, the business manager will send a statement to any family that has an unpaid balance. Any unpaid invoices greater than 30 days old will be assessed a 5% finance charge. Seriously delinquent accounts will be turned over to a collection agency.

The recommended initial payment at the beginning of the school year is \$50. On-going payments should be sufficient to cover one month of lunches and milk. At the end of the year, any remaining balance will be carried over to the next year or you may request to have the balance refunded to you.

PAYMENT OPTIONS: Payments can be made via bill pay, check, cash, or credit card via PayPal. *The parent/guardian will be charged the current bank fee and a \$5 administration fee for all returned checks.*

Please note: you will be responsible for any fees MCS incurs through PayPal that are associated with the transaction. For example: a Payment of \$100 minus 2.2% (PayPal fee) + .30 (PayPal transaction fee), will result in the actual deposit to your account equaling \$97.50.

FREE & REDUCED LUNCH PROGRAM: Families are required to apply each year, even if they qualified last year, unless the family is notified that they are directly certified.

Lunch prices, menu, applications, and PayPal link can be found here:
www.moscowcharterschool.org/lunch

By signing this form I understand that I am required to keep a positive balance in my account, and I will reimburse the school promptly when/if my child receives a hot lunch.

Child(ren's) Name(s)

Date

Parent/Guardian Signature

This institution is an equal opportunity provider.

Registration Form for 2016-2017

Confidential information to be placed in student file

Student Name: _____

Last

First

Middle

Preferred Name

Student lives with: (check one) Father/Mother Mother only Father only Blended Family Guardian

Student Ethnicity: Hispanic / Latino Not Hispanic / Latino

Race: (check all that apply)

American Indian/Alaskan Native

Asian

Black/African American

White

Native Hawaiian/
Other Pacific Islander

Student is a citizen of the United States: Yes No If no, please tell citizenship

My child has my permission to participate in the following routine health screenings/classes: for more information please visit our Student Health page. www.moscowcharterschool.org/health

Growing Up Class Pt 1 (5th grade only)

Scoliosis Screening (6th grade only)

Growing Up Class Pt 2 (6th grade only)

Does child have any known allergies? Yes No If yes, list:

Please list any medications your child will need to have available at school.

Note: You must turn in a [Permission to Administer Medication](#) form signed by your child's doctor in order for the school to administer medication.

Are there any special conditions or health situations you would like us to be aware of? Yes No

If yes, what are they?

Does student have any known medical or physical disabilities? Yes No

Has your child previously received any of the following services:

Counseling

Speech/Language

Hearing

504 Plan

Occupational Therapy

Gifted/Talented

Special Education

Vision

Title I Reading

Physical Therapy

Known Physical or Mental Disabilities:

Check any of the following that might affect your child's progress:

Speech/Language

Asthma

Allergies

Seizures

ADD/ADHD

Vision

Hearing

Other:

Comments: