

| Clast   First   Middle   | Student's Legal Name                           |                     |                       |                          | 34 E                         |  |
|--|--|---------------------|-----------------------|--------------------------|------------------------------|--|
| City   Cip   | (Las   | •                   |                       | (Midd)                   |                              |  |
| City   Cip   | Grade Date of Rirth                            |                     | Place of Rigth        | ·                        |                              |  |
| City   Cip   | 4.13   |                     | i lace of Bitti       | (City)                   | (State)                      |  |
| Mailing address (if different)   | . 124. 405                                     |                     |                       | nome raon                | ıe                           |  |
| Last School Attended   | ·  |                     |                       |                          |                              |  |
| Date of withdrawal   Reason for withdrawal   Parent/Guardian:   Name   Address (if different)   Phone   Employer   Occupation   Work Phone   Education Level:   Grad School   College Grad   Some College   High School Grad   Not a High School GParent/Guardian:   Name   Address (if different)   Phone   Education Level:   Grad School   College Grad   Some College   High School Grad   Not a High School Grad   Step-Parent/Guardian:   Name   Address (if different)   Phone   Education Level:   Grad School   College Grad   Some College   High School Grad   Not a High School Grad   Step-Parent/Guardian:   Name   Address (if different)   Phone   Education Level:   Grad School   College Grad   Some College   High School Grad   Not a High School Grad   Step-Parent/Guardian:   Not a High School Grad   Not a High School Grad   Step-Parent/Guardian:   Step-Parent/Guardian:   Some College   High School Grad   Not a High School Grad   Step-Parent/Guardian:   Step-Pare   | Mailing address (if different)                 |                     |                       | Cell Phone               |                              |  |
| Address (if different)   | Last School Attended                           |                     | Address               | S                        |                              |  |
| Name   |  |                     |                       |                          |                              |  |
| Employer Occupation Work Phone Education Level:   Grad School    College Grad    Some College    High School Grad    Not a High School G      Parent/Guardian: Name  | <i>Parent/Guardian:</i><br>Name                | Address (if d       | lifferent)            |                          | Dhone                        |  |
| Education Level: Grad School College Grad Some College High School Grad Not a High School Grant Parent/Guardian: Name Address (if different) Phone Employer Occupation Work Phone Education Level: Grad School College Grad Some College High School Grad Not a High School Grad Not a High School Grad Not a High School Grad Not a High School Grad Not a High School Grad Not a High School Grad School Grad School Grad School Grad Not a High School Grad Not a High School Grad Not a High School Grad Schoo |  |                     |                       |                          |                              |  |
| Address (if different)   |  |                     |                       |                          |                              |  |
| Address (if different)   | Education Level:   Grad School                 | ☐ College Grad      | ☐ Some College        | ☐ High School Grad       | □Not a High School Gra       |  |
| Employer Occupation Work Phone Education Level:  |  | Address (if d       | ifferent)             |                          | Phone                        |  |
| Education Level: Grad School College Grad Some College High School Grad Not a High School Grad    Not a High School Grad Schoo |  |                     |                       |                          |                              |  |
| Name   |  |                     |                       | ,                        |                              |  |
| EmployerOccupation   | Step-Parent/Guardian:                          |                     |                       |                          |                              |  |
| Education Level: Grad School College Grad Some College High School Grad Not a High School Grad  EMERGENCY INFORMATION  In case of an emergency, please name a responsible adult to whom your child may be released to if case you are unavailable.  Name Phone Relationship Cell Phone  Name Phone Relationship Cell Phone  Work Phone Cell Phone  Doctor Phone In case of an accident, if we cannot contact you, would you be willing to have the school take your child to the hospital?   | Name   | Address (if di      | fferent)              | P                        | hone                         |  |
| Education Level: Grad School College Grad Some College High School Grad Not a High School Grad  EMERGENCY INFORMATION  In case of an emergency, please name a responsible adult to whom your child may be released to if case you are unavailable.  Name Phone Relationship Cell Phone  Name Phone Relationship Cell Phone  Work Phone Cell Phone  Doctor Phone In case of an accident, if we cannot contact you, would you be willing to have the school take your child to the hospital?   | Employer                                       | Оссир               | ation                 | Worl                     | k Phone                      |  |
| In case of an emergency, please name a responsible adult to whom your child may be released to if case you are unavailable.    Name  |  |                     |                       |                          |                              |  |
| In case of an emergency, please name a responsible adult to whom your child may be released to if case you are unavailable.    Phone   | EMERGENCY INFORMATION                          |                     |                       |                          |                              |  |
| Name Phone Relationship  Work Phone Cell Phone  Doctor Phone In case of an accident, if we cannot contact you, would you be willing to have the school take your child to the hospital?  Yes No  | In case of an emergency, please na             | me a responsible ad | lult to whom your c   | hild may be released to  | if case you are unavailable: |  |
| Name Phone Relationship  Work Phone Cell Phone  Doctor Phone In case of an accident, if we cannot contact you, would you be willing to have the school take your child to the hospital?  Yes No  | Name   |                     | Phone                 | Relati                   | ionship                      |  |
| Doctor Phone   |  | Wo                  | rk Phone              | Cell Phone               | e                            |  |
| Doctor Phone   | Name   |                     | Phone                 | Relat                    | tionship                     |  |
|  |  | Wo                  | rk Phone              | Cell Phor                | ne                           |  |
|  | Doctor   |                     | Phone                 |                          |                              |  |
| Does this student have any special health  | in case of an accident, if we cannot<br>Yes No | contact you, would  | l you be willing to h | ave the school take your | child to the hospital?       |  |
| vvo uno suugut have and vinerian nealin nealin nealing ond/or nevotool bondtoom-9 Te1  | Does this student have any enecial !           | health problems on  | d/or physical band    | aana9 If was mlaare      | ·e                           |  |

