



Special Education & English Language Learner Identification Form

Learn4Life admits students of any race, color, and national or ethnic origin.

In order to properly place your student in our Independent Studies Program, it is important to answer the following questions.

School _____ Site _____

Legal Last Name _____ Legal First Name _____ Middle Name _____

Date of Birth _____ Place of Birth (Country) _____ USA School Enrollment Date _____

Last School of Attendance _____ City, State _____

Parent/Guardian Name _____ Phone Number _____

Home Address _____

Male Female

Ethnicity

Caucasian Native American Hispanic

Filipino Asian Pacific Islander

African American Other _____

Has the student ever been expelled from any school for any reason? Yes No

If yes: _____
 From Which School? What Year?

Has the student ever had an IEP (Individual Education Plan) or received Special Education Services?
 YES NO

Is the student enrolled in the following?

RSP-Resource Specialist Program

SDC-Special Day Class

Is the student receiving Speech and Language services? Yes No

Does the student have a 504 Plan? Yes No

Has the student received English Language Development/ESL instruction? Yes No

Which language did your child first learn to speak? _____

Which language does your child most frequently speak at home? _____

Which language do you most frequently speak to your child? _____

Which language do the adults in the home most often speak? _____

Does the student speak fluent English? Yes No

Has the student received any formal English Language Instruction (listening, speaking, reading, or writing?)(English as a secondary language) Yes No

If you have answered any questions "YES", the most recent copy of the IEP, 504 Plan and/or CELDT Results must be brought in to the front office staff.

By signing below, I am verifying that the information I have supplied is true and accurate. I acknowledge that inaccurate information may result in the delay of the student's enrollment.

Parent/Guardian (Adult Student) Signature _____ Date _____



Forma de Matriculación para los siguientes programas: Educación Especial/Aprendizaje de Inglés

Learn4Life admite estudiantes de cualquier raza, color y origen nacional o étnico.

Le pedimos su cooperación en ayudarnos a completar esta forma apropiadamente para colocar a su estudiante en el programa adecuado.

Escuela

Sitio

Nombre del Alumno

Apellido

Nombre

Segundo Nombre

Fecha de Nacimiento

Lugar de Nacimiento (País)

En que fecha ingresó su estudiante a una escuela de los Estados Unidos

Ultima Escuela de Asistencia (Ciudad, Estado)

Nombre de Padre o Tutor

Número de teléfono

Dirección de la casa

Sexo

Masculino [] Femenino []

Origen Etnico

[] Caucásico

[] Nativo Americano

[] Hispano

[] Filipino

[] Asiático

[] Pacífico Isleño

[] Negro/Afro-Americano

[] Otra Etnicidad _____

¿El estudiante ha sido expulsado de una escuela por cualquier razón? [] Sí [] No

¿De qué escuela?

¿En qué año?

¿El estudiante ha tenido un IEP (Plan de Educación Individual) o ha recibido servicios de educación especial?

[] Sí [] No

¿Está el estudiante inscrito en los siguientes programas?

[] RSP-Programa de recursos con Especialista

[] SDC-Clase Especial de Día

¿Recibe el estudiante servicios de Habla y lenguaje? [] Sí [] No

¿Tiene el estudiante un Plan 504? [] Sí [] No

¿Ha recibido el estudiante instrucción de Desarrollo del idioma inglés? [] Sí [] No

¿Cuál idioma aprendió primero su hijo(a)? _____

¿Cuál idioma usa principalmente su hijo(a) cuando conversa en casa? _____

¿Cuál idioma usa usted con más frecuencia cuando habla con su hijo(a)? _____

¿Cuál idioma hablan los adultos con más frecuencia en casa? _____

¿El estudiante habla inglés con fluidez? [] Sí [] No

¿Ha recibido el estudiante Instrucción formal del Idioma Inglés en las siguientes categorías? (Escuchar, Hablar, Lectura, Escritura) [] Sí [] No

Si usted ha contestado cualquier pregunta "SI", la copia más reciente del IEP, 504 Plan o Resultados de CELDT tendrá(n) que ser entregado(s) a la oficina.

Certifico que la información anterior es verdadera y correcta. Un falso testimonio podrá tener como consecuencia un retraso en la inscripción del alumno.

Firma del Padre/Tutor

Fecha



School Year: _____

Learning Center: _____

Student Residency Questionnaire

Your answers will ensure you receive appropriate support services, as well as expedite enrollment.

This document is intended to address the requirements mandated within the McKinney-Vento Homeless Assistance Act, U.S.C.A 42 Section 11302(a) and Assembly Bill 216, Pupils in Foster Care 51225.3 of, and to add Section 51225.1.

Student's Last Name		First	MI	Date
Birthdate		Grade		Gender
				Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State <input type="checkbox"/>
Home Address	Street	Apt#	City	ZIP
Mailing Address (if different from home address)				
Parent/Legal Guardian Name		Primary Contact Number	Relationship to Student	

The student(s) lives with:

1 Parent
 1 Parent & Another Adult
 An adult that is not the parent or legal guardian
 2 Parents
 A Relative
 Legal Guardian
 Alone with no adults
 Relationship to Student: _____

Student's Living Situation (Check all that may apply) :

<input type="checkbox"/> In a shelter	_____	(Name of Shelter)
<input type="checkbox"/> In a Motel or Hotel	_____	(Name of Shelter)
<input type="checkbox"/> In a Transitional Housing Program	_____	(Name of Shelter)
<input type="checkbox"/> Temporarily in a car, trailer, or campsite, due to inadequate housing		
<input type="checkbox"/> In a Single Room Occupancy (SRO) building - a multiple tenant building consisting of individual rooms with shared restrooms and/or kitchen		
<input type="checkbox"/> Temporarily in a rented garage, due to loss of housing		
<input type="checkbox"/> In another family's house or apartment, temporarily, due to loss of housing, stemming from financial problems (e.g. loss of job, eviction, or natural disaster)		
<input type="checkbox"/> Temporarily with an adult that is not the parent/legal guardian/caregiver, due to loss of housing		
<input type="checkbox"/> Awaiting foster placement		
<input type="checkbox"/> Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings		
(Please explain) _____		
<input type="checkbox"/> Living alone, without any adult (unaccompanied youth)		
<input type="checkbox"/> Permanent Housing with the parent/legal guardian/caregiver		

Do you have a social worker? No Yes

Are you in family maintenance? No Yes

Have you ever been removed from your home or been taken to a Juvenile Detention Center? No Yes

Have you been or are you currently in placement? No Yes

If under 18, do your biological parents hold your education rights? No Yes

If no: _____

Name of Education Rights Holder Relationship to Student

By signing below, I am verifying that the information I have supplied is true and accurate.

