



**Valley Oaks Charter School**  
**Request for Enrollment Family Questionnaire K-12**

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Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Instructor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please respond to the following questions below. Multiple measures may be used in determining if VOCS is an appropriate academic choice for your student, including the written responses to this survey, an oral interview, and school records if applicable.**

**For K-12, please respond by circling "Yes," "No," or writing a short explanation to each question:**

1. Yes / No      Have you ever had prior homeschooling experience? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Charter school           | <input type="checkbox"/> Home hospital             |
| <input type="checkbox"/> Independent study        | <input type="checkbox"/> Online                    |
| <input type="checkbox"/> Private school affidavit | <input type="checkbox"/> Private school homeschool |
| <input type="checkbox"/> Valley Oaks              |  |

2. If yes to question one, briefly describe your homeschooling experience. (Grade level, program, curriculum, classes attended, how many years, etc.)

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3. Why are you deciding to home school your student? (Be as **specific** as you can.)

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4. Briefly describe how you will be providing instruction at home. (For example, who will facilitate instruction? When will instruction take place? Where will instruction take place? What strategies do you have in mind to make sure that your student cooperates with you as a teaching parent?)

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5. Yes / No      Is the primary instructor an adult (age 18 or older)?

6. Yes / No      Is English the primary language of the primary instructor?

7. Yes / No Will the primary instructor work outside of the home?  
If yes, what hours? \_\_\_\_\_
8. Yes / No Do you understand that this program requires parent support in specific weekly responsibilities and does not allow your student to work alone?
9. Yes / No Will the primary instructor be able to provide instruction for your student approximately four to six hours daily (depending on student's grade level and needs)?
10. Yes / No Will the primary instructor be available for all meetings with the resource teacher and/or assisting educators (an average of 2 – 4 times per report period)?
11. Yes / No In the event that your student enters the program on probation and/or on a trial basis, or is put on probation, are you willing to attend weekly meetings with the resource teacher?
12. Yes / No Will the primary instructor be willing to create a daily work schedule, in a planner, from your student based subject/resource teachers' weekly assignments?
13. Yes / No Will the primary instructor be willing to correct (with the help of an answer key) all assignments on a daily basis?
14. Yes / No If needed, are you able to attend tutoring/teaching sessions, parent trainings, and/or parent/student workshops?
15. Yes / No Are you willing to commit to transporting your student to all necessary school classes and enrichment activities depending on your student's schedule and needs.
16. Yes / No Do you understand that your student will be required to participate in all state mandated STAR testing annually?

Parent Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Valley Oaks Charter School**  
**Request for Enrollment Individual Student Questionnaire K-12**

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Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please respond to the following questions below. Multiple measures may be used in determining if VOCS is an appropriate academic choice for your student, including the written responses to this survey, an oral interview, and school records if applicable. (This portion of questionnaire should be filled out one per each student requesting enrollment.)**

1. Yes / No      Has your student ever been retained?  
If yes, which grade did he/she repeat? \_\_\_\_\_
  
2. Yes / No      Has your student ever been advanced?  
If yes, which grade was skipped? \_\_\_\_\_
  
3. Yes / No      Is your student working above or below grade level? If yes, check the appropriate box for each applicable CORE subject, circle above or below as applies, and note approximate grade level at which the student is currently working.  

<input type="checkbox"/> English Language Arts	above / below	grade level: _____
<input type="checkbox"/> Math	above / below	grade level: _____
<input type="checkbox"/> Science	above / below	grade level: _____
<input type="checkbox"/> Social Studies	above / below	grade level: _____
  
4. Yes / No      Has your student ever had disciplinary action imposed by school? If yes, please check all that apply.  

<input type="checkbox"/> school discipline contract	<input type="checkbox"/> opportunity class
<input type="checkbox"/> suspension	<input type="checkbox"/> continuation school
<input type="checkbox"/> pending expulsion hearing	<input type="checkbox"/> court or community school
<input type="checkbox"/> expulsion	<input type="checkbox"/> other _____
  
5. Yes / No      Does your student have a current IEP (Individualized Educational Plan)?
  
6. Yes / No      Has your student ever been assessed or evaluated for special education services?  
If yes, check all that apply.  
 did not qualify  
 specific designation:  
    primary disability: \_\_\_\_\_ secondary disability: \_\_\_\_\_  
 received services but has been exited      date of exit: \_\_\_\_\_  
 qualified but declined services  
 received services, but revoked consent for services      date of revocation: \_\_\_\_\_
  
7. Yes / No      Has your student ever qualified for and/or participated in a GATE program?
  
8. Yes / No      Has your student ever qualified for and/or received Title I services?
  
9. Yes / No      Has your student ever qualified for and/or received English Language Development (ELD) services?

10. Yes / No      Has your student ever qualified for and/or been placed on a 504 Plan?  
If yes, please briefly explain \_\_\_\_\_  
\_\_\_\_\_

**For students applying grades K-2**

11. Yes / No      Did your student attend pre-school?
12. Yes / No      If your student is a first grader, did he/she attend kindergarten?
13. Yes / No      Is your student reading? At what grade level? \_\_\_\_\_

**For students applying grades 7-12**

14. Yes / No      Is your student self-motivated and able to work independently? Explain.  
\_\_\_\_\_  
\_\_\_\_\_

**For students applying grades 9-12**

15. Yes / No      Is your student behind in credits? If yes, how many? \_\_\_\_\_
16. Yes / No      Do you understand that VOCS is not a “credit recovery/credit retrieval” program and that progress towards graduation will be determined on an individual basis?
17. Yes / No      Do you understand that your student must earn 220 credits in required subject areas, pass the California High School Exit Exam (CAHSEE), and successfully complete Algebra 1 in order to graduate from Valley Oaks Charter High School?
18. Yes / No      Is your student interested in attending a four year university immediately after completing high school? If yes, are you willing to allow your student to attend community college courses in order to meet A-G requirements?

I have read and responded accurately to the questions above. I understand that my responses will be used as one of the measures in determining if VOCS is an appropriate academic choice for me and my student(s), and if enrolled my resource teacher will review these responses with me and my student. I/We have reviewed this document and to the best of my/our knowledge, the information contained herein is true and complete.

Parent Name (Print) \_\_\_\_\_

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

Student Name (Print) \_\_\_\_\_

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