

RIVERSIDE PREPARATORY SCHOOL ENROLLMENT PACKET

**The Enrollment Center is located at 19121 Third St. in Oro Grande, CA.
For more information please call (760) 843-5556.**

Riverside Preparatory School has a limited number of spaces available for students. A lottery is conducted to determine the order in which an invitation to attend will be extended when spaces are available which are less than the number of students on the waiting list for any given grade level. Kindergarten students for each year are accepted on a “first come” basis until classes are full. The School encourages parents to register for Kindergarten as early as possible.

An application packet is considered complete when all of the following items have been received by the school:

MANDATORY ENROLLMENT FORMS:

- REGISTRATIONS PACKET COMPLETELY FILLED OUT, DATED AND SIGNED

DOCUMENTATION PROVIDED BY THE PARENT:

- THE STUDENT’S BIRTH CERTIFICATE
- STUDENT’S HEALTH/SHOT RECORD
- A COPY OF THE MOST RECENT REPORT CARD (GRADES K-8)
- A COPY OF THE MOST RECENT UNOFFICIAL TRANSCRIPT (GRADES 9-12)
- A COPY OF THE MOST RECENT CALIFORNIA HIGH SCHOOL EXIT EXAM (CAHSEE) SCORES (GR 11-12)
- VERIFICATION OF CALIFORNIA RESIDENCE

CONDITIONAL ENROLLMENT FORMS:

- IF THE STUDENT HAS AN ACTIVE IEP (INDIVIDUAL EDUCATION PLAN), A COPY OF THE PLAN MUST ACCOMPANY THE REGISTRATION PACKET
- IF THE STUDENT HAS EVER BEEN EXPELLED, A COPY OF THE EXPULSION MUST BE SUBMITTED WITH THE REGISTRATION PACKET
- MOST RECENT CELDT (CALIFORNIA ENGLISH LANGUAGE DEVELOPMENT TEST) SCORES

PLACEMENT TESTING:

- (GRADES 2-8) A COMPLETED READING PLACEMENT TEST. WHEN YOU TURN IN THE COMPLETED ENROLLMENT PACKET YOU MUST SIGN UP TO TAKE THE PLACEMENT TEST.

WHEN THE STUDENT HAS BEEN INVITED TO ATTEND RIVERSIDE PREPARATORY SCHOOL THE FOLLOWING WILL BE NEEDED TO COMPLETE THE ENROLLMENT PROCESS:

- WITHDRAWAL FORM OR PROOF OF LAST DAY OF ATTENDANCE FROM PREVIOUS SCHOOL
- UPDATED REPORT CARD (GRADES K-8)
- MOST RECENT UNOFFICIAL TRANSCRIPT (GRADES 9-12)
- EXIT GRADES (GRADES 9-12)

INCOMPLETE REGISTRATION PACKETS WILL NOT BE CONSIDERED OR ACCEPTED

Office Use:		Enter Date:		Grade:		Graduation Year:	
LAST / Apellido			FIRST / Nombre			MIDDLE / Inicial	Gender / Género (circle one) M F
Date of Birth / Fecha de Nacimiento		Age / Edad	Birth City / Ciudad de Nacimiento		State / Estado	Country / País	Student Social Security / Número de Seguro Social
Mailing Address / PO Box / Dirección Envío / Apartado de Correos			City / Ciudad	State / Estado	Zip / Código Postal		Telephone / Teléfono
Residential Address / Domicilio			City / Ciudad		Zip / Código Postal		Telephone / Teléfono
Father / Stepfather / Guardian (circle one) / Padre / Padrastro / Guardian (escoje uno)			Occupation/Ocupacion		Work Telephone / Teléfono de Trabajo		Email Address / Correo Electrónico
Mother / Stepmother / Guardian (circle one) / Madre / Madrastra / Guardian (escoje uno)			Occupation/Ocupacion		Work Telephone / Teléfono de Trabajo		Email Address / Correo Electrónico

EDUCATION PROGRAMS / Programas Educativos

1. Does your child have or have they ever had an Individualized Education Plan (IEP) or 504 Plan?
¿ Su hijo/hija a tenido plan de educacion individual (IEP)? **YES/Si NO**