Parent/Legal Guardian (Adult Student) Signature

Date

School Year: _____



Learning Center: _____

CUESTIONARIO DE VIVIENDA DEL ESTUDIANTE

Sus respuestas asegurarán que reciba los servicios apropiados y acelerarán su inscripción

Este documento tiene como propósito cumplir con los requisitos bajo el mandato de la Ley Federal de Asistencia Educativa McKinney-Vento, U.S.C.A. 42 Sección 11302(a) y Proyecto de ley de la asamblea 261, Alumnos bajo cuidado legal 51225.3 de y para agregar a la Sección 51225.1.

Apellido del estudiante		Primer Nombre		Inicial del segundo nombre		Fecha	
Fecha de nacimiento			Grado		Género		
					Masculino <input type="checkbox"/>	Femenino <input type="checkbox"/>	Prefiere no contestar <input type="checkbox"/>
Dirección de la casa		Calle	Apto#	Ciudad		Código Postal	
Dirección de correo (si es diferente al de la casa)							
Nombre del padre/tutor legal			Número de Contacto Principal		Relación con el estudiante		

- El estudiante vive con:
- 1 Padre
 - 1 Padre y Otro Adulto
 - Un adulto que no es el padre/tutor legal
 - 2 Padres
 - Un familiar
 - Tutor Legal
 - Sólo, sin adultos
 - Parentesco con el estudiante _____

Situación de Vivienda del Estudiante (Marque todos que apliquen) :

<input type="checkbox"/> En un refugio temporal _____ (nombre del refugio temporal)
<input type="checkbox"/> En un motel u hotel _____ (nombre del refugio temporal)
<input type="checkbox"/> En un programa de vivienda temporal _____ (nombre del refugio temporal)
<input type="checkbox"/> Temporalmente en un carro, remolque (tráiler) o en un terreno de campamento, ya que no tiene una vivienda adecuada
<input type="checkbox"/> En un edificio con habitaciones individuales (SRO) – un edificio que consiste en el alquiler para múltiples inquilinos con habitaciones individuales que comparten baños y/o cocinas
<input type="checkbox"/> Temporalmente en un garaje alquilado, a causa de la pérdida de vivienda
<input type="checkbox"/> En la casa o apartamento de un familiar, temporalmente, a causa de la pérdida de vivienda, a raíz de problemas financieros (ej.. pérdida de trabajo, desalojo, o desastre natural)
<input type="checkbox"/> Temporalmente con un adulto que no es el padre/tutor legal, a causa de la pérdida de vivienda
<input type="checkbox"/> Esperando la colocación en un hogar temporal de crianza
<input type="checkbox"/> Otros lugares no aptos, o no usados por lo general para que un ser humano pueda pasar la noche
(favor de explicar) _____
<input type="checkbox"/> Vive solo, sin ningún adulto (joven no acompañado)
<input type="checkbox"/> Vivienda permanente con padre/tutor legal/proveedor de cuidado

¿Tiene un trabajador social? No Sí

¿Está en el programa de mantenimiento familiar? No Sí

¿Alguna vez se le ha sacado de su hogar o llevado a un lugar de detención para menores No Sí

Si eres menor de 18 años, ¿tienen tus padres biológicos derechos educativos sobre ti? No Sí Si no: _____
 Persona a cargo de sus derechos educativos Parentesco con el estudiante

Al firmar esta forma, yo declaro la información que he proporcionado es correcta y verdadera.

Firma del padre/tutor legal/estudiante adulto:

Fecha:

School Year: _____



Registration / Enrollment Form

Student's Legal Last Name		Student's Legal First Name		Student's Middle Name	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Grade Level	Birth Date (Month/Day/Year) / /	Place of Birth (City, State, Country)	
Street Address			Mailing Address (If different from residence)		
City	County	ZIP	City	County	ZIP
Student's Home Phone ()		Student's Cell/Work Phone ()		Student's E-mail Address	

**Residence: Where is your child/family currently living? (federally mandated by NCLB)
Please check appropriate box**

- Foster Family Home / Kinship Placement
- In a Motel/Hotel
- Licensed Children's Institution (group home)
- Permanent Residence (house, apartment, condo, mobile home)
- Temporarily Doubled-Up (sharing housing with other families/individuals. Caregivers Affidavit Form)
- Temporarily Unsheltered (car/campsite)
- Temporarily Sheltered
- Other _____

