

# Silver State Charter High School

3719 N. Carson St.  
Carson City, NV 89706  
PH# (775) 883-7900 Fax# (775) 883-9130

## ENROLLMENT/EMERGENCY INFORMATION

*Nevada law requires that all students be fully immunized and show proof of identity (i.e., birth certificate or court document) prior to enrollment. All students are required to be enrolled by their **LEGAL** name.*

<b>Student Legal Name (LAST, FIRST, MIDDLE)</b>				Name, City and State of Previous School	
Physical Address			City	State	Zip Code
Mailing Address			City	State	Zip Code
Have you attended a school in Nevada before? Yes ___ No ___					
What Grade? _____ When? _____ Where? _____					
Grade Level	Social Security Number		Home Phone #		Home Phone (cell)
Gender	Date of Birth		City & State of Birth		Student E-Mail ( <b>MANDATORY</b> )
Ethnicity: ___ African American ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___ Other			Primary <b>language</b> spoken in the home: ___ English ___ Spanish ___ Other (specify): _____		
<b>PARENT/GUARDIAN INFORMATION</b>					
<i>Student Lives With:</i>					
Male Parent/Guardian in Home:					
_____ Relation: _____ Employer: _____					
Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____					
Female Parent/Guardian In Home:					
_____ Relation: _____ Employer: _____					
Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____					
Parent/Guardian Email			Any Parent/Guardian Alert Information?		
Other Person With Parental Rights Not Living In the Home					
Name: _____ Relation: _____ Employer: _____					
Address: _____					
Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____					
<b>EMERGENCY INFORMATION</b>					
<b>Please give names of persons we may contact in the case of an emergency. If other person with parental rights is to be called after the parent(s)/guardian(s) listed above, please name that person here.</b>					
First Emergency Contact: _____ Relationship: _____					
Home Phone #: _____ Cell Phone #: _____ Work Phone#: _____					
Second Emergency Contact: _____ Relationship: _____					
Home Phone #: _____ Cell Phone #: _____ Work Phone#: _____					
Third Emergency Contact: _____ Relationship: _____					
Home Phone #: _____ Cell Phone #: _____ Work Phone#: _____					
Doctor: _____ City: _____ Phone: _____					

**OTHER INFORMATION**

Is this student currently under suspension, expulsion, or pending disciplinary action from any other school previously attended?

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

If yes, please give school name, address and phone number:

Has this student been enrolled in the following programs and or had the following needs before coming to this school? Yes \_\_\_ No \_\_\_

Check all that apply.

<input type="checkbox"/> Resource ( <b>IEP</b> )	<input type="checkbox"/> Migrant Program	<input type="checkbox"/> Speech Language Program
<input type="checkbox"/> Chapter One	<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Deaf and Hard of Hearing
<input type="checkbox"/> Gifted and Talented Education	<input type="checkbox"/> English as a Second Language	<input type="checkbox"/> Medication on a regular basis
<input type="checkbox"/> Adapted Physical Education	<input type="checkbox"/> Bilingual Classes	<input type="checkbox"/> Nevada Class Size Reduction
<input type="checkbox"/> 504	<input type="checkbox"/> Specialized Physical Health Care	<input type="checkbox"/> Occupational/Physical Therapy
<input type="checkbox"/> Sp Ed Assist in a regular classroom	<input type="checkbox"/> Sp Ed Assist in a pull out program	<input type="checkbox"/> Sp Ed in a contained program
<input type="checkbox"/> Is your child under the care of a physician for special needs?		
<input type="checkbox"/> Has your child been tested for Special Programs, but did not qualify?		
<input type="checkbox"/> Has or does your child receive(d) school counseling?		
<input type="checkbox"/> Other (please list)		

If you checked any of the above, please give Silver State High School a copy of any paperwork you may have. Please list any additional information you feel would benefit your child and his or her teachers regarding the above information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been retained? Yes \_\_\_\_\_ No \_\_\_\_\_ If "YES" which grade was repeated? \_\_\_\_\_

\*If there are social, emotional, or behavioral issues that may interfere with your child's success in school, you may contact our principal or school counselor and they will work confidentially with you to meet specific needs.