Speech Severely Emotionally Disturbed 504 Plan** Community Day School**
 Moderate/Severe Program Physical / Medical Condition (requiring special arrangements) English Language Development (ELD)** Continuation School**
 Mild/Moderate Program ****Does not require an IEP**

2. Please indicate when, or date of last IEP if applicable:
Por favor indique cuando ó la fecha del último IEP aplicable:

EXPULSION STATUS / Expulsión (Everyone must answer this section / Es necesario llenar en completo)

1. Is the student currently under an Expulsion Order, or been recommended for expulsion from any previous school district(s)?
¿Esta el estudiante bajo orden ó recomendación de expulsion de algun escuela previa? **YES/Si NO**

3. Has he/she been reinstated? **YES/Si NO** Where and When? ¿Dónde y cuando?
¿Ha sido restablecido?

4. Is your child on Probation? **YES/Si NO** Name and Phone Number of Probation Officer
¿Esta el estudiante en probación? Nombre y teléfono del agente de probación.

PREVIOUS SCHOOLS / Escuela Previo

HIS

Name of Current School/Nombre de la escuela			City / Ciudad	State / Estado	Grade / Grado	Withdrawal Date / Fecha de Retirar
Reason for Leaving / Razón de Salir <input type="checkbox"/> Moved / Movimiento <input type="checkbox"/> Homeless / Sin techo <input type="checkbox"/> Expulsion / Expulsión <input type="checkbox"/> Other / Otro						
Previous School Attended/La escuela anterior			City / Ciudad	State / Estado	Grade / Grado	Withdrawal Date / Fecha de Retirar
Reason for Leaving / Razón de Salir <input type="checkbox"/> Moved / Movimiento <input type="checkbox"/> Homeless / Sin techo <input type="checkbox"/> Expulsion / Expulsión <input type="checkbox"/> Other / Otro						

Sibling Information / Informacion de Hermanos

Name / Nombre:	Date of Birth / Fecha de Nacimiento	Grade / Grado	School Attending / Escuela Actual:
Name / Nombre:	Date of Birth / Fecha de Nacimiento	Grade / Grado	School Attending / Escuela Actual:
Name / Nombre:	Date of Birth / Fecha de Nacimiento	Grade / Grado	School Attending / Escuela Actual:

LANGUAGE / Idioma (Everyone must complete this section)			LAC
1. Which language did this student learn when he/she first began to talk? <i>Cuando su hijo(a) empezó a hablar. ¿Cuál idioma aprendió primero?</i>			
2. What language does this student most frequently? <i>¿Cuál idioma usa principalmente su hijo(a) cuando conversa?</i>			
3. What language do you use most frequently to speak to this student at home? <i>¿Cuál Idioma usa Ud. con más frecuencia cuando habla con su hijo(a) en casa?</i>			
4. Name the language most often spoken by the adults at home? <i>¿Cuál idioma hablan los adultos con más frecuencia en la casa?</i>			
5. Is your child fluent in the English language (speaking, reading, writing)? <i>¿Su hijo es fluyente en el Idioma Inglés (hablado, lectura, escritura)?</i>			
		YES/Si	NO
		Not Sure/Poco seguro	
6. Has your child been enrolled in an English language development program? <i>¿Ha estado su hijo inscrito en una programa aprendizaje del idioma ingles?</i>			
		YES/Si	NO
		Not Sure/Poco seguro	
7. If your child was in an English development program, was he/she reclassified? <i>Si su hijo/hija estuvo en un programa de aprendizaje del idioma ingles, ¿ha sido reclasificado su estudiante?</i>			
		YES/Si	NO
		Date/Fecha:	
Date first entered United States <i>Fecha que primero entró a EE. UU.</i>	Date first entered US school? <i>Fecha de primer Inscripción en Escuelas de EE. UU.</i>	Date first entered CA school? <i>Fecha de primer Inscripción en Escuela de CA</i>	
WHAT IS YOUR CHILD'S ETHNICITY? (PLEASE CHECK ONE):			
Que étnico es su niño/niña? (Por favor marque uno):		<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> NOT HISPANIC OR LATINO
		<input type="checkbox"/> Hispano o Latino	<input type="checkbox"/> No Hispano o Latino
WHAT IS YOUR CHILD'S RACE? (PLEASE CHECK UP TO FIVE RACIAL CATEGORIES):			
Que raza es su niño/niña? (Por favor marque asta cinco categorías racial):			
<input type="checkbox"/> Am. Indian/AlaskanNtv	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Filipino
<input type="checkbox"/> Japanese	<input type="checkbox"/> Laotian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> African American
<input type="checkbox"/> Korean	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Samoan	<input type="checkbox"/> White-not Hispanic
	<input type="checkbox"/> Hmong	<input type="checkbox"/> Tahitian	
PARENT HISTORY / Historia del Padre (List highest education level completed. Use parent with the most education / Lista el mas alto grado cumplido. Usa el padre con mayor educación)			
<input type="checkbox"/> Completed Some High School (14) <i>Asistió escuela secundaria sin graduar.</i>	<input type="checkbox"/> Attended Some College Classes (12) <i>Asistió algunas clases en colegio.</i>	<input type="checkbox"/> Four Year Degree (BA or BS)(11) <i>Diplomatura de cuatro años de colegio.</i>	
<input type="checkbox"/> Graduated High School (13) <i>Graduó de secundaria</i>	<input type="checkbox"/> Two Year College/Associate Degree (12) <i>Cumplio dos años de colegio, o licencia asociado.</i>	<input type="checkbox"/> Graduate Degree (MA/MS/PhD)(10) <i>Cumplio licenciatura superior.</i>	
<input type="checkbox"/> Vocational or Tech College (13) <i>Asistió escuela vocacional o técnico</i>	<input type="checkbox"/> General Education Diploma (GED) or California High School Proficiency Exam (CHSPE) (14). <i>Diploma de Educación General (GED) ó Examen de Competencia de Escuelas Secundarias de California (CHSPE)</i>		
LEGAL GUARDIANSHIP / Poder de Guardian Legal			
NOTICE - By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children UNLESS a parent has a court order that indicates which parent has custody of the child/children. The school MUST HAVE A COPY OF THE COURT ORDER on file, otherwise either parent may check the child out of the school with proper identification. AVISO - Por ley, si los padres estan separados ó divorciados, cada padre de familia tiene derecho de igualdad a la custodia del hijo ó hijos. A MENOS QUE uno de los padres tenga una orden judicial, la cual indica cual de los padres de familia tiene la custodia legal de el/los hijo(s). La escuela DEBE TENER UNA COPIA DE LA ORDEN JUDICIAL en sus archivos, de lo contrario, cualquiera de los padres puede retirar al estudiante fuera de la escuela, siempre y cuando presente identificación apropiada.			
Are there any court orders involved in the custody of this student? <i>¿Hay orden judicial sobre la custodia de éste estudiante?</i>		YES/Si	NO
Who has legal physical custody? / <i>¿Quién tiene custodia legal?</i>		<i>Does the student live with you? / ¿Vive el estudiante con usted?</i>	
		YES/Si	NO
<input type="checkbox"/> Living with both parents	<input type="checkbox"/> Living with Legal Guardian	<input type="checkbox"/> Living with Foster Parents	
<input type="checkbox"/> Living with Natural Father Only	<input type="checkbox"/> Living with Natural Father and Stepmother	<input type="checkbox"/> Ward of Court	
<input type="checkbox"/> Living with Natural Mother Only	<input type="checkbox"/> Living with Natural Mother and Stepfather	<input type="checkbox"/> Other:	
Where is your child/Family Currently Living? (Check one box only)/¿Dónde están viviendo su hijo, usted y familia? (Elija sólo uno)			
<input type="checkbox"/> In a single family residence/En una casa en dónde sólo vive nuestra familia inmediata (una familia)	<input type="checkbox"/> With more than one family in a house or apartment due to economic hardship/En una casa o apartamento con otra familia - por razones económicas-	<input type="checkbox"/> In a shelter or transitional housing program/En un refugio o programa de vivienda de transición	
<input type="checkbox"/> In a motel, car or campsite/En un motel, en un automóvil -o vehículo similar-, o en un campamento	<input type="checkbox"/> In a foster care placement or group home/Bajo ubicación de crianza temporal o casa-hogar de grupo		