| List siblings under age 18 and living at home   |                          |                         |                        |   |             |
|---|--------------------------|-------------------------|------------------------|---|-------------|
| Name  | M                        | F                       | Date of bir            | th  | _           |
| Name  | M                        | F                       | Date of bir            | th  | <del></del> |
| Name  |                          |                         |                        |   |             |
| Name  |                          |                         |                        |   |             |
| RESIDENCE - where is your child/family curren   |                          |                         |                        |   |             |
| ☐ In a single family permanent residence (house, ☐ Doubled-up (sharing housing with other famili Hardship or loss) ☐ In a shelter or transitional housing program | apartment<br>es/individu | t, condo,<br>lals due 1 | mobile)<br>to economic | ☐ In a motel/hotel ☐ Unsheltered (car/campsite) ☐ Other |             |
|   |                          |                         | - # <b>2 7</b> Jan     |   |             |
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| PARENT E-MAIL   |                          |                         |                        |   |             |
| Parent/Guardian Signature:  |                          |                         |                        | Doto  | ·           |

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## Freshwater Charter Middle School Student and Family Agreement

Freshwater Charter Middle School's mission is to provide a safe, caring, student-centered environment for seventh and eighth grade students. The school is focused on dynamic, engaging and rigorous learning so that our students will be well-prepared for future academic success and responsible citizenship.

FCMS features small class size, strong home-school connection, rigorous academic standards, integration of technology, field trips, hands-on projects, and support for social development.

## FCMS may be the best placement if the student is:

- interested in participating in a small community where students, families, and staff work together
- excited about exploring subject matter through creative, contemporary teaching methods
- interested in contributing to an interactive community
- willing to work cooperatively with others
- committed to producing quality work, re-doing assignments when necessary
- interested in working to attain challenging individual academic and person goals

| the best placement for me as |              |      |   |
|------------------------------|--------------|------|---|
| Student's signature          | printed name | date | · |

After reading the outline above, I feel Freshwater Charter Middle School would be

Family members: Please read the information above and the Vision, Educational Program, Pupil Outcomes, Measuring Students Progress, Health and Safety of Students and Staff, and Suspensions and/or Expulsions sections of the Freshwater Middle School Charter document with your students.

We have read the information above and the sections of the Charter listed above and we agree that FCMS is the best placement for our student. We understand the implications of this agreement.

| Parent/guardian signature  | student signature | date |
|----------------------------|-------------------|------|
| r arong grandian arguataro | student signature | date |