**I understand any false statements or misrepresentation of facts in this application are grounds for rejection of application. If it is discovered at anytime that fraudulent information was provided at any point of the application period or afterward, the student will be removed from his or her classes and the opportunity to earn credit from this educational institution will be withdrawn. I, hereby, certify that the statements and information provided above are true and correct to the best of my knowledge.**

Parent/Guardian Signature (Request for admission only)

Date:

Parent/Guardian Signature

Date student formally enrolled:

\*\*\*\*\*Office Use Only\*\*\*\*\*

- |  |  |
|--|--|
| <input type="checkbox"/> Appointment Scheduled Orientation/Counselor | <input type="checkbox"/> Res Dist Copy to State Dept |
| <input type="checkbox"/> District Residence _____                    | <input type="checkbox"/> Picture for ID              |
| <input type="checkbox"/> Transfer Grades                             |  |
| <input type="checkbox"/> State/Province – NV                         |  |
| <input type="checkbox"/> Student Handbook                            |  |
| <input type="checkbox"/> New Student Questionnaire                   |  |

- Birth Certificate*
- Health Records -- to Nurse \_\_\_\_\_*
- Transcripts*
- Request for Records*
- Language Survey.....ESL*
- Sp Ed*

Graduation Year: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Entered by: \_\_\_\_\_

# *SILVER STATE CHARTER HIGH SCHOOL*



## **New Student Questionnaire**

Can you be successful as an e-learner? Answer the following questions to find out.

Check the option that best describes you:

1 = Strongly Agree   2 = Agree   3 = Disagree

1. \_\_\_\_\_ I own or have access to a computer with Internet access and email.
2. \_\_\_\_\_ I can solve problems and work through difficulties independently.
3. \_\_\_\_\_ I can set a personal schedule and complete assigned work by the required dates.
4. \_\_\_\_\_ I have a dedicated area where I can study and work on my schoolwork.
5. \_\_\_\_\_ I am comfortable using e-mail, computers, and new technologies for learning.
6. \_\_\_\_\_ I am a good time manager, meet deadlines, and can keep track of assignments.
7. \_\_\_\_\_ I can work in a setting without a lot of structure.
8. \_\_\_\_\_ I am comfortable using the Internet as a means of communication and research.
9. \_\_\_\_\_ I think of myself as a good student, good writer, and good communicator.
10. \_\_\_\_\_ I am comfortable taking responsibility for my learning.

\_\_\_\_\_ Total

Add up your score, giving yourself 1 point for each “1” response, 2 points for each “2” response, and 3 points for each “3” response.

**BRING THIS QUESTIONNAIRE WITH YOU WHEN YOU ENROLL  
TO DISCUSS THE RESULTS WITH YOUR COUNSELOR**



# SILVER STATE HIGH SCHOOL

## Parent/Guardian and Student Contract

Silver State High School offers a computer-based, independent study program that is aligned with the State of Nevada Education Standards. In order for SSHS to fully comply with the State's requirements, it is necessary for the parent or guardian and student to understand their responsibilities in the educational program.

For your child to be enrolled with Silver State High School, you must read and fully understand each of the following requirements. Please initial after each statement. By signing this document, you are stating that you understand and will comply with each of the guidelines listed below.

### Parent/Guardian/Students Responsibilities

1. Silver State High School is a distance education program. The majority (83%) of school activities are completed at home. Therefore, it is imperative that parents/guardians take an active role in their child's academic progress by monitoring completion of weekly assignments and by checking grades online each week. \_\_\_\_\_
2. Parents/guardians and students will attend a mandatory school orientation. \_\_\_\_\_
3. Parents/guardians will review the online orientation within two weeks of enrollment, which is posted on the Silver State High School website (<http://www.sshs.org>). \_\_\_\_\_
4. Student will personally report weekly, on a regularly assigned day, to each of their teachers by phone, email, or in person. \_\_\_\_\_
5. Student will complete all assignments (on-computer and off-computer) given by each assigned teacher weekly. Failure to complete assignments or spend the required amount of time weekly may result in loss of academic credit by the State of Nevada and/or withdrawal from Silver State High School. \_\_\_\_\_
6. Student will complete 55 minutes per school day for each subject.. \_\_\_\_\_
7. Excessive absences and/or lack of academic participation can lead to denial of credits and possible withdrawal. \_\_\_\_\_
8. Student not completing their PE on line will attend PE for 2 hours, twice a week, on their regularly scheduled days at their assigned community center or park. \_\_\_\_\_
9. Student will check e-mail daily for messages from teachers and school staff. \_\_\_\_\_
10. Student will participate in **all** mandated testing. \_\_\_\_\_
11. Student will have a quiet, distraction-free learning environment when at home. \_\_\_\_\_
12. A parent/guardian will call the office if their child is to be absent from school for any reason. \_\_\_\_\_

### Parental Provisions

I will provide a computer with internet access in my home for my child. I understand that the computer system must have the minimum components listed on the page following this contract. In the event of home computer problems the parent will provide alternate computer access, such as using the computers at the Silver State High School Learning Lab or public library. \_\_\_\_\_