<p>Ethnicity: Mark the ethnicity with which the student <u>most closely</u> identifies:</p> <p><input type="checkbox"/> Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p>What is your child's RACE? (Please check up to five (5) racial categories) The above part of the questions is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td><input type="checkbox"/> Argentinean</td> <td><input type="checkbox"/> Asian Indian</td> </tr> <tr> <td><input type="checkbox"/> African American or Black</td> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Colombian</td> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Dominican</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Hispanic and Latino</td> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Laotian</td> <td><input type="checkbox"/> Mexican American</td> </tr> <tr> <td><input type="checkbox"/> Middle Eastern</td> <td><input type="checkbox"/> Nicaraguan</td> <td><input type="checkbox"/> Other Asian</td> </tr> <tr> <td><input type="checkbox"/> Other Pacific Islander</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Salvadoran</td> </tr> <tr> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Spaniard</td> <td><input type="checkbox"/> Tahitian</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td colspan="2"><input type="checkbox"/> White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</td> </tr> </table>	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Argentinean	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> African American or Black	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Colombian	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Hispanic and Latino	<input type="checkbox"/> Hmong	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Mexican American	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Salvadoran	<input type="checkbox"/> Samoan	<input type="checkbox"/> Spaniard	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)		<p align="center">Previous School Information</p> <p>Date First Enrolled in the U.S. : _____</p> <p align="center">Please List All U.S. Schools Attended:(most recent at top)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name of School</td> <td style="width:15%;">City/State</td> <td style="width:15%;">Dates Attended</td> </tr> <tr> <td>Name of School</td> <td>City/State</td> <td>Dates Attended</td> </tr> <tr> <td>Name of School</td> <td>City/State</td> <td>Dates Attended</td> </tr> <tr> <td>Name of School</td> <td>City/State</td> <td>Dates Attended</td> </tr> <tr> <td>Name of School</td> <td>City/State</td> <td>Dates Attended</td> </tr> </table>	Name of School	City/State	Dates Attended	Name of School	City/State	Dates Attended	Name of School	City/State	Dates Attended	Name of School	City/State	Dates Attended	Name of School	City/State	Dates Attended
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Parent/Legal Guardian/Caregiver 1			Parent/Legal Guardian/Caregiver 2		
First Name	Middle Initial	Last Name	First Name	Middle Initial	Last Name
Relationship to Student:			Relationship to Student:		
Street Address			Street Address		
City	County	ZIP	City	County	ZIP
Home/Cell Phone	Employer	Work Phone	Home/Cell Phone	Employer	Work Phone
Email Address _____			Email Address _____		
Parent/Legal Guardian/Caregiver 1 Highest Level of Education			Parent/Legal Guardian/Caregiver 2 Highest Level of Education		
<input type="checkbox"/> Not a High School Graduate			<input type="checkbox"/> Not a High School Graduate		
<input type="checkbox"/> High School Graduate			<input type="checkbox"/> High School Graduate		
<input type="checkbox"/> I have an AA degree			<input type="checkbox"/> I have an AA degree		
<input type="checkbox"/> I have a BA degree			<input type="checkbox"/> I have a BA degree		
<input type="checkbox"/> I have a BA degree and post-graduate courses			<input type="checkbox"/> I have a BA degree and post-graduate courses		

Parent/Legal Guardian/Caregiver/Adult Student Signature

Print name and relationship to student. Adult Students, list "Self"

Date



Registration / Enrollment Form, Continued

The information below will be used for statistical purposes ONLY. Learn4Life will not use any personally identifying information when reporting these statistics.

		Yes	No
1 -	Have you ever been expelled from any school for any reason? If yes: _____ From Which School? _____ What Year? _____	<input type="checkbox"/>	<input type="checkbox"/>
2 -	Have you ever been suspended for more than 10 days in any school year? If yes: _____ From Which School? _____ What Year? _____	<input type="checkbox"/>	<input type="checkbox"/>
3 -	Are you a ward of the court or a dependant of the court (probation)?	<input type="checkbox"/>	<input type="checkbox"/>
4 -	Are you a parent (mother or father) or expecting a child soon?	<input type="checkbox"/>	<input type="checkbox"/>
5 -	Have you ever dropped out of school? If yes: _____ From Which School? _____ What Year? _____	<input type="checkbox"/>	<input type="checkbox"/>
6 -	Have you ever been referred to SARB or been on probation for attendance problems at school? If yes: _____ From Which School? _____ What Year? _____	<input type="checkbox"/>	<input type="checkbox"/>
7 -	Were you retained more than once in grades K-8? If yes: _____ From Which School(s)? _____ What Years? _____	<input type="checkbox"/>	<input type="checkbox"/>

Other Information

Is there a computer at home? Yes No

Is there Internet access at home? Yes No

How many times has the student's family moved in the past 12 months?

Special Services Information

Does your child have an IEP? Yes No

Can you provide a recent copy of your child's IEP? Yes No

Did your student have a 504 plan at his/her previous school? Yes No

Can you provide a copy of your child's 504 plan? Yes No

Has your child been identified for GATE services? Yes No

Were you referred to our school?

Yes No

If yes, who referred you?

Teacher/Counselor

Family/Friend

Other _____

Please write the name of the person who referred you:

How did you hear about our school?

Internet Search

Facebook

Newspaper/Magazine

Radio ad

Television ad

Bus/Train ad

Billboard

Received flyer in mail

Other _____

Household Income Data Collection 2015 – 2016 Charter: _____

Student's Name: _____ Phone: _____ E-mail: _____

PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following for Household Size and Household Income

Based on your household size, check the appropriate box if your total annual household income is within the range displayed for Category 1 or Category 2. **Do not check an income in both categories.**

For help in determining your household size and total annual household income, please see instructions on the back of this form.

Household Size	Category 1 – Total Annual Household Income is Within This Range:	Category 2 – Total Annual Household Income is Within This Range:
1	<input type="checkbox"/> \$0 - \$15,301	<input type="checkbox"/> \$15,302 - \$21,775
2	<input type="checkbox"/> \$0 - \$20,709	<input type="checkbox"/> \$20,710 - \$29,471
3	<input type="checkbox"/> \$0 - \$26,117	<input type="checkbox"/> \$26,118 - \$37,167
4	<input type="checkbox"/> \$0 - \$31,525	<input type="checkbox"/> \$31,526 - \$44,863
5	<input type="checkbox"/> \$0 - \$36,933	<input type="checkbox"/> \$36,934 - \$52,559
6	<input type="checkbox"/> \$0 - \$42,341	<input type="checkbox"/> \$42,342 - \$60,255
7	<input type="checkbox"/> \$0 - \$47,749	<input type="checkbox"/> \$47,750 - \$67,951
8	<input type="checkbox"/> \$0 - \$53,157	<input type="checkbox"/> \$53,158 - \$75,647

Please fill in the lines below:

Household Size: _____ Total Annual Income: \$ _____

If your total annual household income exceeds the ranges above, check here:

PART III: Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Parent/Legal Guardian/Caregiver/Adult Student Signature

Date

Print Name of Parent/Legal Guardian/Caregiver
(Adult Student, list "Self")

Security Number (SSN)
Last 4 digits of Social

Office Use Only:

FPL Free Reduced Not Eligible/Non-Participation

Entered by: _____ Verified by: _____

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.