Falsification of information on this form may be grounds for dropping student from school, or re-designation of program.
Falsificación de la información en esta forma puede ser asunto para retirar el estudiante de la escuela o cambio de su programa

Parent/Guardian Signature:

Firma de Padre ó Guardian: _____

DATE/Fecha _____

This information is required to facilitate immediate contact with a parent/guardian if an accident occurs (AR5141). This document must be renewed each year, and/or with each change in enrollment. *Esta información es necesaria para facilitar contacto con un padre o guardian inmediatamente en caso de un accidente (AR5141). Éste documento necesita ser renovado cada año, o con cada cambio en matriculación.*

LAST / <i>Apellido</i>	FIRST / <i>Nombre</i>	Gender / <i>Género</i> (circle one) M F	Date of Birth / <i>Fecha de Nacimiento</i>	Grade / <i>Grado</i>
Residential Address / <i>Domicilio</i>	City / <i>Ciudad</i>	Zip / <i>Código Postal</i>	Telephone / <i>Teléfono</i>	
Father / Steppfather / Guardian (circle one) <i>Padre / Padrastro / Guardian (escoje uno)</i>	Employer & City of Employment / <i>Empleador y ciudad</i>		Work Telephone / <i>Teléfono de Trabajo</i>	
Address (if different from above) / <i>Domicilio (si es diferente)</i>		Home Telephone / <i>Teléfono de Casa</i>	Cell or Pager / <i>Celular o localizador</i>	
Mother / Stepmother / Guardian (circle one) <i>Madre/ Madrastra / Guardian (escoje uno)</i>	Employer & City of Employment / <i>Empleador y ciudad</i>		Work Telephone / <i>Teléfono de Trabajo</i>	
Address (if different from above) / <i>Domicilio (si es diferente)</i>		Home Telephone / <i>Teléfono de Casa</i>	Cell or Pager / <i>Celular o localizador</i>	

ADDITIONAL EMERGENCY CONTACTS / *Contactos Adicionales en caso de Emergencia*

In the event of illness, medical emergency, disaster or the parent/guardian can not be reached, a school official may call the following friends, relatives or adult siblings (**18 and over**) who are authorized to take responsibility for the student:

*En el caso de enfermedad, emergencia medica o desastre y, si no se puede localizar a los padres o tutores, un funcionario de la escuela podra llamar a los siguientes amigos or parientes adultos (**de 18 años o mayores**) los cuales estan autorizados a tomar responsabilidad por el cuidado del alumno:*

Name / <i>Nombre</i>	Relationship to Student / <i>Parentesco</i>	Contact Telephone / <i>Teléfono de Contacto</i>	May verify absences / <i>Puede verificar ausencias?</i> YES/Si NO
Name / <i>Nombre</i>	Relationship to Student / <i>Parentesco</i>	Contact Telephone / <i>Teléfono de Contacto</i>	May verify absences / <i>Puede verificar ausencias?</i> YES/Si NO
Name / <i>Nombre</i>	Relationship to Student / <i>Parentesco</i>	Contact Telephone / <i>Teléfono de Contacto</i>	May verify absences / <i>Puede verificar ausencias?</i> YES/Si NO
Name / <i>Nombre</i>	Relationship to Student / <i>Parentesco</i>	Contact Telephone / <i>Teléfono de Contacto</i>	May verify absences / <i>Puede verificar ausencias?</i> YES/Si NO
Primary Doctor / <i>Doctor Principal</i>	Office Phone Number / <i>Teléfono</i>	Insurance Company / <i>Compania de Seguros</i>	Policy Number / <i>Numero de póliza</i>

PARENT/GUARDIAN CONSENT - *APROBACION DEL PADRE O TUTOR:*

- ▶ In the event of an illness or injury, I hereby authorize school officials on my behalf to obtain emergency transportation and treatment. *En caso de enfermedad o lastimadura, doy mi autorización para que el personal de la escuela obtenga el tratamiento de emergencia y transporte.*
- ▶ I understand the school does not assume any financial responsibility for medical care or ambulance transportation in case of emergency. A student Accident Policy is available to all students for a nominal fee. *Comprendo que la escuela no asume responsabilidad financiera por cuidados medicos o transporte en ambulancia en caso de emergencia. Existe una póliza estudiantil de accidentes para todos los alumnos, por una tarifa minima.*
- ▶ To help ensure the health and safety of my child, I agree that health information may be shared with appropriate school personnel. *Acepto que esta información de salud puede compartirse con el personal apropiado de la escuela para ayudar a garantizar la salud y seguridad de mi niño o niña.*

