

Learning For Life Charter School 2017 - 2018

STUDENT ENROLLMENT FORM

Please print clearly

Student's Last Name _____ First Name _____ M I _____ Date of Birth ____/____/____
 Month Day Year

Student's Street Address _____ City _____ Zip Code _____

Mailing Address if different _____ City _____ Zip Code _____

Email Address _____ (parent) _____ (student)

Main Contact Phone Number: _____
 Student Cell Phone Number: _____
 Date of Initial enrollment in any CA School _____
 Last School Attended _____ Address/ City/ State/ Zip _____

Male _____
 Female _____ Place of Birth _____
 Preferred Pronoun (optional) _____

Ethnicity

Is this student Hispanic or Latino? Yes No *As per US Federal Policy and State of California Educational code this area cannot be left blank. Thank you.*

Please indicate Race, you may select all that apply. Please use 1, 2, 3, etc.

- | | | | |
|--|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hmong | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hawaiian | |
| <input type="checkbox"/> Asian Loatian | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Tahitian | |

Has this student received any Special Education services? Yes No If yes, is there a current IEP?
 If there is an IEP, we must have a copy of it. We will schedule a meeting with MPUSD's child psychologist to determine the feasibility of enrollment in Independent study. Yes No

Has this student ever participated in any of the following programs? Please mark only those that apply.

- | | |
|--|---|
| <input type="checkbox"/> Opportunity School | <input type="checkbox"/> Adult School |
| <input type="checkbox"/> Bilingual Program | <input type="checkbox"/> Concurrent Enrollment at a Community College |
| <input type="checkbox"/> Community Day School | <input type="checkbox"/> Gifted & Talented Education |
| <input type="checkbox"/> Continuation High School | <input type="checkbox"/> Foster Care Program |
| <input type="checkbox"/> Any Independent Study Program | <input type="checkbox"/> 504 |
| <input type="checkbox"/> Juvenile Court School | |

School Use Only

Student SSID# _____ Powerschool # _____

Enrollment Date _____ Grade _____

Assigned Teacher _____

New Student
 Re-Enrolled Student

Parent or Legal Guardian Information

Legal Guardian(s): Student lives with: Parent(s) Legal Guardian(s) Legal identification, (Government issued photo ID) will be required at the time of enrollment. If you are a legal guardian, you must have a notarized letter from the parent or a court document.

First Parent /Legal Guardian Name: _____

Please provide a main contact phone number. It is your responsibility to keep the school updated when ever your number or address changes.

Work _____ Cell _____

Highest Level of Education: Please only mark one.

- College Graduate Graduate School / Postgraduate training Some College (includes AA degree)
 High School Graduate Not a Graduate

Second Parent/Legal Guardian Name: _____

Please provide a main contact phone number. It is your responsibility to keep the school updated when ever your number or address changes.

Work _____ Cell _____

Highest Level of Education: Please only mark one.

- College Graduate Graduate School / Postgraduate training Some College (includes AA degree)
 High School Graduate Not a Graduate

Student's Health History and Emergency Contact List

In accordance with the new federal guidelines of HIPPA (Health Insurance Portability and Accountability Act), I authorize my child's health information to be shared with school staff.

Name of Primary Doctor/Clinic: _____ Phone # _____

Child's Insurance: Medi-Cal Healthy Families Other None

Does the child:

- | | | |
|----------------|------------------------------|-----------------------------|
| Wear Contacts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Glasses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have Diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have Seizures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have Asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Allergies? Please specify. Please list any medications that your child may carry with them to school. Please note we do not have a secure storage area or space to store medicine for our students. It is advised that you administer any medications your child needs from home to eliminate the student from bringing medications to school.
(Medication needed at school will require a physician release form to be kept on file at school.)

Emergency Contacts

First Name	Last Name	Relationship	Contact Number
First Name	Last Name	Relationship	Contact Number
First Name	Last Name	Relationship	Contact Number

Expulsions and Truancy

Has your child ever been expelled from any school? Yes No

What school? _____ Please explain. _____

Was your child reinstated? Yes No When? _____

Has your child ever been involved in a Truancy issue? No Yes

Is your child on probation? No Yes

If yes please list the probation officer's name and contact number.

_____ Name

_____ Number

Tell us a little about your child. Does he/she have any strong or weak subjects? Why are you enrolling your child at Learning For Life?

How did you hear about Learning For Life School? A Friend Returning Student Website
 Radio _____ Newspaper _____

Student Residency Questionnaire

Where is the student presently living? Please only choose one.

In a single family home or apartment with legal guardian

With an adult who is not a parent or legal guardian

With more than one family in a house or apartment

In a place not designed for ordinary sleeping accommodations such as a car, park, or a campsite

Other _____

In a single family home or apartment with parent(s).

In temporary foster care home

With friends or a family member

In a motel or shelter

Parent/Guardian Permission: My signature verifies that Learning For Life School officials have my permission, while my child is enrolled, in the absence of a family member, at my expense, to present my child to the closest emergency room or clinic for emergency treatment deemed necessary as a result of injuries or illness sustained in school. I understand that presenting a false record or falsifying records is an offense and enrolling a child under false documents may subject me to arrest.

Do we have your permission to put photographs of your child on our website (learnigforlifeschool.org/com), in our brochures and/or other school publications?

yes, you have my permission

no, you do not have my permission

Signature of Parent/Legal Guardian

Date