Who should I include in “Household Size”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in “Annual Household Income”? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay **ONLY** if you receive it on a regular basis.

How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.



School Year: _____

Emergency Release Form

Student's Last Name		First	MI	Date
Birthdate		Grade	Home Phone	Cell Phone
Home Address	Street	Apt#	City	ZIP
Mailing Address (if different from home address)				
Father/Guardian Name		Company Name/Occupation		
Father/Guardian Business Address		Phone		
Mother/Guardian Name		Company Name/Occupation		
Mother/Guardian Business Address		Phone		
Are there any court orders restricting the legal rights of either parent? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YOU ANSWERED YES, PLEASE PROVIDE A COPY OF THE COURT ORDER				

To The Principal: In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following: (Minimum of two entries are required)

Name	Relationship to Student	Phone Number
Name	Relationship to Student	Phone Number
Name	Relationship to Student	Phone Number

Does your child have any brothers or sisters in school?

Name	Gender	Year Born	School currently attending	Over 18
Name	Gender	Year Born	School currently attending	Over 18
Name	Gender	Year Born	School currently attending	Over 18
Name	Gender	Year Born	School currently attending	Over 18

Parent/Legal Guardian/Caregiver/Adult Student Signature

Print name and relationship to student. Adult Students, list "Self"

Date

Authorization For Emergency Medical Treatment

The undersigned, legal custodian of, _____, a minor, hereby authorize the principal or designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist. This authorization is given by provisions of Section 25.8 of the California Civil Code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that Learn4Life, it's officers, and it's employees, assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be borne by the undersigned.

Health Information

Medications taken by student at home (written authorization from doctor required for school to administer):

Reason for medication (if applicable):

Other Health Condition:

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

Known Conditions: Check all that apply

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Wears hearing aid | <input type="checkbox"/> Wears glasses |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Seizures | <input type="checkbox"/> Glasses to be worn at all times | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Known hearing problem | <input type="checkbox"/> Known eye condition/defect in vision | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Preferential seating | <input type="checkbox"/> Wears contact lenses | |

Insurance

Health Insurance Carrier: _____ Insurance ID or Policy #: _____

Hospital Preference:

Physician

Name of Physician: _____ Address: _____ Phone: _____

Vision (list MD):

Hearing (list MD):

School Last Attended _____ City _____ State _____

My child is enrolled in a Special Education Program: Yes No

- | | | | | | |
|--------------------------|-------------------|--------------------------|---------------------|--------------------------|------------------|
| <input type="checkbox"/> | Special Day Class | <input type="checkbox"/> | Learning Disability | <input type="checkbox"/> | TMR |
| <input type="checkbox"/> | Resource Class | <input type="checkbox"/> | EMR | <input type="checkbox"/> | SED |
| <input type="checkbox"/> | Adapted P.E. | <input type="checkbox"/> | Visually Impaired | <input type="checkbox"/> | Hearing Impaired |
| <input type="checkbox"/> | Other Health: | | | | |

Parent/Legal Guardian/Caregiver/Adult Student Signature

Print name and relationship to student. Adult Students, list "Self"

Date

School Year _____



Release Of Pupil Information

(Blanket Authorization - California Education Code 49073)

Organization	Information To Be Released
Press, television, and other organizations	Information concerning participation in athletics, other school activities, the winning of scholastic or other honors and awards, and other such information.
P.T.A. officers	Names, addresses, and telephone numbers of pupils they represent.
Colleges and Universities	Transcripts, letters of recommendation for admission, scholarships, etc.
Cal Grant	Name, Address, Date of Birth, email adress, GPA, SSN Information (if applicable)
Employers or potential employers	Name, address, age, scholastic record, and staff employment recommendation.
Private business or professional schools or colleges approved by the California State Superintendent or Public Instruction	Names and addresses of graduating seniors.
Official employment of recruitment representatives of private industry; federal, state, and local government agencies; and the military forces of the United States.	Career guidance information including names and addresses of graduating seniors.
Another school district in which pupil intends to enroll or has enrolled	School records and / or transcript of grades and credit.

Consent To Release Pupil Information

___ I authorize release of information on my pupil to organizations and agencies noted above upon their requests.

___ I do not authorize release of information on my pupil to organizations listed above.

Pupil's Name: _____

Pupil's Birth Date: _____

Parent/Legal Guardian/Caregiver/Adult Student Signature

Date



Permission for Publication / Use of Student Work

Learn4Life will produce several types of publications or other forms of printed or visual media, including video and photographs, throughout the year that show students engaged in school-related activities. For example, we have newsletters which consist of information from around the state and feature student writings and/or photographs of students. In addition, we have a website that is on the internet and provides anybody, anywhere with information regarding our school and may also have pictures or other visual media of students engaged in school-related activities. We will also produce publications or other forms of printed or visual media to increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, etc.

Students featured in any of these publications will only be identified by first name, if any identification is given. No other personal information (e.g. ages, addresses, phone numbers, etc.) will be used. No personal compensation can be given for pictures, works and/or other forms of printed or visual media used.

This form, upon completion and returned to the school principal, gives Learn4Life permission to publish student pictures, works and/or other forms of printed or visual media of your student (engaged in school-related activities) in district/school publications.

Name of Student: _____

Statement for Parent/Legal Guardian/Caregiver/Adult Student:

Permission for Publication

As parent/guardian of the above named student, I **do** hereby give the district/school permission to publish my student's picture and/or use other forms of printed or visual media of my student engaged in school-related activities in district/school publication or on their websites.

