

To be completed by LWCS staff only:

Date Received at Intake Office: _____

Staff Initials: _____



Which site are you applying to?

- Pasadena site**
90 N. Daisy Avenue
- Los Angeles site**
1916 E. 1st Street

Learning Works Charter School

90 North Daisy Avenue • Pasadena, CA 91107 • 626-564-2871 • 626-564-2870 Fax

**HIGH SCHOOL
ENROLLMENT CHECKLIST**

Welcome to Learning Works Charter School! We are excited to have you join us for the 2017-2018 school year! Remember, **students under 18 will need to be accompanied by a parent or legal guardian** in order to enroll in school.

You must submit the following to the registration office before your scheduled appointment:

- A copy of your transcript(s) for any school(s) you have attended in the past
- Immunization record

Please complete the following forms:

- Student Registration Form
- Record Release (includes probation records, when applicable)
- Transportation & Medical Consent
- Medical Treatment form for child (for parenting students only)
- Physical Education Participation
- Health & Reproductive Education Participation
- Photographic and Video Consent
- Caregiver Authorization Affidavit (if applicable)
- Pasadena Unified's Free and Reduced Lunch form
- CELDT Request Form

Students will complete the following during their orientation appointment

- ASSET's Development Survey (online)
- Student Survey (online)
- Language Arts & Mathematics Assessment

A transcript analysis will be completed on each student at the end of the intake appointment. This will let both the student and parent/guardian know what courses need to be completed to be eligible for graduation. Please expect your visit to take between 1 to 2 hours. If you have additional questions, do not hesitate to contact Sylvia Ginyard at (626) 796-9235.

Student Name: _____

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STUDENT APPLICATION FOR ADMISSION

Before a student can be enrolled in Learning Works Charter School (LWCS), this application must be completely filled out and signed by the parent or legal guardian. **Submission of this application does not constitute enrollment in the school.** Immunization records and verification of withdrawal from your current school are required before the student is eligible for enrollment. The information contained in this application is used to determine the student's eligibility for enrollment and for compiling data for statistical purposes only. It is important that all sections of this application be complete, including the parent or legal guardian's signature, in addition to the date the application and agreement forms are signed. Please complete using black or blue ink.

Student Registration Form (2017-2018)					Age Grade:	
First Name:		Middle Name:	Last Name:		Suffix:	
Alias First Name:		Alias Middle Name:	Alias Last Name:		Alias Suffix:	
Gender:	Grade Level:	Birth Date:	Birth City:	Birth State/Province:	Birth Country:	
Physical Address						
Street Address:			City:	State:	Zip"	
Mailing Address:						
Mailing Address:			City:	State:	Zip:	
Home Phone:	Student Cell Phone:		County of Residence:	District of Geographic Residence:		
Is the physical address listed above permanent housing? <input type="checkbox"/> Yes <input type="checkbox"/> No						
* * Note: If physical address does not represent permanent housing , please briefly describe what type of temporary housing the physical address represents:						
Student Email Address:						
<input type="checkbox"/> Check here if foreign student temporarily schooling in the U.S.						
<input type="checkbox"/> Check here if student was born outside the U.S. But granted U.S. Citizenship at birth.						
Has the student been enrolled in US less than 3 cumulative years? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Federal race and ethnicity data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below:

Is this student Hispanic or Latino?

Yes, Hispanic or Latino **No**, not Hispanic or Latino

Race * No matter what ethnicity is selected above, at least one race must also be selected below:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American a person having origins in any of the Black racial groups of Africa.	<input type="checkbox"/> White <input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Asian - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander

