

NEW STUDENT APPLICATION COVER PAGE

NAME: _____

DATE: _____

SURVEY: How did you find out about the school?

(check all that apply and provide info below)

- Referred by current or former student(s)
Name (first and last): _____
- Referred by family or friends (not current or former students)
Who? (for example, aunt, neighbor, etc.) _____
- Referred by another school or program
Who? What program/school? _____
- Saw the sign outside the school
- Found the school on the internet or through social media
Which one? _____
- Saw a flyer (Where? _____)
- Met a staff member (Who/where? _____)
- I was a previous student at this campus (When? _____)
- Other (Describe: _____)

Thank you!

TO BE FILLED OUT BY FRONT OFFICE STAFF:

_____ start date (first day in classes)

campus (circle): CBA: Watts, Compton, Inglewood, El Sereno
 TEC: Long Beach, Pico-Union, Saito HS South LA, Orange County

NAME _____ SCHOOL SITE _____ DATE _____

STUDENT SURVEY

This is a voluntary survey that we ask all new and returning students to fill out so that we can best serve you. It is important for us to know your needs both academically and personally so that we can connect you to the proper resources to be successful at our school and in your future academic/career endeavors. This information will be kept confidential and will in no way affect your enrollment status in our schools.

1. How did you **learn about our school**? What attracted you to our school? What is the primary reason why you decided to enroll?

2. Do you speak a **language other than English**? YES NO Language _____

Were you ever enrolled in an **ESL (English as a Second Language)** class or any type of class for people who *speaks a foreign language* _____

3. Are you currently **employed**? If yes, is it full time or part time work? If no, are you looking for work?

4. Why did you **leave your last school**? Did you drop out of any of your previous high schools?

5. Were you ever enrolled in any type of **special education** class? Do you have an **IEP** (Individualized Education Plan)? If so, in which grades did you have an active IEP? What type of classes you were enrolled in?

6. Are you currently **homeless or at risk of being homeless**? If so, for how many months have you been homeless? What reason(s) led you to being homeless or at risk of being homeless?

_____ Date you became homeless: _____

7. Are you a **parent or are you pregnant**? If you are a parent, how many children do you have and what ages are they? Would you be interested in free childcare or parenting classes if they were provided to you through the school?

8. Have you ever been involved in the **juvenile or adult justice system**? Convicted of a crime or misdemeanor? Do you need letters from the school verifying school enrollment to provide to your probation or parole officer?

9. What are your **career and education goals**? What would you like to do in the future?

10. Are either of your parents currently on active military duty or active National Guard? _____ If yes, who? _____

11. Do you have any **health, personal, or emotional problems** that you are concerned will get in the way of you completing school?

Student Registration Form 2018 - 2019 TEC- Gateway							Form #:
							Tracking #:
First Name:		Middle Name:		Last Name:		Suffix:	
Alias First Name:		Alias Middle Name:		Alias Last Name:		Alias Suffix:	
Gender:	Gradelevel:	10-digit State ID:	Birthdate:	Birth City:	Birth State:	Birth Country:	
Physical Address		Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please describe on pg 4)			Proof of residency on file? <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:							
Street Address:				City:	State:	Zip:	
Mailing Address							
Mailing Address:				City:	State:	Zip:	
Home Phone:		Student Cell Phone:		County of Residence:	School District of Residence:		
Student E-mail Address:				<input type="checkbox"/> Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.			

Ethnicity * New federal ethnicity and race 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?	
<input type="checkbox"/> No, not Hispanic or Latino	<input type="checkbox"/> Yes, Hispanic or Latino

Race * In addition to ethnicity, at least one race must also be selected below:

<input type="checkbox"/> American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Black or African American A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> White A person having origins in any of the original peoples of Europe (including South/Central Americans), the Middle East, or North Africa. <input type="checkbox"/> Middle Eastern
Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander

Office Use Only: Pre-Enrollment Information

Anticipated Start Date:	Program Placement: (General Ed, Special Ed, or Adult Ed)
Primary School Site:	Anticipated Education Program: (Classroom Based, Ind. Study, Modified - IS, ...)