My signature acknowledges that I understand and agree with the consent information above and that the information provided is complete and accurate. *My firma indica que comprendo y acuerdo con el consentimiento anterior, ademas de que la información incluida es complete y correcta.*

Parent/Guardian Signature:

Firma de Padre ó Guardian: _____

DATE/Fecha _____

Riverside Preparatory School Health Information

LAST / <i>Apellido</i>	FIRST / <i>Nombre</i>	Gender / <i>Género</i> (circle one) M F	Date of Birth / <i>Fecha de Nacimiento</i>	Grade / <i>Grado</i>
Allergies / <i>Alergia</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Medicines / <i>Medicinas:</i> _____ <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Insect bite or sting / <i>Picadura de insecto</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Food / <i>Comida:</i> _____ <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Other / <i>Otro:</i> _____ How severe? <i>¿Intensidad?</i> Mild/ <i>Poco</i> Moderate/ <i>Moderado</i> Severe/ <i>Severo</i>		Diabetes / <i>Diabetes</i> Usual blood sugar / <i>Azúcar normal</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Treatment / <i>Tratamiento</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO		
Asthma / <i>Asma</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Circle one/ <i>Escoje uno:</i> Mild Occasional Moderate Severe Only with exercise <i>Poco A veces Moderado Severo Solo con ejercicio</i> Triggers / <i>Provocaciones:</i> Medication(s) - include inhalers / <i>Medicación - incluyendo inhaladores</i> Asthma action plan from doctor / <i>Plano de acción medico</i>		Head / <i>Cabeza</i> Severe or frequent headaches (medication?) <input type="checkbox"/> YES/Si <input type="checkbox"/> NO <i>Frecuente dolor de cabeza (medicina?)</i> Concussion or loss of consciousness / <i>Conmoción o falta de conocimiento</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Dizziness/fainting episodes / <i>Sensaciones de mareo</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Other / <i>Otro:</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO		
		Heart / <i>Corazón</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Hospitalization / <i>Atendido en un hospital</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Learning Disability / <i>Incapacidades de aprendizaje</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Lungs / <i>Pulmónes</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Kidneys / <i>Riñones</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Missing Organs (eye, kidney, appendix, etc) / <i>Falta de órganos (ojo, riñon, apéndice, y demas)</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Muscles / <i>Músculo</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO		
Birth Defects / <i>Defectos de Nacimiento</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Blood / <i>Sangre</i> Hemophilia / <i>Hemofilia</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Hepatitis / <i>Hepatitis</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Other / <i>Otro</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO		Nervous / <i>Nervios</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Psychological / <i>Psicológico</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Seizures / <i>Ataque de apoplejPa</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Epilepsy / <i>Epilepsia</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Stomach / <i>Estómago</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO		
Bones / <i>Huesos</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Broken, joint problems / <i>Huesos fracturados o problematicas</i>		Surgery / <i>Operación</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO What for: Other Conditions / <i>Otros Condiciones</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO		
Vision / <i>Viendo</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Have trouble seeing close work? <i>¿Problemas viendo cerca?</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Have trouble seeing at a distance? <i>¿Problemas viendo a una distancia?</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Wear glasses or contacts? <i>¿Usa lentes o contactos?</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Receive medical care for eye problem other than glasses? <i>¿Recibe asistencia medica por problema del ojo que no sea lentes?</i>				
Hearing / <i>Oir</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Have trouble hearing? <i>¿Problemas al oir?</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Wear a hearing aid? <i>¿Usa audifono?</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Use classroom amplification? <i>¿Usa amplificador?</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Receive medical care for ear or hearing problem? <i>¿Recibe asistencia medica por problema de oir?</i>				
Medication / <i>Medicinas</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO Take Medication? <i>¿Toma medicina?</i> <input type="checkbox"/> YES/Si <input type="checkbox"/> NO During school hours? <i>¿Durante las horas de escuela?</i> List kind(s) and reasons / <i>Lista medicinas y razones:</i>				
Have any health problem or disability which would need attention or medication during school hours? Explain: <input type="checkbox"/> YES/Si <input type="checkbox"/> NO <i>¿Tiene problemas de salud o incapacidades que requieren atención o medicina durante las horas de escuela? Explique:</i>				
Have any condition which prevents participation in regular physical education (a doctors note is required)? Explain: <input type="checkbox"/> YES/Si <input type="checkbox"/> NO <i>¿Hay algun condicion que impedir participación en clases de educación fisico (una carta del doctor es necesario)? Explique:</i>				