Previous School & Enrollment Details

Name of Last School Attended:	Address of Last School:
Is this an Interdistrict Transfer Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select one answer below: <input type="checkbox"/> Formal Interdistrict Transfer <input type="checkbox"/> Transfer involving Program Improve. School <input type="checkbox"/> Transfer from Persistently Dangerous School	
Previous School Type (Please select one): Public school: <input type="checkbox"/> In the same district <input type="checkbox"/> In a different district same state <input type="checkbox"/> In a different state <input type="checkbox"/> Charter School <input type="checkbox"/> Matriculated from another school /completed highest grade level offered there Private, non-religiously-affiliated school: <input type="checkbox"/> In the same district <input type="checkbox"/> In a different district, same state <input type="checkbox"/> In a different state <input type="checkbox"/> Home Schooling Private, religiously-affiliated school: <input type="checkbox"/> In the same district <input type="checkbox"/> In a different district, same state <input type="checkbox"/> In a different state Other: <input type="checkbox"/> School outside of the United States <input type="checkbox"/> Institution (example: correctional facility) Original Entry into US school: <input type="checkbox"/> enrolling in school for first time ever, i.e., no previous school <input type="checkbox"/> from a foreign country <i>without</i> schooling interruption <input type="checkbox"/> from a foreign country <i>with</i> schooling interruption	
DATE first Enrolled in the U.S.:	DATE first Enrolled in California:
DATE first Enrolled in Pasadena Unified:	GRADE first Enrolled in Pasadena Unified:
What year did the student begin 9th grade? _____	

Guardian Information

Parent/Guardian 1		Parent/Guardian 2	
<i>First Name: Middle: Last Name:</i>		<i>First Name: Middle: Last Name:</i>	
Relationship to Student:		Relationship to Student:	
Mailing Address:		Mailing Address:	
City:		City:	
State: Zip:		State: Zip:	
Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email Address:		Email Address:	
Employer:	Work Phone:	Employer:	Work Phone:
Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Branch:	Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Branch:
Send Student Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No		Send Student Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Guardian 1 Highest Level of Education	Parent/Guardian 2 Highest Level of Education
(Check appropriate answer)	
<input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10)	<input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10)
<input type="checkbox"/> First-Professional Degree - Hold D.C., D.D.S., J.D., M.D., or Ordination (10)	<input type="checkbox"/> First-Professional Degree - Hold D.C., D.D.S., J.D., M.D., or Ordination (10)
<input type="checkbox"/> College Graduate - Holds BA or BS (11)	<input type="checkbox"/> College Graduate - Holds BA or BS (11)
<input type="checkbox"/> Some College - Holds AA <i>or</i> has completed 2 full years at a 4-year university (12)	<input type="checkbox"/> Some College - Holds AA <i>or</i> has completed 2 full years at a 4-year university (12)
<input type="checkbox"/> Vocational Certificate (12)	<input type="checkbox"/> Vocational Certificate (12)
<input type="checkbox"/> High School Graduate - Holds diploma or GED (13)	<input type="checkbox"/> High School Graduate - Holds diploma or GED (13)
<input type="checkbox"/> Not a high school graduate (14)	<input type="checkbox"/> Not a high school graduate (14)
<input type="checkbox"/> Decline to State (15)	<input type="checkbox"/> Decline to State (15)

Home Language Survey

Which language did the student first learn to speak? _____

Which language does your child most frequently read/speak at home? _____

Which language do the parents/guardians most frequently speak to the student? _____

Which language is most often spoken by the adults in the home? _____

Is the student fluent in English? Yes No

ALTERNATIVE SCHOOLS ACCOUNTABILITY MODEL (ASAM) INFORMATION

As part of the Alternative Schools Accountability Model, the California Department of Education requires this information for statistical purposes only. Names of all individuals will remain anonymous.

Has the student been attending their previous school during the two weeks prior to completing this application (not including summer or off-track)?

Yes No If yes, where? _____

Has the student ever been expelled, including situations in which enforcement of the expulsion order was suspended?

Yes No If yes, where? _____

Has the student ever been suspended more than 10 days in a school year?

Yes No Unsure

Is the student a ward or dependent of the court?

Yes No Unsure

Is the student's attendance at LWCS directed by a SARB (School Attendance Review Board) or probation officer due to being considered habitually truant or habitually insubordinate and disorderly?

Yes No

Has the student been retained more than once while in kindergarten through grade 8?

Yes No Unsure If yes, what grade? _____

Is the student pregnant and/or parenting?

Yes No

Has the student ever received any Special Education services of any kind? Yes No

If NO: Sign and date here.

I certify that my student has never received Special Education services of any kind. I further certify that my student does not have a 504 Plan.

Parent/Guardian or student if 18 or over **X** _____ Date: _____

If YES: Sign here and provide a copy of the IEP, including an exit IEP.

