



358 E. 300 S.  
Moab UT 84532  
Ph. (435)259-2277  
Fax (435)259-6652

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School Year: \_\_\_\_\_

### Moab Charter School Re-Enrollment Packet

This information is required to complete enrollment in Moab Charter School.  
For registration question please call the office at (435)259-2277

#### To Re-enroll your child, please provide:

\_\_\_\_\_ Completed Registration Forms

\_\_\_\_\_ Initial and sign the Annual Parent/Guardian permissions

\_\_\_\_\_ Immunization Update (please bring original, MCS will make copies)

\_\_\_\_\_ Proof of address (utilities, insurance, lease agreement, ect.)

\_\_\_\_\_ Lunch Application (MCS needs a new one every school year)

*For office use only*

Date Received	Start Date	MCS Student ID	SSID#	Grade



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## Student Information

Last Name	First Name	Middle Name
Grade	Date of Birth	Gender
Social Security Number		
(Initial above if you decline to provide Student SSN)		

Student Physical Address

Mailing If Different	Student Home Number
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### Sibling Information: *Please list siblings in the household*

Last Name	First Name	Date of Birth	Grade
Last Name	First Name	Date of Birth	Grade
Last Name	First Name	Date of Birth	Grade

### Parent/Guardian Information: *Student's primary residence.*

If parents are divorced or separated please provide proof of:  Shared custody  Restraining order  Single Parent

Parent/Guardian Name	Parent/Guardian Name
Relationship to Student	Relationship to Student
Home Phone	Cell Phone
Home Phone	Cell Phone

**Email \*IMPORTANT\*** most school correspondence is sent by email

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Occupation	Work Phone
Occupation	Work Phone
Employer & Employer Address	Employer & Employer Address



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We are required by law to update the McKinney-Vento database every year. Please fill out this form regardless of your status.

Is the student's current address a temporary living arrangement due to loss of housing or economic hardship?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered **YES**, please complete the remainder of this form and select what applies to you and/or your family and return it to the school office.

If you answer **NO**, you do not need to complete the remainder of this form. Submit form to the school office.

Which of the situations below apply to the student?

- H1 Student is sharing a residence with one or more families because of economic hardship.
- H2 Student is living in a motel or hotel.
- H3 Student is living in a shelter (domestic violence, emergency, or transitional housing units).
- H4 Student is living in a car, park, campground, or public place.
- H5 Student is living in a place without adequate facilities (not designed for heat, electricity, water).
- H6 Student is seeking enrollment without an accompanying parent (not foster care).

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: If you have any questions concerning this form or homeless situation, please contact us (435)259-2277

School: Please return only the forms indicating a temporary residence to the "District Homeless Liaison" and any other forms needed.



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**EMERGENCY CONTACT INFORMATION:**

**(Do not include anyone under 18 or listed Parent/Guardian)**

*If my child is ill, has an emergency and I cannot be reached, please call and release my child to the following:*

#1 First and Last Name			Relationship to Student
Home Phone	Cell Phone	Work Phone	
#2 First and Last Name			Relationship to Student
Home Phone	Cell Phone	Work Phone	
#3 First and Last Name			Relationship to Student
Home Phone	Cell Phone	Work Phone	

**STUDENT HEALTH INFORMATION: MEDICAL INFORMATION**

Physician Practice and Address		Physician Phone
Health Insurance Provider	Health Insurance ID #	Hospital preference

**Dental Information**

Dental Practice and Address	Dentist Phone
Dental Insurance Provider	Dental Insurance ID#

In the event of a suspension, accident, or other emergency, when a parent or guardian is unavailable, I hereby authorize a representative of the school to make arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. Under such circumstances, I further authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon.