As parent/guardian of the above named student, I **do not** hereby give the district/school permission to publish my student's picture and/or use other forms of printed or visual media of my student engaged in school-related activities in district/school publication or on their websites.

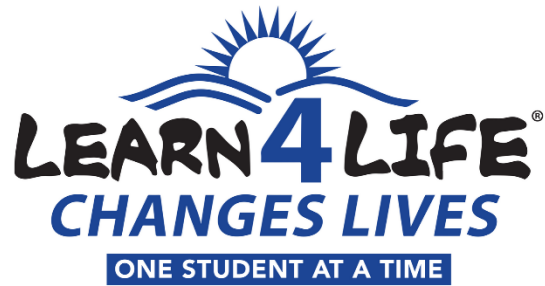
Permission for Use of Students Work

As parent/guardian of the above named student, I **do** hereby give the district/school permission to use my student's work for purposes of staff training.

As parent/guardian of the above named student, I **do not** give the district/school permission to use my student's work for purposes of staff training.

Signature of Parent/Legal Guardian/Caregiver/Adult Student

Date



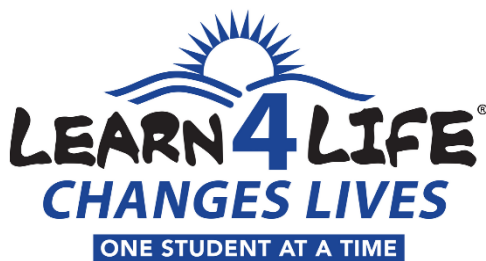
Phone Call Notifications

Dear Learn4Life Students, Parents, and Guardians,

Learn4Life recently entered into an agreement with One Call Now in order to ensure timely notification of important school related issues. We just wanted to let you know that you may receive periodic pre-recorded phone calls from us to notify you of important events and issues such as:

1. Upcoming Testing. State test are vital to our success and a mandatory part of enrollment at Learn4Life, so we will call you to remind you (or your student) to attend.
2. Report Cards. Beginning this semester, we will call home to notify you that report cards have been sent home and to look for them in your mailbox.
3. Important paperwork being sent home. Each semester, and sometimes in between, Learn4Life has certain paperwork that must be filled out. We will notify you to look for this paperwork.
4. Other important Learn4Life events, such as open houses, fund raisers, etc.

Please make sure to listen to the entire message each time you are called. You don't want to miss an important notification!



Loitering Agreement

Dear Learn4Life Students, Parents, and Guardians,

Because of our unique program structure, we do not have a standalone campus. We share our walls and parking lots with reputable businesses. Recently, there have been complaints from our “neighbors” regarding students and their actions on or around the Learn4Life premises. Students have been observed loitering around these neighboring businesses, which has negatively affected their ability to do business.

In the interest of being a good neighbor and following the law, we must require that students leave the premises immediately upon completion of their session here. Students who are observed “hanging around” the facility after their appointments will be asked to leave. If a student continues to loiter and disrupt neighboring businesses, law enforcement will be called. We also reserve the right to permanently disengage a student from our program should they be observed doing any of the following:

1. Loitering on site. A student who is waiting for a ride home should do so in the waiting area inside the Learn4Life campus or on the sidewalk that borders the street. Do not “hang out” in front of the school or the businesses near the school.
2. Smoking. California State law prohibits ANY individual, regardless of age from smoking on school grounds.
3. Using, possessing, or selling illegal substances. The use, possession, or sale of drugs or drug paraphernalia are strictly prohibited under the law and will be prosecuted.
4. Vandalism. “Tagging” or any other destruction of private property will also be prosecuted.
5. Excessive noise. Students who feel the need to play their stereos loud enough that people inside the school can hear are disrupting the peaceful atmosphere needed to ensure student academic progress.

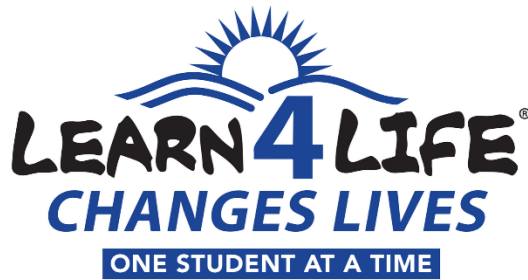
All students and parent/guardians must sign below in order to continue their enrollment at Learn4Life. By signing below, you are stating that you understand the policies listed above and that a student can be “dropped” from our program permanently for failure to adhere to these policies. Furthermore, you understand that Learn4Life reserves the right to contact local law enforcement upon suspicion of any of the above.

Student Signature

Date

Parent/Legal Guardian/Caregiver Signature

Date



Acuerdo de Holgazanear

Estimados Estudiantes, Padres y Guardianes de Learn4Life:

La Escuela Secundaria Learn4Life tiene una estructura de programa unico por lo tanto no tenemos un plantel independiente. Compartimos nuestras paredes y estacionamientos con los negocios de buena reputacion. Recientemente, ha habido quejas de nuestros "vecinos" en relacion con los estudiantes y sus acciones en o alrededor de los locales de Learn4Life. Los estudiantes han sido observados rondando alrededor de estas empresas vecinas, que ha afectado negativamente su capacidad para hacer negocios.

