

**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**  
1912 E. 1<sup>st</sup> Street

**Learning Works Charter School**

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

Welcome to Learning Works Charter School! We are excited to have you join us for the 2025-26 school year. If you have any questions, contact the Registration Office at (626) 564-2871 or via email at [registration@learningworkscharter.com](mailto:registration@learningworkscharter.com).

<b>STUDENT REGISTRATION FORM (2025 - 2026)</b>							
First Name:			Middle Name:		Last Name:		Suffix:
Preferred First Name:			Preferred Middle Name:		Preferred Last Name:		Pronouns:
Gender:	Grade by Age:	Grade by Credit:	Birth Date:	Birth City:	Birth State:	Birth Country:	
<b>Physical Address</b>							
Street Address:				City:	State:	Zip:	
<b>Mailing Address:</b>							
Mailing Address:				City:	State:	Zip:	
Home Phone:		Student Cell Phone:			School District of Residence:		
Is the physical address listed above permanent housing? <input type="checkbox"/> Yes <input type="checkbox"/> No							
* * <b>Note: If physical address</b> does <b>not</b> represent <b>permanent housing</b> , please briefly describe what type of temporary housing the physical address represents:							
Student's Email Address:							
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 (100) | <input type="checkbox"/> Japanese (200)                                  |
| <input type="checkbox"/> Armenian (200)                          | <input type="checkbox"/> Korean (200)                                    |
| <input type="checkbox"/> Asian Indian (200)                      | <input type="checkbox"/> Laotian (200)                                   |
| <input type="checkbox"/> Black or African American (600)         | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (300) |
| <input type="checkbox"/> Cambodian (200)                         | <input type="checkbox"/> Samoan (300)                                    |
| <input type="checkbox"/> Chinese (200)                           | <input type="checkbox"/> Tahitian (300)                                  |
| <input type="checkbox"/> Filipino (400)                          | <input type="checkbox"/> Vietnamese (200)                                |
| <input type="checkbox"/> Guamanian (300)                         | <input type="checkbox"/> White (700)                                     |
| <input type="checkbox"/> Hmong (200)                             | <input type="checkbox"/> Other, please specify: _____                    |

**Home Language Survey**

What was the first language the student learned? \_\_\_\_\_

What language does the student use most frequently at home? \_\_\_\_\_

What language do the parents/guardians most frequently speak to the student? \_\_\_\_\_

Is the student fluent in English?  Yes  No

**School and Specialized Education Programs**

**The student is receiving or has received services in (check all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 504 Plan                     | <input type="checkbox"/> Gifted and Talented Education (GATE) | <input type="checkbox"/> Title I                        |
| <input type="checkbox"/> English Language Development | <input type="checkbox"/> Special Education/IEP                | <input type="checkbox"/> Speech/Language Services (IEP) |
| <input type="checkbox"/> Other, please specify: _____ |   |   |

**Previous School & Enrollment Details**

<b>Name of Last School Attended:</b>	<b>Address of Last School:</b>	<b>Last Day Attended:</b>
<b>Previous School Type (Please select one):</b>		
<input type="checkbox"/> Charter School	<input type="checkbox"/> School outside of the United States	
<input type="checkbox"/> Private School	<input type="checkbox"/> Public School.	<input type="checkbox"/> Institution (correctional facility, camp or juvenile hall)
<b>DATE first Enrolled in the U.S.:</b>	<b>DATE first Enrolled in California:</b>	
<b>DATE first Enrolled in Pasadena Unified:</b>	<b>GRADE first Enrolled in Pasadena Unified:</b>	
<b>What year did the student begin 9<sup>th</sup> grade?</b> _____		
Skip question if student is in grades 6 through 8.		

### Parent/Guardian Information

Parent/Guardian 1		Parent/Guardian 2	
First Name	Last Name:	First Name::	Last Name:
Relationship to Student:		Relationship to Student:	
Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different from student):		Mailing Address (if different from student):	
City:		City:	
State:                                  Zip:		State:                                  Zip:	
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:
If 18 or over, send Student Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No		If 18 or over, send Student Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Guardian 1 Highest Level of Education (Check <b>highest</b> education level completed answer)	Parent/Guardian 2 Highest Level of Education (Check <b>highest</b> education level completed answer)
<input type="checkbox"/> Professional Graduate Degree - MA, MS, PhD or EdD <input type="checkbox"/> College Graduate - BA or BS <input type="checkbox"/> Some College - includes AA degree <input type="checkbox"/> High School Graduate - diploma, GED or HS equivalency <input type="checkbox"/> Not a high school graduate	<input type="checkbox"/> Professional Graduate Degree - MA, MS, PhD or EdD <input type="checkbox"/> College Graduate - BA or BS <input type="checkbox"/> Some College - includes AA degree <input type="checkbox"/> High School Graduate - diploma, GED or HS equivalency <input type="checkbox"/> Not a high school graduate

Is parent/guardian employed in agricultural or fishing activities on a seasonal or other temporary basis? <input type="checkbox"/> Yes <input type="checkbox"/> No        If yes, migrant ID Number _____
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**Emergency Information - Documentation must be provided to enforce any legal or custodial issues**

Custody issue regarding the student:
Legal restrictions for any parent:

**Emergency Contacts** - Relatives/neighbors/friends who will assume temporary care of the student if parents/guardians 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 Household**

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

How many people currently live in your household? \_\_\_\_\_

What is your estimated yearly household income? \$\_\_\_\_\_

**HEALTH INFORMATION**

**Medications taken by student at School or at Home:**

*Written authorization from a doctor is required for school to administer.*

**Does the student have known health problems or conditions?**     Yes     No

If yes, please mark boxes below.

**Condition which may result in a classroom emergency:**

- Asthma     Bee Sting Allergy     Diabetes     Epilepsy     Heart Condition     Nut Allergy  
 Seizures     Other: \_\_\_\_\_

**Condition which affects hearing:**

- Known hearing problems  
 Preferential seating  
 Wears hearing aid

**Condition which affects vision:**

- Glasses to be worn at all times  
 Known eye condition in vision  
 Wears contact lenses  
 Wears glasses

**Other Health Conditions:**

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

Health Insurance Carrier:

Insurance ID or Policy #:

Hospital Preference:

Name of Physician:

Address:

Phone:

## DASHBOARD ALTERNATIVE SCHOOL STATUS (DASS) INFORMATION

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

Is the student a ward or dependent of the court?  Yes  No

Is the student pregnant and/or parenting?  Yes  No

Had the student previously dropped out of school?  Yes  No

Is the student's attendance at LWCS directed by a SARB 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

Has the student been out of school for longer than one school year?  Yes  No

Is the student one or more semesters behind in credits?  Yes  No

Has the student been out of school for 45 days (a month and a half) or longer?  Yes  No

Has the student attended more than two high schools?  Yes  No

Is or has the student ever been a foster youth?  Yes  No

Is or has the student ever been a homeless youth?  Yes  No

Is the student on probation?  Yes  No

If yes, next court date? \_\_\_\_\_ City: \_\_\_\_\_

Probation Officer's Name: \_\_\_\_\_

Probation Officer's Phone Number: \_\_\_\_\_

**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 Adult Student:**

\_\_\_\_\_  
**Date:**

Please submit your completed form in person at the Registration Office or via email at [registration@learningworkscharter.com](mailto:registration@learningworkscharter.com).