- I will provide my child with an Internet/e-mail account so they can fully participate in the Silver State High School program. I understand that the Internet requirements. \_\_\_\_\_

I understand Silver State High School is a distance learning public school, not a home-schooling program. I understand that if I choose to discontinue enrollment, my child must be formally withdrawn from the program and that I am required to come in to the office to sign his or her official withdrawal form. \_\_\_\_\_

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

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



# SILVER STATE HIGH SCHOOL

## Distance Education Form

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The Nevada Revised Statutes require a student to meet certain criteria before being accepted into a program of distance education. We have listed the criteria below, which may qualify pupils to be enrolled in a program of distance education. Please circle the number on all statements that apply.

1. Student is eligible to receive free or reduced meal benefits.
2. Student qualifies for Temporary Assistance for Needy Families.
3. Student resides in an Empowerment Zone.
4. Student belongs to a single parent family.
5. Student does not use English as the primary language in the home.
6. English is not the primary language of origin for the student.
7. Student requires a one way school bus ride of more than 45 minutes to the nearest traditional school.
8. Student has already dropped out of school.
9. Student has been adjudicated delinquent by federal, state, or local authorities.
10. Student may be considered transient because they have attended more than one school in one school-year (except if the change of school was due to transition from elementary to middle school, or middle school to high school; or if the change of school was due to a change of school district attendance zone policy) or have migratory status.
11. Student has been expelled or suspended from school, but is still eligible for charter school enrollment.
12. Student has been absent for 10% or more of any school year.
13. Student is pregnant or is a parent.
14. Student is in an alternative education program.
15. Student has a parent or guardian who did not complete high school or receive a GED.
16. As a sophomore, junior, or senior the student attempted the High School Proficiency Exam and failed one or more of the subject areas.
17. Is a high school student and is unable to advance from one grade level to the next because they lack the required number of credits.
18. As a 4<sup>th</sup>, 7<sup>th</sup>, or 10<sup>th</sup> grader the student scored in the bottom quartile of any of the four areas tested by the state required norm-referenced test.
19. Student is in middle school and lacks the required passing grades in Math and Language Arts to advance to high school.

- 20. Student has one or more failing grades in one or more of the core academic subjects.
- 21. Student has been retained in a grade.
- 22. Student is between the age of 5 years, 9 months and 6 years, 2 months and scored below 80 on the Brigance K & 1 Screen.
- 23. Student is 6 years, 3 months and older and scored below 93 on the Brigance K & 1 Screen.
- 24. Student reads below grade level.
- 25. Student demonstrates below grade level mathematics ability.
- 26. Student has a physical or mental condition that would otherwise require an excuse from compulsory attendance pursuant to NRS 392.050, or is otherwise prohibited from attending traditional school.

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*If your child does not fit any of the above criteria, and you would like to apply to the Silver State High School Board of Directors for enrollment please complete the section below.*

- a. I wish to be directly involved with my child's education with the guidance of a licensed teacher.
- b. My child has not been successful in the traditional school setting.
- c. My child (family) is required to travel frequently and is unable to attend regularly in a traditional school setting.
- d. Other- Please Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Student Name (Please Print) \_\_\_\_\_ Grade \_\_\_\_\_

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



# SILVER STATE HIGH SCHOOL

## Home Schooling Declaration

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Although Silver State High School students work in the home, the school is not a home schooling program. We are a State funded public school. Please check the statement below that best describes your student's current status.

\_\_\_\_\_ I **have** exempted my child for home schooling for the 2006-2007 school year but wish to withdraw my exemption and have my child attend Silver State High School. *(If you check this statement please contact your child's school districts' home schooling office and inform them that your child is enrolling in a public school and you would like to withdraw your exemption.)*

\_\_\_\_\_ I **have not** exempted my child for home schooling for the 2006-2007 school year but have chosen to have him/her enrolled in Silver State High School.

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

Parent/Guardian Name (*Please print*): \_\_\_\_\_

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



# SILVER STATE HIGH SCHOOL

## Publicity Permit

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Student's Full Name \_\_\_\_\_

Dear Parents:

Throughout the school term, we are asked to take part in local publicity releases by way of pictures, newspaper articles, website pages, television, and radio time. If you do, or do not, want your child's picture or name to be used in such publicity recesses, indicate your desire below.

\_\_\_\_\_ I see no objection to my child having his/her picture and/or name used in connection with the public relations program of the Silver State High School

\_\_\_\_\_ I object to my child having his/her picture and/or name used in connection with the public relations program of the Silver State School.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# SILVER STATE HIGH SCHOOL

## Field Trip Permit

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Student's Full Name \_\_\_\_\_

I request that my child be allowed to participate in an authorized Silver State High School field trip. I understand that my child will be chaperoned by a responsible adult while away from the school, who will take reasonable precautions to protect my child from harm and injury.