Riverside Preparatory School

19121 Third Street * PO Box 455

Oro Grande, CA 92368

760-243-5884

Fax 760-843-3766

HONOR CODE

Students at Riverside Preparatory School agree and promise not to lie, cheat, vandalize or steal nor tolerate any student that does. Students agree and promise to report to a member of the faculty any incident or suspected incident of lying, cheating, vandalism or stealing whether such deed was done by themselves or another.

BEHAVIOR CODE

Students at Riverside Preparatory School agree and promise to conduct themselves as ladies and gentlemen at all times and to treat all members of the faculty, staff, student body, and community with respect. Students agree and promise to obey and follow the directions of the faculty and staff and to obey and follow all of the rules of the school. Students agree that they will study hard, maintain an attitude of academic excellence and work diligently to achieve academic excellence.

Students and the parents/guardians of students at Riverside Preparatory School acknowledge, understand, and agree to follow the Honor Code and the Behavior Code of the School.

Students and the parents/guardians of students at Riverside Preparatory School acknowledge, understand, and agree that a failure to follow the Honor and/or Behavior Codes is an indicator that Riverside Preparatory School may not be the best educational placement for the student.

Students and the parents/guardians of students at Riverside Preparatory School acknowledge, understand, and agree that the final decision in all matters regarding Honor and Behavior rests with the school's Executive Committee.

Students and the parents/guardians of students at Riverside Preparatory School acknowledge, understand, and agree that any violation of the Honor Code or Behavior Code may result in the discipline of the student up to and including dismissal from the school on the grounds that the student is not properly benefiting from placement in the school's program.

Student: I agree to follow the honor and behavior codes as stated above.

Parent(s)/Guardian(s): I(we) agree to support the faculty as they enforce the terms of the honor and behavior codes. I(we) agree to abide by the decision of the Executive Committee should my (our) child violate either the Honor Code or the Behavior Code and I(we) acknowledge and agree that the decision of the Executive Committee is final.

Student

Parent/Guardian

Parent/Guardian

Oro Grande School District
Riverside Preparatory
19900 National Trails Hwy
Oro Grande, CA. 92368
(760) 243-4136

Must Be Filled Out by All Parents/Guardians

Dear Parent/Guardian:

By law, if parents are legally separated or divorced, each parent has equal right to the custody of the child/children and/or educational rights **UNLESS** a parent has a court order that indicates which parent has custody of the child/children. (Family Code ss, 3004).

The school MUST HAVE A COPY OF THE COURT ORDER on file, otherwise, either parent may check the child out of the school with proper identification, and have parental rights regarding educational decisions for the child/children.

I have read the above statement of the law.

Student's Name

Grade

Parent/Guardian Signature

Date

Note: The courts must handle custody disputes. The school has no legal jurisdiction to refuse a biological parent access to their child and/or school records. The only exception is when signed restraining orders or proper divorce/custody papers, specifically stating visitation limitations, are on file in the school office. Any student release situation, which leaves the student's welfare in question, will be handled at the discretion of the site administrator or designee. Should any such situation become a disruption to the school, the Sheriff's Office will be contacted and a Deputy will be requested to intervene.

Parents are asked to make every attempt not to involve the school in custody matters.

RIVERSIDE PREPARATORY SCHOOL
Consent to Photo, Videotape & Record

Date: _____

I hereby give my consent to Oro Grande Elementary School District to take, or authorize others to take, still pictures, motion pictures, or videotapes of, and to record the voice of, _____ (student's name).

I understand that these pictures may be used for educational, public interest, or informational purposes through media of radio, television, newspaper, or film.

Parent Signature

Print Parent Name