*The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.*

Parent/Guardian Signature	Date
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## CONSENT TO ADMINISTER MEDICATION

*(for prescription medication to be administered during school hours)*

\_\_\_\_\_  
 Name of Student

\_\_\_\_\_  
 DOB

\_\_\_\_\_  
 Grade

\_\_\_\_\_  
 Parent/Guardian Printed Name

\_\_\_\_\_  
 Preferred Emergency Contact

**\*To be completed by licensed medical provider:**

\_\_\_\_\_  
 Provider's Name

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Name/Type of Medication

\_\_\_\_\_  
 Dosage

\_\_\_\_\_  
 Condition for which medication is prescribed

\_\_\_\_\_  
 Frequency/times to be administered

\_\_\_\_\_  
 Anticipated side effects

\_\_\_\_\_  
 Duration

\_\_\_\_\_  
 Signature of Licensed Medical Provider

\_\_\_\_\_  
 Date

**Parent/Guardian Request/Approval**

I hereby request and give my permission for the above named student to receive the specified medication as stated in the above instructions from the medical provider.

I agree to bring the medication to school in a container from a pharmacist, properly labeled including name of student, doctor, date, dosage, name of medication and method of administration. I also agree to notify the school of any change or discontinuation of the medication.

I acknowledge that Moab Charter School is not legally obligated to administer medication to my student and agree to hold the school and its employees harmless and not liable, civilly or criminally, for any adverse reaction suffered by my child as a result of taking the medication as indicated.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Annual Parent/Guardian Permission

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Full details are available online at [www.moabcharterschool.org](http://www.moabcharterschool.org) and in your original registration packet.

### **Annual Permissions**

Please initial the following and sign the bottom to signify your consent to each individual item listed.

\_\_\_\_\_ I give MCS permission to take my child on walks to Moab locations as part of planned walking field trips.

\_\_\_\_\_ I give MCS permission to include my child's image in photos of the school and its activities, which are published for informational and promotional uses. This may include the yearbook, website, the newsletter, social media, a brochure or fliers for activities.

\_\_\_\_\_ I give permission to Canyon Country Outdoor Education programming to use images that may include my child from field trips in social media by the National Park Service and park partners.

\_\_\_\_\_ I give my child permission to climb on the rock wall at MCS when supervised by MCS staff.

\_\_\_\_\_ I have read the Moab Charter School Student/Parent Handbook and agree with all items discussed, including the discipline policy. *The Student/Parent Handbook is available online at [www.moabcharterschool.org](http://www.moabcharterschool.org).*

\_\_\_\_\_ I give my child permission to speak with the school counselor, one time, in cases of emotional emergency.

\_\_\_\_\_ I give permission for my child to receive vision screening consistent with the requirements of Utah law. I understand that the results of the vision screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and health care professionals working with the school to provide appropriate follow-up services for my child.

\_\_\_\_\_ I give permission for my child to receive hearing screening consistent with the requirements of the Individuals with Disabilities Education Act (IDEA) and Utah Statutory Law. I understand that the results of the hearing screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and health care professionals working with the school to provide appropriate follow-up services for my child.

\_\_\_\_\_ I have read and I understand the MCS Computer Use policy in both the MCS Policies and Procedures and the Student/Parent Handbook.



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### Annual Parent/Guardian Permission

\_\_\_\_\_ I have read the Acceptable Use Policy and Student Guidelines for UtahLINK. I understand that although administrators of the UtahLINK’s network have taken reasonable precautions to ensure that controversial material is eliminated on Utah’s Public Education Network, I will monitor my child’s daily use of the UtahLINK and his/her potential access to the world-wide internet, and will accept full responsibility for supervision in that regard if and when my child’s use is not in a school setting. I hereby give my permission to issue an account for my child and certify that the information contained on this form is correct.

Public School Student Application for UtahLINK Account Use  
School: Moab Charter School District: Charter School  
School Address: 358 E. 300 S., Moab, UT 84532 School Phone: (435)259-2277  
Purpose(s) for which use of UtahLINK is granted: School Activities and Internet Access

\_\_\_\_\_ I have read the Acknowledgement of Special Notices (use of Directory Information, FERPA, student accommodations, equal education and employment opportunity, civil rights grievance procedure) in the Student/Parent Handbook and understand their implementation and purpose.

\_\_\_\_\_ I have read and understand the Volunteer Policy and acknowledge the responsibilities therein.

\_\_\_\_\_  
*Parent/Guardian Printed Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*