Previous School/Enrollment Details

Name of Previous School:		Address of Previous School:	
<p>Previous School Type (please select one):</p> <p>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 gradelevel offered there</p> <p>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 Family</p> <p>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</p> <p>Other: <input type="checkbox"/> school outside of the United States <input type="checkbox"/> Institution (example: correctional facility)</p> <p>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</p>			
Date first enrolled in the U.S.:	Date first enrolled in this state:	Date first enrolled in District:	Date first enrolled in this school:
Grade first enrolled in District:	Grade first enrolled in this school:		

Parent/Guardian Information

Parent/Guardian 1		Parent/Guardian 2	
Name:		Name:	
Relationship to student:		Relationship to student:	
Street Address: <input type="checkbox"/> Same as student		Street Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Mailing Address: <input type="checkbox"/> Same as student		Mailing Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Employer:	Federal Employee?	Employer:	Federal Employee?
Active Duty Military:	Military Branch or Service:	Active Duty Military:	Military Branch or Service:
Employer Address:	Duty Station:	Employer Address:	Duty Station:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	E-mail address:	Work Phone:	E-mail address:
Lives with student?	Send student mailings?	Lives with student?	Send student mailings?
Parent/Guardian 1 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)		Parent/Guardian 2 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)	
<p><i>The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. Â§ 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution</i></p> <p>I certify that all of the statements and information given above are true and correct to the best of my knowledge:</p>			
X _____ Parent Signature		X _____ Date	

Home Language Survey

What language did the student first learn to speak?	What language does the student most frequently read/speak at home?
What language does the parent/guardian most frequently speak to the student?	What language is most often spoken by adults in the home?
Is the student fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Alternative Schools Accountability Model

(check all that apply)

<input type="checkbox"/>	Expelled (Ed. Code 48925[b]) including situations in which enforcement of the expulsion order was suspended (Ed. Code 48917)
<input type="checkbox"/>	Suspended (Ed Code 48925[d]) more than 10 days in a school year
<input type="checkbox"/>	Wards of the court (WIC 601 or 602) or dependents of the court (WIC 300 or 654)
<input type="checkbox"/>	Pregnant and/or parenting
<input type="checkbox"/>	Recovered Dropout
<input type="checkbox"/>	Habitually truant (Ed. Code 48262) or habitually insubordinate and disorderly (Ed Code 48263), and whose attendance at the school is directed by a school attendance review board (SARB) or probation officer (Ed. Code 48263)
<input type="checkbox"/>	Retained more than once in kindergarten through grade 8.
<input type="checkbox"/>	Recovered dropouts based on EC Section 52052.3(b) as students who: (1) are designated as dropouts pursuant to the exit and withdraw codes in the California Longitudinal Pupil Achievement Data System (CALPADS), or (2) left school and were not enrolled in a school for a period of 180 days.
<input type="checkbox"/>	Students who are credit deficient (i.e., students who are one semester or more behind in the credits required to graduate on-time, per grade level, from the enrolling school's credit requirements)
<input type="checkbox"/>	Students with a gap in enrollment (i.e., students who have not been in any school during the 45 days prior to enrollment in the current school, where the 45 days does not include non-instructional days such as summer break, holiday break, off-track, and other days when a school is closed)
<input type="checkbox"/>	Students with high level transiency (i.e., students who have been enrolled in more than two schools during the past academic year or have changed secondary schools more than two times since entering high school)
<input type="checkbox"/>	Foster Youth (EC Section 42238.01[b])
<input type="checkbox"/>	Homeless Youth

Enrollment Enhancements/Modifiers

Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization information is included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate is included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Release

Permission for the school directory information to be made available to institutions of higher learning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for school directory information to be made available to military recruiters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants the student permission to sign themselves in and out of the school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agree to the "Open Campus" Policy (for High School)	<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
Permission to include student information in the School Directory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student in Yearbook ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants permission to use student work produced by this student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants permission to use student audio/video for school purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to use student's name in school publications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for the school to use student pictures, audio, video, and student work on social media	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Data Collection - The Education Corps - 2018 - 2019

Last Name:		First Name:		Birthdate:	
School: The Education Corps		Grade:		Classroom:	
				School Code: 0128447	

1. Check the total number of adults and children living in your household:
 1 2 3 4 5 6 7 8 9 10 Other:

2. Total Annual Household Income: \$

Home Phone Number:		Cell Phone Number:		E-mail Address:	
X _____ Parent Signature		X _____ Date			
<p><i>The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.</i></p>					

Emergency Card

Currently Assigned Staff:

Student Name:	Gender:	Grade:	Birthdate:	Age:	Student ID#:
Physical Street Address:	City:		State:	Zip:	
Mailing Address:	City:		State:	Zip:	

