



Student Name: _____ Grade: _____
School Year: _____

Moab Charter School Re-Enrollment Packet

This information is required to complete enrollment in Moab Charter School.
For registration questions 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.)
- ___ Lunch Application (MCS needs a new one every school year)

Date Received	Start Date	MCS Student ID	SSID#	Grade



Student Information

Last Name		First Name	Middle Name
Grade	DOB	Gender	Social Security Number (Initial to decline to provide Student SSN)

Student Physical Address

Mailing If Different

Student Best Contact Phone Number Check to RCV. Txt

Sibling Information: Please list all 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 <input type="checkbox"/> Check to RCV. Txt
Home Phone	Cell Phone <input type="checkbox"/> Check to RCV. Txt
Email *IMPORTANT* most correspondence is sent by email.	Email *IMPORTANT* most correspondence is sent by email.
Occupation	Work Phone
Occupation	Work Phone
Employer & Employer Address	Employer & Employer Address



Consent and Waiver – Student Release to Walk Home

1. I/We, [Name of Parent/Guardian]_____ as the parent/guardian of [Name of Child]_____ allow without parental supervision and hereby consent, acknowledge, and allow my/our child to walk home from Moab Charter School without parental or Moab Charter School supervision.
2. I/We acknowledge and affirm that my child is [age] _____and has, in my/our opinion, the maturity and physical ability necessary to undertake walking home without parental supervision.
3. I/We further acknowledge that walking home unsupervised may be dangerous for my/our child.
4. I/We, on behalf of ourselves, and our family, do hereby expressly and specifically assume all risk of injury, illness, death, or property damage of any kind resulting from allowing my/our child to walk home from Moab Charter School.
5. I/We affirm that I /we are the parent(s) or legal guardians of the above-named student and have the authority and right to execute this consent and waiver form without any other person or third party’s additional consent or approval.
6. This waiver and consent will remain in effect if my/our child is enrolled in the Moab Charter School until I/we notify Moab Charter School in writing that I/we revoke this authorization.

_____Yes, I agree to everything mentioned above and would like my child to walk home unsupervised.

_____No, my child may not walk home if not accompanied by an approved adult mentioned in Student Information & Emergency Contact list.

Parent/Guardian Signature

Date



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 #

Dental Information

Dental Practice and Address Dentist Phone

Dental Insurance Provider Dental Insurance ID#

In the event of a suspension, accident, or another emergency, when a parent or guardian is unavailable, I hereby authorize a representative of the school to decide 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



MOAB CHARTER SCHOOL

Tuition Free

Public School

Serving K-6

358 East 300 South, Moab, Ut, 84532
PH.(435) 259-2277 Fax (435)259-6652

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 the 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, or 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 the homeless situation, please contact us at (435)259-2277.

Please return only the forms indicating a temporary residence to the “District Homeless Liaison”.



CONSENT TO ADMINISTER MEDICATION

(For the prescription medication to be administered during school hours)

Student Name

DOB

Grade

Parent/Guardian Printed Name

Preferred Emergency Contact

*To be completed by a licensed medical provider	

Provider's Name	Phone

Name/Type of Medication	Dosage

Condition for which medication is prescribed	
Frequency/times 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 the name of the student, doctor, date, dosage, name of the 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 because of taking the medication as indicated.

Parent/Guardian Signature _____ Date _____



Annual Parent/Guardian Permission

Student Name: _____ Grade: _____ Date: _____

Full details are available online at 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, newsletter, social media, 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.

_____ 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 healthcare professionals working with the school to provide appropriate follow-up services for my child.



Annual Parent/Guardian Permission

_____ 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 healthcare 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. 6 Moab Charter School Registration Packet 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 worldwide 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 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, 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



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