I understand I must submit all Special Education documentation, and/or 504 Plan with my child's Enrollment paperwork, and that without it my child cannot be enrolled with this Charter School. I certify that all statements are true and correct to the best of my knowledge.

Parent/Guardian or student if 18 or over **X** _____ Date: _____

MISCELLANEOUS INFORMATION

Number of miles student lives from LWCS (check one)

0-10 11-20 20-30 30+

How did student/parent/guardian hear about LWCS?

Family Friend District Web Site Mailer Newspaper

Current School Other: _____

Please Describe

Is student currently on probation in the juvenile courts (Pasadena or other)?

Yes No

If yes, next court date? _____ City: _____

Probation Officer's Name _____

2017-2018 Estimated Annual Household Income

This data will be used to ensure we have the resources available to best serve our students. It is strictly for informational purposes only. All information is confidential and will not be shared with any specific person or agency.

Step 1: Find the number of persons in your household and circle the number.

Step 2: Check the income range to the right of your family size that includes your annual household income.*

Family Size Yearly Income

1	<input type="checkbox"/> \$0 to \$12,060	<input type="checkbox"/> \$12,061 to \$15,678	<input type="checkbox"/> \$15,679 to \$22,311	<input type="checkbox"/> \$22,312+
2	<input type="checkbox"/> \$0 to \$16,240	<input type="checkbox"/> \$16,241 to \$21,112	<input type="checkbox"/> \$21,113 to \$30,044	<input type="checkbox"/> \$30,045+
3	<input type="checkbox"/> \$0 to \$20,420	<input type="checkbox"/> \$20,421 to \$26,546	<input type="checkbox"/> \$26,547 to \$37,777	<input type="checkbox"/> \$37,778+
4	<input type="checkbox"/> \$0 to \$24,600	<input type="checkbox"/> \$24,601 to \$31,980	<input type="checkbox"/> \$31,981 to \$45,510	<input type="checkbox"/> \$45,511+
5	<input type="checkbox"/> \$0 to \$28,780	<input type="checkbox"/> \$28,781 to \$37,414	<input type="checkbox"/> \$37,414 to \$53,243	<input type="checkbox"/> \$53,244+
6	<input type="checkbox"/> \$0 to \$32,960	<input type="checkbox"/> \$32,961 to \$42,848	<input type="checkbox"/> \$42,848 to \$60,976	<input type="checkbox"/> \$60,977+
7	<input type="checkbox"/> \$0 to \$37,140	<input type="checkbox"/> \$37,141 to \$48,282	<input type="checkbox"/> \$48,283 to \$68,709	<input type="checkbox"/> \$68,710+
8	<input type="checkbox"/> \$0 to \$41,320	<input type="checkbox"/> \$41,321 to \$53,716	<input type="checkbox"/> \$53,717 to \$76,442	<input type="checkbox"/> \$76,443+

Is parent/guardian employed in agricultural or fishing activities on a seasonal or other temporary basis? **Yes** **No**

Birth Certificate is included with this Enrollment Information **Yes** **No**

Parent/Guardian or Adult Student Release Survey

Permission granted to use work produced by this student for school purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	The LWCS High School "Open Campus" Policy is understood? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student is allowed to use computers at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student allowed to access the Internet at school? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Information

Custody issue regarding the student:

Legal restrictions for any parent:

Emergency Contacts - Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached. **Do NOT list parents.**

Contact 1 Name:	Relationship to student:	Phone Number:
Contact 2 Name:	Relationship to student:	Phone Number:

Other Children in Family

Name	Gender	Year Born	School Currently Attending	Over 18	Relationship to Student

Health Information

Medications taken by student at home (written authorization from doctor required for school to administer):

Other Health Conditions:

What action is to be taken if student has a complication due to his/her allergic condition or other health condition:

Known Conditions: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Known hearing problems | <input type="checkbox"/> Glasses to be worn at all times |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Preferential seating | <input type="checkbox"/> Known eye condition in vision |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Wears hearing aid | <input type="checkbox"/> Wears contact lenses |
| <input type="checkbox"/> Epilepsy | | <input type="checkbox"/> Wears glasses |
| <input type="checkbox"/> Heart Condition | | |
| <input type="checkbox"/> Seizures | | |