Parent/Guardian

Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Person(s) authorized to pickup student from school:	
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)

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

Other Children in Family

Name	Gender	Year Born	School Currently Attending	over 18	Relationship to student
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Health Information

Medications taken by student at School or at Home (written authorization from doctor required for medications taken at school):
Other Health Condition:
What action is to be taken if student has a complication due to his/her allergic condition or other health condition (Please be specific):

Known Conditions: (check all that apply)

<input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Seizures <input type="checkbox"/> Other (Please Specify Below)	<input type="checkbox"/> Known hearing problem <input type="checkbox"/> Preferential seating <input type="checkbox"/> Wears hearing aid	<input type="checkbox"/> Glasses to be worn at all times <input type="checkbox"/> Known eye condition/defect in vision <input type="checkbox"/> Wears contact lenses <input type="checkbox"/> Wears glasses
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Insurance

Health Insurance Carrier:	Insurance ID or Policy #:	Hospital Preference
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Physician

Name of Physician:	Address:	Phone:
Vision (list Dr):		
Hearing (list Dr):		

Parent Signature

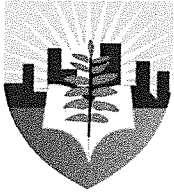
In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.

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 of 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 foregoing. This authorization will remain in effect until revoked by the undersigned in writing:

Signature of Parent or Guardian: _____ Date: _____



Publicity Authorization and Release

Dear Student/Parent/Guardian:

The Education Corps Charter High School requests your permission to reproduce through printed, audio, visual, or electronic means activities in which you or your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

1. Name of Student (please print) _____
2. Birthdate (please print) _____
3. Name of Parent (if student is under 18) _____

I, as a student or parent/guardian of the above named pupil, fully authorize and grant The Education Corps and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian. I understand and agree that The Education Corps and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings. I understand and agree that The Education Corps and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above. I hereby release and hold harmless The Education Corps and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above. By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Full Name _____ Phone _____

Street Address _____ City _____ Zip Code _____

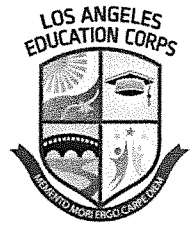
Student Signature _____ Date _____

If this release is obtained from a student under the age of 18, then the signature of that student's parent or legal guardian is also required.

Parent's Signature _____ Date _____



Minor 2-Way Authorization for Release of Information



The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records created or maintained by a school that receives federal funds. Completion of this document authorizes the disclosure and use of education records as described below. Completion also authorizes LA Education Corps to discuss this information with representatives of the organization(s) named below entitled to receive said information.

I understand that LA Education Corps has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow LA Education Corps to release some of my personal information to certain individuals or agencies.

The Education Corps, a Charter School of the LA Education Corps

Has my permission to release information regarding:

(Student's Name)

(Birth Date)

Please release any information which would be helpful in making appropriate plans for the above named student, including cumulative records, teacher reports, attendance reports, psychological reports/ counseling reports, special education reports, social work supports, etc., to:

1) _____

2) _____

3) _____

(Name/Title of Person(s) requesting information)

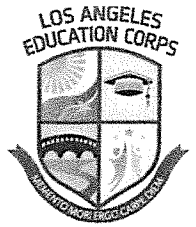
Reason for request:

(Parent/Guardian Name- Please Print)

(Parent/Guardian Signature)

(Date)

VALID FOR THE _____ - _____ SCHOOL YEAR



Non-Minor 2-Way Authorization for Sharing and Release of Information

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records created or maintained by a school that receives federal funds. Completion of this document authorizes the disclosure and use of education records as described below. Completion also authorizes LA Education Corps to discuss this information with representatives of the organization(s) named below entitled to receive said information.

I understand that LA Education Corps has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow LA Education Corps to release some of my personal information to certain individuals or agencies.

The Education Corps A Charter School of the LA Education Corps

Has my permission to release information regarding:

(Student's Name)

(Birth Date)

Please release any information which would be helpful in making appropriate plans for the above named student, including cumulative records, teacher reports, attendance reports, psychological reports/ counseling reports, special education reports, social work supports, etc., to:

1) _____

2) _____

3) _____

(Name/Title of Person(s) requesting information)

Reason for request:

(Student Signature)

(Date)

VALID FOR THE _____ - _____ SCHOOL YEAR