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. 1st 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 2026-2027 school year. If you have any questions, contact the Registration Office at (626) 564-2871 or via email at registration@learningworkscharter.com.

STUDENT REGISTRATION FORM (2026 - 2027)

First Name:	Middle Name:	Last Name:	Suffix:
Dominic	Alberto	Cedano	
Preferred First Name:	**Preferred Middle Name:**	**Preferred Last Name:**	**Pronouns:**
			He / Him

Gender:	Grade by Age:	Grade by Credit:	Birth Date:	Birth City:	Birth State:	Birth Country:
Male			05'03'2007	Los Angeles		CA / USA

Physical Address

Street Address:	City:	State:	Zip:
2342 Gail Street	Los Angeles	CA	90031

Mailing Address:

Mailing Address:	City:	State:	Zip:

Home Phone:	Student Cell Phone:	School District of Residence:
702 502 0555	323 456 5822	

Is the physical address listed above permanent housing? ☐ **Yes** ☐ **No**

** **Note: If physical address** does **not** represent **permanent housing,** please briefly describe what type of temporary housing the physical address represents:

Student's Email Address:

dominiccedano4@gmail.com

Has the student been enrolled in US less than 3 cumulative years? ☐ Yes ☐ 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:

☐ American Indian or Alaskan Native (100)
☐ Armenian (200)
☐ Asian Indian (200)
☐ Black or African American (600)
☐ Cambodian (200)
☐ Chinese (200)
☐ Filipino (400)
☐ Guamanian (300)
☐ Hmong (200)
☐ Japanese (200)
☐ Korean (200)
☐ Laotian (200)
☐ Native Hawaiian or Other Pacific Islander (300)
☐ Samoan (300)
☐ Tahitian (300)
☐ Vietnamese (200)
☐ White (700)
☐ Other, please specify: _____

Home Language Survey

What was the first language the student learned? Spanish

What language does the student use most frequently at home? English

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

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):

☐ 504 Plan ☐ Gifted and Talented Education (GATE) ☐ Title 1
☐ English Language Development ☐ Special Education/IEP ☐ Speech/Language Services (IEP)
☐ Other, please specify: _____

Previous School & Enrollment Details

Name of Last School Attended:	**Address of Last School:**	**Last Day Attended:**
SIATech East LA Indep. Study HS	255 S Mednik Ave, Los Angeles, CA 90022	

Previous School Type (Please select one):

☐ Charter School ☐ School outside of the United States
☐ Private School ☐ Public School. ☐ Institution (correctional facility, camp or juvenile hall)

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? 2023

Skip question if student is in grades 6 through 8.

Parent/Guardian Information

Parent/Guardian 1		Parent/Guardian 2	
First Name: Alejandra Last Name: Herrera		First Name:: Last Name:	
Relationship to Student: Mother		Relationship to Student:	
Lives with Student: ☐ Yes ☐ No		Lives with Student: ☐ Yes ☐ 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: 702 502 0555		Cell Phone:	
Email Address: cedanofam@yahoo.com		Email Address:	
Employer:	Work Phone:	Employer:	Work Phone:
Active Duty Military? ☐ Yes ☐ No	Military Branch:	Active Duty Military? ☐ Yes ☐ No	Military Branch:
If 18 or over, send Student Mailings? ☐ Yes ☐ No		If 18 or over, send Student Mailings? ☐ Yes ☐ No	

Parent/Guardian 1 Highest Level of Education
(Check **highest** education level completed answer)

- ☐ Professional Graduate Degree - MA, MS, PhD or EdD
- ☐ College Graduate - BA or BS
- ☐ Some College – includes AA degree
- ☐ High School Graduate – diploma, GED or HS equivalency
- ☐ Not a high school graduate

Parent/Guardian 2 Highest Level of Education
(Check **highest** education level completed answer)

- ☐ Professional Graduate Degree - MA, MS, PhD or EdD
- ☐ College Graduate - BA or BS
- ☐ Some College – includes AA degree
- ☐ High School Graduate – diploma, GED or HS equivalency
- ☐ Not a high school graduate

Is parent/guardian employed in agricultural or fishing activities on a seasonal or other temporary basis?
☐ Yes ☐ No If yes, migrant ID Number _____

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: Alejandra Gomez	Relationship to student: Sister	Phone Number: 323 443 2963
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? 9

What is your estimated yearly household income? $ 19,000

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:	**Condition which affects vision:**
☐ Known hearing problems	☐ Glasses to be worn at all times
☐ Preferential seating	☐ Known eye condition in vision
☐ Wears hearing aid	☐ 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:

Alejandra Herrera _____ 08'16'2026 _____

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.