Insurance

Health Insurance Carrier:

Insurance ID or Policy #:

Hospital Preference:

Physician

Name of Physician:

Address:

Phone:

In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named above to undertake such acts and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I certify that all the statements and information given above are true and correct to the best of my knowledge:

The undersigned hereby agree to bear all costs incurred as a result of the forgoing. This authorization will remain in effect until revoked by the undersigned in writing:

Signature of Parent/Guardian or Student if 18 or over:

Date:

I certify that all of the statements and information given above are true and correct to the best of my knowledge:

Signature of Parent/Guardian or Student if 18 or over:

Date:

Learning Works Charter School

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STUDENTS' RECORD RELEASE FORM

I hereby authorize _____ (last school attended) to release the following student records for my child to Learning Works Charter School personnel at 90 North Daisy Avenue, Pasadena, CA 91107. Please provide all current and historical data requested by Learning Works

- ◆ Transcripts
- ◆ Report Cards
- ◆ Test Results
- ◆ Attendance
- ◆ Disciplinary/ Behavioral
- ◆ Juvenile Probation reports
- ◆ Special Education Report (Including IEP information, testing and psychology reports)

- ◆ Other: _____

Student Name: _____

In Grade: _____ as of **September 2017**

Student ID Number: _____

This release is in effect until this student graduates from high school in June 20_____

Parent/ Guardian Name (please print): _____

Parent/Guardian Signature: _____

Student Signature (if 18 or over): _____

Date: _____

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TRANSPORTATION AND MEDICAL CONSENT

_____ has my permission to participate in Learning Works Charter School (LWCS) programs needing transportation. Activities will be related to credits towards a diploma or other equivalent. These activities may include, but are not limited to workshops, field trips and transportation to and from LWCS site. This method of transportation could be walking, bus, private automobile or any company chartered vehicle.

Parents/ Guardians, please note:

California State Education Code Section 25330 in part provides: “ All persons making the field trips are deemed to have waived all claims against LWCS and its employees, its sponsoring district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip.” In addition, parents agree to waive all claims against the District, including LWCS and its employees, its sponsoring district and the State of California with regard to al field trips and/ or transportation.

I agree to direct my child to cooperate and conform with the directions of LWCS personnel in charge of this activity.

Signature of Parent/ Legal Guardian

Date

Signature of Student (if 18 or over)

Date

MEDICAL AUTHORIZATION

Should it be necessary for my child to have medical treatment while participating in all field trips, I herby give LWCS personnel permission to use their judgment in obtaining medical service for the above named child. I give my permission to the physician selected by LWCS personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that LWCS has no insurance covering medical or hospital costs incurred for my child and, therefore any costs incurred for such treatment shall be my sole responsibility.

Signature of Parent/ Legal Guardian

Date

Signature of Student (if 18 or over)

Date

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MEDICAL CONSENT FOR CHILDREN OF PARENTING STUDENTS

Name of student: _____

Name of child: _____ Date of Birth: _____

Physician's Name: _____

Address Phone Number

Medical Insurance Provider Plan/Subscriber Number

Special Medical Problems: _____

Known Food or Drug Allergies: _____

Should it be necessary for my child(ren) to have medical treatment, I hereby give LWCS personnel permission to use their judgment in obtaining medical service for the above named child. I give my permission to the physician selected by LWCS personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that LWCS has no insurance covering medical or hospital costs incurred for my child and, therefore any costs incurred for such treatment shall be my sole responsibility.

Signature of Parenting Student

Date

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**PERMISSION & RELEASE FOR STUDENT PARTICIPATION IN
PHYSICAL EDUCATION ACTIVITIES**

_____ (Student Name) has my permission to participate in physical education activities organized by Learning Works Charter School (LWCS). Parent and Student acknowledge that physical education activities may result in risk of physical injury to the student and both hereby assume such risk. Parent and Student release and waive any and all claims of whatever nature they may have, now or in the future, against LWCS, its employees and agents, for any injury or damages arising from or related to the Student's participation in physical education activities.