I understand that this is a supervised activity. In order to maintain order, students will be expected to comply with rules, standards, and instruction for student behavior. I waive and release all claims against Silver State High School employees or their agents arising out of my child's failure to remain under such supervision. If at any time my child's behavior is incompatible with the standard for student behavior, his or her further participation may not be permitted.

In the event that my child is injured, becomes ill, or is involved in an accident while away, I understand that the chaperone will seek medical attention for my child and the school will contact me as soon as possible, and that I will be financially responsible for medical treatment. I further agree to hold the Silver State High School, its employees, and agents harmless for any injury or illness caused by the negligence of persons other than employees or agents of the Silver State High School when such injury or illness occurs during the trip.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

Emergency Phone and Name: \_\_\_\_\_

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### I DO NOT WANT MY CHILD TO TAKE PART IN THE SCHOOL FIELD TRIPS

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Silver State High School does not provide transportation to and from field trips. The parent/guardian accepts all responsibility and liability for transportation to and from field trip locations.

Silver High School does not provide car-pool information. Parents who choose to car-pool must make individual arrangements and accept responsibility and liability for students in their charge.



# SILVER STATE HIGH SCHOOL

## Credit/Class Disclaimer

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Class assignments will be prepared for each student based on the information supplied by the student and his/her parent or guardian during registration. A transcript should be provided with the registration packet to ensure that you child is enrolled in the proper classes. If there is no transcript provided, then it should not be assumed that enrollment in classes at Silver State High will guarantee graduation. It is necessary for the counselor to analyze a transcript to determine if the student has sufficient credits and the correct courses to fulfill the State of Nevada requirements for graduation from Silver State High School. Once the transcript is reviewed, changes in the original placement will occur if deficiencies are indicated.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



# SILVER STATE HIGH SCHOOL

## Health Card Form

Please complete all of the shaded areas. The areas that are not shaded are for office use only.

STUDENT # \_\_\_\_\_ CONF.FOLDER: YES/NO HCP: YES/NO **MEDICATION ALLERGY:**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>M.I.</b>
<b>DISABILITY CODE:</b>	<b>BIRTHDATE:</b>		<b>SEX: MALE or FEMALE</b>	
<b>MOTHER (GUARDIAN):</b>				
<b>FATHER(GUARDIAN):</b>				
<b>CURRENT HEALTH PROBLEMS (Circle at least one) Items with an * must be medically diagnosed.</b>				
<b>Z. NO KNOWN DISABILITY</b>		H. HEARING AID [R] _____ [L] _____		
A. ASTHMA/AIRWAY DISORDER*		R. HEARING IMPAIRMENT		
B. BLOOD DISORDER* _____		J. ADD/ADHD*		
C. FOOD ALLERGY TO: _____		K. CANCER _____		
P. POTENTIALLY SEVERE REACTION TO: _____		M. MULTIPLE DISABILITIES		
Q. ENVIRONMENTALLY HYPERSENSITIVE TO: _____		N. NEUROLOGICAL DISEASE _____		
D. DIABETES*		MUSCULAR DISEASE _____		
E. SEIZURES* _____		O. ORTHOPEDIC PROBLEM _____		
F. GENETIC SYNDROME _____		T. HEART PROBLEM* _____		
G. GLASSES/CONTACTS		U. OTHER _____		
		V VISUAL IMPAIRMENT		
		X. EXEMPT FROM PHYSICAL SCREENING		
<b>IMMUNIZATIONS</b>				
DPT/DT 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____				
POLIO 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____				
MMR 1 _____ 2 _____ HEP A 1 _____ 2 _____				
HEP B 1 _____ 2 _____ 3 _____				
VARICELLA 1 _____ 2 _____ CHICKENPOX YES _____ NO _____ AGE _____				
<b>MEDICAL EXEMPTION: YES / NO (Requires Dr.'s Letter) RELIGIOUS EXEMPTION: YES / NO</b>				
<b>IS YOUR CHILD UNDER A DOCTOR'S CARE FOR ANY CIRCLED PROBLEM?</b> YES / NO IF "YES", DOCTOR'S NAME _____				

\*\*HEALTH INFORMATION WILL BE PROVIDED TO APPROPRIATE STAFF, AS NECESSARY, TO ENSURE A SAFE AND SUPPORTIVE ENVIRONMENT FOR EACH STUDENT.