En el interes de ser un buen vecino y cumplir con la ley, debemos exigir que los estudiantes salgan de las instalaciones inmediatamente despues de concluir su periodo de sesiones aqui. A los estudiantes que se observen "rondando" la instalacion despues de su cita se les pedira retirarse. Si un estudiante sigue rondando y perturbando los negocios vecinos, la policia sera llamada. Tambien nos reservamos el derecho a retirar de forma permanente a un estudiante de nuestro programa en caso de que se le observe haciendo cualquiera de las siguientes:

1. Vagancia en el sitio. Un estudiante que esta esperando transportacion a casa debera hacerlo en la area designada dentro del plantel de Learn4Life. Los estudiantes no deben "Salir" al frente de la escuela o a los negocios cerca de la escuela. Estudiantes no deben de esperar mas de 15 minutos por la transportacion a casa.
2. Fumar. La ley estatal de California prohíbe a cualquier persona, independientemente de la edad, el tabaquismo en la escuela.
3. Usar, poseer, o vender sustancias ilegales. El uso, posesion o venta de drogas o parafernalia de drogas esta estrictamente prohibida y sera procesado por la ley.
4. Vandalismo. "Pintar en las paredes" o cualquier otra destruccion de propiedad privada seran procesados por la ley.
5. El ruido excesivo. Estudiantes que causen ruido excesivo, ya sea dentro o fuera de los locales, o distraer a otros estudiantes con el ruido o otros objetos.

Todos los estudiantes y los padres / tutores deben firmar abajo a fin de continuar la inscripcion del estudiante en la escuela Learn4Life. Al firmar, usted esta indicando que entiende las politicas mencionadas, y que un alumno puede ser permanentemente desvinculado de nuestro programa por no cumplir estas polizas. Además, usted entiende que la escuela Learn4Life se reserva el derecho de ponerse en contacto con la policia local ante la sospecha de violacion de cualquiera de las polizas mencionadas.

Firma de Estudiante

Fecha

Firma del Padre/Tutor

Fecha

Learn4Life

Student Internet Code of Conduct Policy

Access to the Internet has been provided to students for their educational benefit. The Internet allows students to connect to information resources around the world. Every student has a responsibility to use the Internet in an appropriate and productive manner. To ensure that all students are responsible, productive Internet users the following guidelines have been established for using the Internet.

Acceptable Uses of the Internet

Students are responsible for using the Internet in an effective, ethical and lawful manner and for educational purposes only. Appropriate databases may be accessed for educational information as needed.

Unacceptable Use of the Internet

The Internet should not be used for personal gain or advancement of individual views. Use of the Internet for personal and inappropriate purposes including, but not limited to, downloading music, visiting pornographic websites, social media/networks, chat sites, etc. is strictly prohibited and will result in school disciplinary action and/or legal action.

Communications

It is prohibited for students to use Learn4Life's computers and Internet services for any communication purposes.

Software

To prevent computer viruses from being transmitted through the system there will be no unauthorized downloading of any software.

All software downloads will be done through Learn4Life's Technology Team.

Copyright Issues

Copyrighted materials belonging to entities other than Learn4Life may not be downloaded, and students are not permitted to copy, transfer, rename, add or delete information or programs belonging to others unless given expressed written permission to do so by the owner of the materials or programs.

Failure to observe copyright or license agreements may result in disciplinary action from Learn4Life or legal action by the copyright owner.

Security

Learn4Life reserves the right to access and monitor all messages and files on the computer system. It is prohibited for students to use Learn4Life's computers and Internet services for any communication purposes. Internet messages are public communication and are not private. All files and communications including text and images can be disclosed to law enforcement or other third parties without prior consent of the sender or receiver.

Harassment

Harassment of any kind is prohibited. It is prohibited for students to use Learn4Life computers and Internet services for any communication purposes. No messages or any messages with derogatory or inflammatory remarks about an individual or group's race, religion, national origin, physical attributes, or sexual preference will be transmitted.

Violations

Violations of any guidelines listed above may result in disciplinary action up to and including permanent disengagement from Learn4Life. If necessary Learn4Life will advise appropriate legal officials of any illegal violations.

Learn4Life Concept Charter Schools Student Agreement for Internet Access

All active students, regardless of age, parents and guardians must read and sign below.

I have read, understand and agree to abide by the provisions of the attached Acceptable Use Policy of Learn4Life.

Learn4Life will be offering Internet access and instruction to all students participating in the Computer Lab Program. Also students will have general Internet access if they choose to do their educational assignments on an available Learn4Life computer. The Internet provides a large amount of valuable information available at colleges, universities and government agencies here and around the world.

Students will be under the supervision of a teacher to guide the students through the vast resources of the Internet and also to minimize the possibility of students accessing material that are inappropriate for minors, while participating in the Computer Lab Program. However, Learn4Life cannot guarantee that such material will not be accessed by a student participating in the Computer Lab Program or when a student is working on their educational assignments on an available Learn4Life computer.

Please complete and return this form if you agree to allow your child access to Internet services according to the terms below.

I understand that my child will be held accountable for all activities including, but not limited to, the content of materials sent or received by mail, news or any other means using internet account privileges. I also understand that my child must abide by the Internet Code of Conduct Policies of Learn4Life as stated in the Parent/Student Guidebook. I also understand that use of the system will be for educational purposes only. Should a student commit any violation of this agreement, school disciplinary action and/or legal action may be taken.

I agree not to hold Learn4Life, any of its employees, any of the institutions or network providing access to the Internet liable for the performance of the system or the content of any materials accessed through it.

School - Location

Teacher Signature

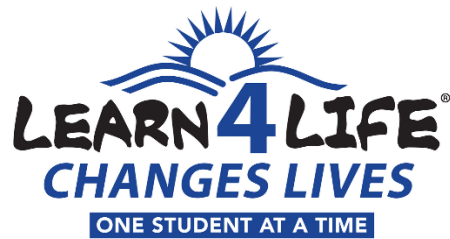
Student Name

Student Signature

Parent/Legal Guardian/Caregiver Signature

Date

This form is to be kept at the school site and kept on file by the classroom teacher or school administrator. It is required for all students that will be using a computer network and/or Internet access.



Dress Code

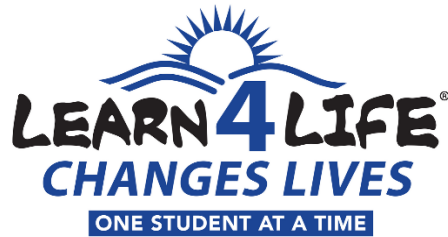
Dress that is considered gang related, vulgar or that mocks others on the basis of race, gender, religion, color, or national origin will be prohibited.