Signature of Parent/ Legal Guardian

Date

Signature of Student (if 18 or over)

Date

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OPTIONAL HEALTH & BIOLOGY PERMISSION FORM

In order to meet graduation requirements you son/ daughter may need to enroll in Health and/ or Science course(s). The content of this course may include presentation of instructional material concerning human growth, maturation, and development, during which human reproduction and birth control may be discussed, illustrated and/ or described. Also some lessons may address the causes, symptoms, complications, treatments, and prevention of sexually or intravenously transmitted diseases such as Chlamydia, gonorrhea, syphilis, genital herpes and AIDS. Students will also have access to a nurse that is available to provide reproductive education by request. This subject matter is optional, however Learning Works Charter School (LWCS) must have signed consent of the parent or guardian on file in order for the student to receive instruction.

The California Education Code requires that all instructional materials, which are to be used in these classes be made available for inspection by parents or guardians. In compliance with this requirement, you can view the materials that will be used upon request.

Please indicate below whether or not you want your son/ daughter to receive the optional instruction referred to above. Should you prefer that your son/ daughter not receive this instruction, other assignments will be scheduled for him/ her during these instructional periods.

I **agree** to allow _____ to receive the optional instruction dealing with human reproduction that is being offered in the Health and/ or Science course.

Signature of Parent/ Legal Guardian

Date

Signature of Student (if 18 or over)

Date

I **do not agree** to allow _____ to receive the optional instruction dealing with human reproduction that is being offered in the Health and/ or Science course.

Signature of Parent/ Legal Guardian

Date

Signature of Student (if 18 or over)

Date

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STUDENT PHOTOGRAPHIC/ VIDEO CONSENT & RELEASE

Student Name: _____

I consent and agree that Learning Works Charter School (LWCS), its employees and agents have the right to take photographs or record video of me or my student and to use these in any and all media for any purpose whatsoever, including, but not limited to: brochures, websites, promotional videos, and graduation videos. I further consent that my or my student's name and identity may be revealed therein or by description text or commentary.

I release to LWCS, its agents and employees all right to exhibit photographs and video of me or my student in print and electronic for publicity, privately or commercially. I waive any rights, claim or interest I may have to control the use of my identity or likeness in the photographs or video, and agree that any uses described herein may be made with out compensation and without additional release.

I do not consent.

I have read and understand the foregoing statement, and am competent to execute this agreement.

Signature of Parent/ Legal Guardian

Date

Signature of Student (if 18 or over)

Date



Request Form

California English Language Development Test (CELDT) Score

To: CELDT District Coordinator

Directions: Under state and federal law, schools and school districts are required to provide student CELDT results to schools receiving English learner students. Please complete the English Language Proficiency Assessment Information section of this form and return it to the receiving school immediately.

Receiving School's Information

Today's Date: _____
(mm/dd/yy)

Kenia Sandoval-Rodriguez _____ Learning Works Charter School
Requestor's Name _____ District
626-564-2871 _____ 626-564-2870 _____ kenia@learningworkscharter.com
Phone _____ Fax _____ E-mail
90 N. Daisy Ave _____ Pasadena _____ 91107
Mailing Address _____ City _____ Zip Code

Student Information

Last Name _____ First _____ Middle _____ Other Name Used (Last, First, Middle) _____

Birth Date (mm/dd/yy) _____ Current Grade _____

Previous Enrolled School District _____ Phone _____

Current Enrolling School Site _____ Phone _____ Fax _____

English Language Proficiency Assessment Information

Student's primary language: _____ SSID #: _____

Has student taken the CELDT? No Yes Date of **most recent** CELDT _____

Date of **initial** CELDT, _____

Date of enrollment into a California public school, if different from the initial CELDT date above: _____

Initial English Learner Acquisition Status (ELAS): IFEP EL

Most recent CELDT results for _____ grade:

Domain	Scale Score	Level
Listening	_____	_____
Speaking	_____	_____
Reading	_____	_____
Writing	_____	_____
Overall	_____	_____

Initial CELDT results for _____ grade, if available:

Domain	Scale Score	Level
Listening	_____	_____
Speaking	_____	_____
Reading	_____	_____
Writing	_____	_____
Overall	_____	_____

If reclassified, please provide date: _____ (If documentation is available, please include.)

Comments: _____

School District _____ Signature (Previous Enrolled School Site Representative) _____ Printed Name _____ Date _____