<b>RECEIVING MEDICATION:</b> YES / NO <b>NEEDED AT SCHOOL?</b> YES / NO If YES, name of medication _____ <b>ABLE TO TAKE P.E.?</b> YES / NO (Must provide medical documentation of limitations)
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**PLEASE PRESENT RECORD FOR NURSE TO COMPLETE AND EVALUATE**

Silver State High School  
**INCOME SURVEY**

Silver State High School is a publicly funded school. Grant money we receive may depend on financial information we get from families enrolled in Silver State High School. Please take a moment to fill out the following form completely. We appreciate your assistance.

Student Name(s) - All students living in the home even if they do not attend SSHS.	
First Name	Last Name

Parent Name(s)	
First Name	Last Name

**Please list and count all children in household even if they do not attend Silver State High School**  
**Total Number of Household Members (include yourself & the children listed above:**

Residential Address		Mailing Address	
Address		Address	
City		City	
State		State	
Zip Code		Zip Code	

Home Phone: \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_ Other E-Mail: \_\_\_\_\_

Please check the box that reflects the total monthly income of all household members combined. (Income includes gross earnings before deductions, welfare payments, child support, alimony as well as payments from pensions, retirement, and social security)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> \$0 to \$1288    | <input type="checkbox"/> \$2183 to \$2629 | <input type="checkbox"/> \$3524 to \$3970 |
| <input type="checkbox"/> \$1289 to \$1735 | <input type="checkbox"/> \$2630 to \$3076 | <input type="checkbox"/> \$3971 to \$4417 |
| <input type="checkbox"/> \$1736 to \$2182 | <input type="checkbox"/> \$3077 to \$3523 | <input type="checkbox"/> \$4418 +         |

*I certify that all of the information I provided on this form is true and correct.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_

# SILVER STATE HIGH SCHOOL

## Home Language Questionnaire

Dear Parent/Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, read and writes English. Your assistance in answering these questions is greatly appreciated.

1. What language(s) is spoken in the student's home?

- English
- Other \_\_\_\_\_

2. What language(s) is spoken most of the time to the student in the home?

- English
- Other \_\_\_\_\_

3. What language(s) does the student speak?

- English
- Other \_\_\_\_\_

4. What language(s) does the student read?

- English
- Other \_\_\_\_\_
- Does not read

5. What language(s) does the student write?

- English
- Other \_\_\_\_\_
- Does not read

6. In your opinion, how well does the student understand, speak, read and write English?

Understands English:  Very Well       Only a little       Not at all

Speaks English:       Very Well       Only a little       Not at all

Reads English:       Very Well       Only a little       Not at all

Writes English:       Very Well       Only a little       Not at all

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STUDENT NAME

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PARENT/GUARDIAN SIGNATURE

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DATE

## **Did you remember to:**

- ❑ Sign where required by parent on applicable pages?**
  
- ❑ Include on the Registration Form your child's:**
  - Date of birth
  - Last school attended
  - E-mail address
  
- ❑ Attach a copy of your child's:**
  - Current immunization records or letter stating exemption
  - Birth certificate and/or passport
  - IEP – (if applicable)
  - Transcript

Please remember that unless the registration packet is complete, your child will not be enrolled in Silver State High School.

If you have any questions, contact the school at:

Phone: (775) 883-7900

E-Mail: <http://www.silverstatehs.org>

## Silver State High School Computer Requirements

Silver State High School maintains a technology department for the support and assistance of our families. We are pleased to offer technology services to assure the maximum utilization of the software programs associated with the prescribed curriculum. However, we do not have the resources to repair computer hardware, configure privately owned software or problems associated with the Internet Service Provider (ISP).

Computer	IBM Compatible PC with PII Processor (P3 ,P4 Recommended) CD-ROM drive, mouse and 64 MB RAM
	Macintosh PowerPC - iMac, iBook, G3, G4, iBook with CD-ROM drive, mouse and 64 MB RAM
Operating System	Windows, 98SE, ME, 2000, XP
	Mac OS 8.1 - 10.x, or OSX or higher in <i>Classic Mode</i>
Browser	Internet Explorer 6.0 or higher with Microsoft Java Virtual Machine build 3310 or higher.
	Netscape 4.06 or higher, but excluding versions 6.x and 7.x
Monitor	600 x 800 resolution monitor 256-color SVGA graphics or better
Internet Connection	56K modem (Cable or DSL preferred)
Plugin	Macromedia Flash Player 5.0 or higher Adobe Acrobat Reader 4.05 or higher

Silver State High School Technology Department

E-Mail: [techsupport@silverstatehs.org](mailto:techsupport@silverstatehs.org)