- No hats, No bandanas, No beanies, No hoods
- No socks pulled up with shorts
- No gloves
- No short shorts or short skirts. Shorts and skirts must be longer than your finger tips when placed by your side
- No midriff tops, no stomach showing
- No low cut shirts, no cleavage
- No logos of any kind on clothing
- No sports team apparel of any kind
- No chains connected to wallets, No key chains with sport team logos
- No under garments exposed
- No white shoes with black laces

Failure to comply will result in not being admitted to see your teacher and you will receive an absence for the week.

Student Signature _____ Date _____

Parent/Legal Guardian/Caregiver Signature _____ Date _____



Codigo de Vestir

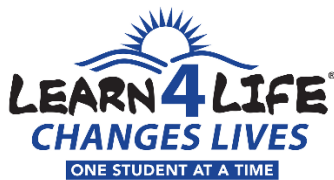
Vestimenta que sea considerada o relacionada a cualquier pandilla , vulgar o que ofenda a otros basado en su raza, sexo, religion, color, o origen nacional sera prohibida.

- No sombreros, No cachuchas, No pauelos, No gorras
- No calcetines levantados con pantalon corto
- No guantes
- No pantalon super cortos o faldas cortas. Pantalones cortos y faldas deberan ser mas largo que las puntas de los dedos cuando sean colocados al lado de la prenda.
- No blusas escotadas. No enseñar el ombligo
- No camisas bajas de corte, No escotes
- No logos de cualquier tipo en la ropa
- No ropa de equipo de deportes de cualquier tipo (ejemplos: Dodgers, Raiders, Cowboys, Lakers, etc.)
- No cadenas conectadas a la cartera. No llaveros y collares con logos deportivos.
- No enseñar ropa interior
- No zapatos blancos con agujetas negras.

Incumplimiento de codigo de vestimenta tendrá como resultado no ser admitido a ver a su maestro y usted recibirá una inasistencia durante la semana.

Firma de Estudiante _____ Fecha _____

Firma de Padre/Tutor _____ Fecha _____



Migrant Education Program
Family Questionnaire

This form must be completed for all students

Have you or anyone of your family members worked in the following industries in the last three years? (Please check off)

- DAIRY, FORESTRY, FOOD PROCESSING (Packing), LIVESTOCK, AGRICULTURE, FISHERY, Not Applicable

If you or one of your family members has worked in one or more of the above-mentioned industries your child may be eligible to receive exciting additional free education services which will help your child be more successful in school.

*EXTENDED DAY PROGRAMS

*HEALTH EXPOS



*FIELDTRIPS



*DEVELOPMENT



*CAREER

If your student does not qualify for services based off this questionnaire please fill out the Parent/Student information section ONLY.

Parents' Name: Date:

Address:

City: Zip Code:

Student's Name: Telephone No.:

School District of Residence: Grade:

Please circle the best day a representative from our office can visit you at your home to register your child to receive our special services:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Best time to call: a.m./p.m. Best time to visit: a.m./p.m.



Programa Migratorio de Educación

Cuestionario Familiar

Este formulario necesita estar completo para todos los estudiantes

¿Usted o cualquiera de sus miembros de la familia an trabajado en las industrias siguientes en los últimos tres años? (por favor marque las opciones que le aplican)

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> LECHERIA | <input type="checkbox"/> SILVICULTURA | <input type="checkbox"/> ALIMENTO que PROCESA (Empacando) |
| <input type="checkbox"/> GANADO | <input type="checkbox"/> AGRICULTURA | <input type="checkbox"/> PESQUERIA |
| <input type="checkbox"/> No Aplicable | | |

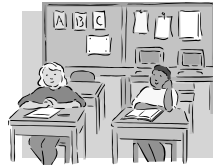
Si usted o uno de sus miembros de la familia an trabajado en una o en más de las industrias sobredichas su niño puede tener derecho a recibir servicios adicionales emocionantes de enseñanza gratuita que ayudarián a su niño ser más exitosos en la escuela.

*PROGRAMA de DIA PROLONGADO

*VIAJES DE ESTUDIO

*Los Viajes de Campo

*EXPOS de SALUD



*Desarrollo



*Carrera



Si su estudiante no califica para los servicios enel cuestionario por favor solo llene la seccion de padre y estudiante:

Nombre del padres: _____ **Fecha:** _____

Dirección: _____

Ciudad: _____ **Código postal:** _____

Nombre de estudiante: _____ **Telefono:** _____

Escuela de residencia: _____ **Grado:** _____

Circule por favor el mejor día que un representante de nuestra oficina le puede visitar en su casa para registrar a su niño para recibir nuestros servicios especiales:

lunes martes miércoles jueves viernes

Mejor tiempo de llamar: ____ a.m./p.m. Mejor tiempo de visitar: ____ a.m./p.m.

Por favor no visite: _____

Home Language Survey

Name of Student: _____
Last Name First Name Middle Initial

School: _____ Date of Birth: _____

Directions to Parents and/or Guardians:

The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

- 1. Which language did your child first learn, and is spoken by your child, or in the case if the child being too young to speak, the language spoken most frequently by you (the parent, legal guardian or caregiver) in the home. _____
- 2. Which language did your child learn when he/she first began to talk? _____
- 3. Which language does your child most frequently speak at home? _____
- 4. Which language do you (the parent, legal guardian or caregiver) most frequently use when speaking with your child? _____
- 5. Which language is often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) _____

Please sign and date this form in the spaces provided below and return in the completed enrollment packet. Thank you for your cooperation.

Signature of Parent/Legal Guardian/Caregiver/Adult Student

Date

HOME LANGUAGE SURVEY

SPANISH VERSION

Name of Student _____
Last Name
First Name
Middle Initial

School: _____ Date of Birth _____

Note: School district personnel should complete all of the information items above this line.

Instrucciones para padres y tutores:

El *Código de Educación* de California contiene requisitos legales que guían a las escuelas para determinar el idioma o idiomas que se hablan en el hogar de cada estudiante. Esta información es esencial para que las escuelas puedan ofrecer los programas y servicios educativos adecuados.

