Welcome to Learning Works Charter School! We are excited to have you join us for the 2021-22 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

**Students will complete the following during their orientation appointment**
- ASSETs Development Survey
- Student Survey
- 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 Tolbert at (626) 796-9235 or via email at registration@learningworkscharter.com.
# 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 (2021-2022)

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
<th>Suffix:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred First Name:</th>
<th>Preferred Middle Name:</th>
<th>Preferred Last Name:</th>
<th>Pronouns:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Grade by Age:</th>
<th>Grade by Credit:</th>
<th>Birth Date:</th>
<th>Birth City:</th>
<th>Birth State:</th>
<th>Birth Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Physical Address

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Mailing Address:

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Student Cell Phone:</th>
<th>School District of Residence:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Student Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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
- [x] No, not Hispanic or Latino

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

<table>
<thead>
<tr>
<th>Black or African American</th>
<th>Middle Eastern or North African</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] African American</td>
<td>[ ] Algerian</td>
</tr>
<tr>
<td>[ ] Ethiopian</td>
<td>[ ] Egyptian</td>
</tr>
<tr>
<td>[ ] Haitian</td>
<td>[ ] Iranian</td>
</tr>
<tr>
<td>[ ] Jamaican</td>
<td>[ ] Lebanese</td>
</tr>
<tr>
<td>[ ] Nigerian</td>
<td>[ ] Moroccan</td>
</tr>
<tr>
<td>[ ] Somali</td>
<td>[ ] Syrian</td>
</tr>
<tr>
<td>[x] Other:________________</td>
<td>[ ] Other:________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hispanic, Latino or Spanish</th>
<th>Native Hawaiian or Other Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Mexican or Mexican American</td>
<td>[ ] Fijian</td>
</tr>
<tr>
<td>[ ] Colombian</td>
<td>[ ] Guamanian</td>
</tr>
<tr>
<td>[ ] Cuban</td>
<td>[ ] Hawaiian</td>
</tr>
<tr>
<td>[ ] Dominican</td>
<td>[ ] Samoan</td>
</tr>
<tr>
<td>[ ] Honduran</td>
<td>[x] Other:________________</td>
</tr>
<tr>
<td>[ ] Puerto Rican</td>
<td></td>
</tr>
<tr>
<td>[ ] Salvadorian</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asian:</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Asian Indian</td>
<td>[ ] German</td>
</tr>
<tr>
<td>[ ] Chinese</td>
<td>[ ] Italian</td>
</tr>
<tr>
<td>[ ] Filipino</td>
<td>[ ] Irish</td>
</tr>
<tr>
<td>[ ] Japanese</td>
<td>[ ] Polish</td>
</tr>
<tr>
<td>[ ] Vietnamese</td>
<td>[ ] English</td>
</tr>
<tr>
<td>[ ] Korean</td>
<td>[ ] French</td>
</tr>
<tr>
<td>[x] Other:________________</td>
<td>[x] Other:________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>American Indian or Alaskan Native</th>
<th>Some other race, ethnicity or origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] American Indian</td>
<td>[ ] Other:________________</td>
</tr>
<tr>
<td>[ ] Alaskan Native</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Central or South American Indian</td>
<td></td>
</tr>
<tr>
<td>[x] Other:________________</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Previous School & Enrollment Details

<table>
<thead>
<tr>
<th>Name of Last School Attended:</th>
<th>Address of Last School:</th>
<th>Last Day Attended:</th>
</tr>
</thead>
</table>

### Previous School Type (Please select one):

- [ ] Charter School
- [ ] Private School
- [ ] School outside of the United States
- [ ] 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? _____________**
Guardian Information

<table>
<thead>
<tr>
<th>Parent/Guardian 1</th>
<th>Parent/Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Last Name:</td>
</tr>
<tr>
<td>Relationship to Student:</td>
<td>Relationship to Student:</td>
</tr>
<tr>
<td>Lives with Student:</td>
<td>Yes</td>
</tr>
<tr>
<td>Mailing Address (if different from student):</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
</tr>
<tr>
<td>Cell Phone:</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Active Duty Military?</td>
<td>Yes</td>
</tr>
<tr>
<td>If 18 or over, send Student Mailings?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Parent/Guardian 1 Highest Level of Education

(Choose appropriate answer)

- Professional Graduate Degree - MA, MS, PhD or EdD
- College Graduate - BA or BS
- Some College - AA, Vocational certificate or 2 full years at a 4-year university
- High School Graduate – diploma, GED or HS equivalency
- Not a high school graduate
- Decline to State

Parent/Guardian 2 Highest Level of Education

(Choose appropriate answer)

- Professional Graduate Degree - MA, MS, PhD or EdD
- College Graduate - BA or BS
- Some College - AA, Vocational certificate or 2 full years at a 4-year university
- High School Graduate – diploma, GED or HS equivalency
- Not a high school graduate
- Decline to State

Home Language Survey

What is the student’s primary language? ____________________________

Which language did the student first learn to speak? ____________________________

Which language does the student 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
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 (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

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: ______________________________________
Has the student ever received any Special Education services of any kind? This includes an IEP and/or a 504 Accomodation Plan.

☐ Yes    ☐ No

If yes, please submit a copy of either with the completed application.

MISCELLANEOUS INFORMATION

How did student/parent/guardian hear about LWCS?

☐ Family   ☐ Friend   ☐ District   ☐ Web Site   ☐ Mailer   ☐ Newspaper

☐ Current School   ☐ Other: ________________________________

Please Describe

How many people currently live in your household? ______________

What is your estimated yearly household income? $______________________

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.

<table>
<thead>
<tr>
<th>Contact 1 Name:</th>
<th>Relationship to student:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact 2 Name:</td>
<td>Relationship to student:</td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

Other Children in Family

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Year Born</th>
<th>School Currently Attending</th>
<th>Over 18</th>
<th>Relationship to Student</th>
</tr>
</thead>
</table>
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.

<table>
<thead>
<tr>
<th>Condition which may result in a classroom emergency</th>
<th>Condition which affects hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Asthma</td>
<td>[ ] Known hearing problems</td>
</tr>
<tr>
<td>[ ] Bee Sting Allergy</td>
<td>[ ] Preferential seating</td>
</tr>
<tr>
<td>[ ] Diabetes</td>
<td>[ ] Wears hearing aid</td>
</tr>
<tr>
<td>[ ] Epilepsy</td>
<td></td>
</tr>
<tr>
<td>[ ] Heart Condition</td>
<td></td>
</tr>
<tr>
<td>[ ] Nut Allergy</td>
<td></td>
</tr>
<tr>
<td>[ ] Seizures</td>
<td></td>
</tr>
<tr>
<td>[ ] Other: __________________________</td>
<td></td>
</tr>
</tbody>
</table>

Other Health Conditions:

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

<table>
<thead>
<tr>
<th>Health Insurance Carrier:</th>
<th>Insurance ID or Policy #:</th>
<th>Hospital Preference:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:
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 August 2021

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: __________________________
Learning Works Charter School  
90 North Daisy Avenue * Pasadena, CA 91107 * 626-564-2871 * 626-564-2870 Fax

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 all 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 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 Parent/ Legal Guardian       Date

____________________   ______________________________   ____________________
Signature of Student (if 18 or over)       Date
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
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

___________________________________________
Signature of Student (if 18 or over)

Date

Date
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
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 without 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