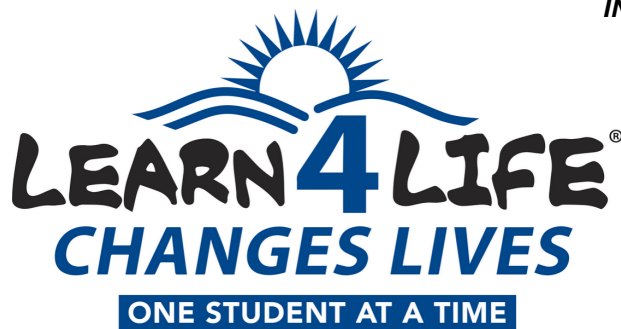
Como padre o tutor, su cooperación es necesaria para cumplir con este requisito legal. Responda a cada una de las cuatro preguntas siguientes de la forma más precisa posible. Para cada pregunta, escriba el nombre(s) del idioma(s) que corresponde en el espacio suministrado. Por favor, responda todas las preguntas.

1. *¿ Idioma del estudiante aprendió, es hablado por el estudiante, o en el caso de los estudiantes muy jóvenes para hablar, el lenguaje hablado con más frecuencia por los adultos en el hogar?* _____
2. *¿Qué idioma aprendió su hijo cuando empezó a hablar?* _____
3. *¿Qué idioma habla su hijo en casa con más frecuencia?* _____
4. *¿Qué idioma utilizan ustedes (los padres o tutores) con más frecuencia cuando hablan con su hijo?* _____
5. *¿Qué idioma se habla con más frecuencia entre los adultos en el hogar (padres, tutores, abuelos o cualquier otro adulto)?* _____

Por favor firme y feche este formulario en el espacio suministrado a continuación y devuelva el formulario al maestro de su hijo. Muchas gracias por su cooperación.

 (Firma del padre/madre o tutor)

 (Fecha)



Pursuant to the Individuals with Disabilities Education Improvement Act (20 U.S.C. §§ 1400 et. seq) and relevant state law, our charter school is responsible for identifying, locating, and evaluating children enrolled at our charter school with known or suspected disabilities to determine whether a need for special education and related services exists. This includes children with disabilities who are homeless or are wards of the State. To ensure that eligible students are receiving the services to which they are entitled, we would like to request your assistance.

If you know of a child who has a disability or that you suspect may have a disability, you may refer that child's parent or guardian to the Special Education Director by calling Dr. Patrick Hill at (661) 952.6030. Please note: All referrals are considered confidential. The parent, legal guardian, or surrogate parent retains the right to refuse services and other procedural safeguards under federal and state law.

Thank you for your assistance in this matter and please do not hesitate to contact me if you have questions or concerns.

Sincerely,

A handwritten signature in blue ink that reads "Dr. Patrick Hill, Ed.D."

Dr. Patrick Hill
 Special Education Director
 (661) 952-6030

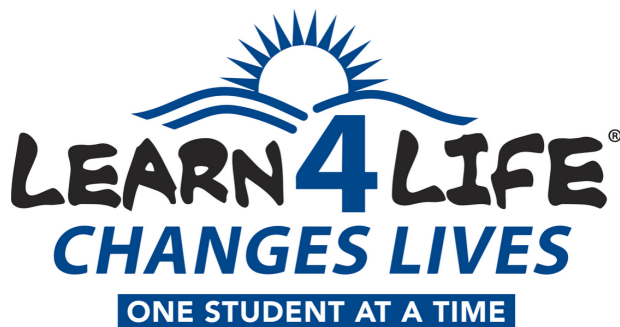
I have reviewed the Child Find Letter.

Print Student's Name

L4L School

Parent/Adult Student Signature

Date



De conformidad con la ley de Educación para personas con discapacidades (20 U.S.C. §§ 1400 et. seq) y la ley estatal , Learn4life es responsable de identificar, localizar y evaluar a los niños matriculados en Learn4life con discapacidades conocidos o sospechosos para determinar si existe una necesidad de educación especial y servicios relacionados.. Esto incluye a los niños con discapacidades que no tienen hogar o está bajo la tutela del Estado. Para asegurar que los estudiantes elegibles reciban los servicios a los que tienen derecho, nos gustaría pedir su ayuda.

Si usted sabe de un niño que tiene una discapacidad o que se sospecha que puede tener una discapacidad, puede consultar el padre o tutor de ese niño a Director de Educación Especial, Dr. Patrick Hill (661) 952.6030. Nota: Todas las referencias se consideran confidenciales. El padre, tutor legal o padre sustituto se reserve el derecho de rechazar los servicios y otras salvaguardias procesales bajo la ley federal y estatal.

Gracias por su ayuda en este asunto y por favor, no dude en ponerse en contacto conmigo si tiene alguna pregunta o reocupación.

Atentamente,

Dr. Patrick Hill
 Director de Educación Especial
 (661) 952-6030

Yo he revisado la carta Child Find

 Escriba en Letra de Molde el Nombre del Estudiante

 Escuela de L4L

 Firma del Padre/ Estudiante Adulto

 Fecha

Learn4Life
Student Questionnaire

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ e-mail: _____

Why did you choose to enroll at Learn4Life? _____

Favorite School Subject(s): _____

School Subject(s) you don't like: _____

Favorite Type of Music and Favorite Band/Performer: _____

Favorite Type of Movie and Favorite Movie: _____

Favorite Book, Magazine, and/or Newspaper: _____

List the sports, clubs, hobbies, or extracurricular activities you are currently doing and/or have done in the past two years: _____

If you have a job, how many hours do you work? What is your work schedule? _____

Do you have to take care of someone? (Example: babysitting, taking care of a grandparent, etc.) If so, what are the hours? _____

List anything you feel comfortable sharing that would provide more insight into yourself. For example: career goals, special skills or talents, etc.
