



SJVA: PYP Candidate school

480 North San Jacinto Avenue San Jacinto, California 92583 Phone: 951-654-6113 Fax: 951-654-5083

APPLICATION FOR ADMISSION 2019 – 2020 SCHOOL YEAR

1st - 12th Grade

Dear Parent/Guardians:

San Jacinto Valley Academy is a charter school of choice. In order to attend you must complete an application and provide the required documents (See below). Enrollment space is limited.

Student Name: _____ 2019-2020 Grade _____

- _____ Completed Application
- _____ Records Request Form
- _____ Copy of Most Recent Report Card (for elementary and middle school)
- _____ Disciplinary Record
- _____ Copy of Birth Certificate (From any Country)
- _____ Immunization Record (From any Country, Yellow card or Doctor Printout)
- _____ Attendance Record
- _____ Copy of Current IEP or 504 Plan (if applicable)
- _____ Official High School Transcript (for high school)
- _____ Expulsion Affidavit/Special Needs Form
- _____ Retention forms (if applicable)

****All students entering 7th through 12th grades will need proof of a Tdap boosters shot before starting school.**

Notes: _____

Note: Incomplete applications will not be accepted.

FOR OFFICE USE ONLY:

Date: _____ Initials: _____ Time: _____ AM/PM Sibling of current SJVA student YES/NO

Note: Failure to disclose these documents prior to acceptance at SJVA may result in immediate dismissal.

PLEASE SUBMIT THIS APPLICATION AT OUR LOCATION ON ESPLANADE ACROSS VALLEY-WIDE.



San Jacinto Valley Academy

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➤ PLEASE PRINT – STUDENT’S LEGAL NAME				ENTERING GRADE _____ 2019-2020			
Legal Last Name		Legal First Name		Legal Middle Name		Other Legal Name (if applicable)	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth date:	Month	Day	Year		
			()	()			
Parent/Guardian First Name		Last Name		Home Phone		Work Phone	
			()	()			
Parent/Guardian First Name		Last Name		Home Phone		Work Phone	
Residence Address		Apt#	City		State	Zip	
Mailing (IF DIFFERENT)		Apt #	City		State	Zip	
E-mail Address							

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one):		<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)	<input type="checkbox"/> Not Hispanic or Latino
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WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)		
<i>The above part of the question 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.</i>		
<input type="checkbox"/> American Indian or Alaskan Native (100) <small>(Persons having origins in any of the original people of North, Central or South America)</small>	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small>
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	
	<input type="checkbox"/> Samoan (303)	

PARENT EDUCATION – Check the response that describes the education level of the most educated parent .
<input type="checkbox"/> Graduate Degree or Higher (10)
<input type="checkbox"/> College Graduate (11)
<input type="checkbox"/> Some College or Associate’s Degree (12)
<input type="checkbox"/> High School Graduate (13)
<input type="checkbox"/> Not a High School Graduate (14)

Date your Child first attended school in the U.S.		
Month	Day	Year

BIRTHPLACE: City: _____ State: _____ Country: _____
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LIST ANY OTHER CHILDREN LIVING AT HOME

Full Name	Birth Date	Grade	Sex	Current SJVA Student?
Full Name	Birth Date	Grade	Sex	Current SJVA Student?
Full Name	Birth Date	Grade	Sex	Current SJVA Student?
Full Name	Birth Date	Grade	Sex	Current SJVA Student?

Parent/Guardianship Information (with whom the student lives) – check all that apply

Residence – where is your child/family currently living? – Please check appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) hardship |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

- Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____

Is the above (checked) person (s) the student’s LEGAL guardian? Yes No If No, please complete a “Caregiver Affidavit”

If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES:

1. Father Step Father/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone # (_____)** _____

2. Mother Step Mother/Guardian (check one) **Full Name:** _____
Employer: _____ **City:** _____ **Daytime Phone # (_____)** _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Full Name: _____ **Phone #:** (_____) _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip code:** _____

Previous School/Enrollment Details

Name of Previous School:	Address of Previous School:
Previous School Type (please select one row):	
<u>Public School:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Private school:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Other school:</u> <input type="checkbox"/> Outside of the United States <input type="checkbox"/> Institution (example: correctional facility)	

Has your child ever received any Special Education services of any kind?

Yes No

If **No**, Sign and date:

I certify that my student has never received Special Education services of any kind (i.e., speech, counseling, OT). I further certify that my student does not have a 504 plan.

Parent/Guardian: X _____ Date: _____

If **Yes**, Sign and date, and provide a copy of the IEP/504 Plan, including any exit IEP/504 Plan and any Speech or Psychological reports. *I understand that I must submit all Special Education documentation, and/or 504 Plan with my child's enrollment paperwork, and that without it my child's application will not be complete. I certify that all statements are true and correct to the best of my knowledge.*

Parent/Guardian: X _____ Date: _____

Has your child ever had disciplinary records/suspensions/expulsions of any kind?

Yes No

If **No**, Sign and date:

I certify that my student has never received disciplinary records/suspensions/expulsions of any kind.

Parent/Guardian: X _____ Date: _____

If **Yes**, Sign and date, and provide copies of all disciplinary/suspension/expulsion records, including an exit notice.

I understand that I must submit ALL disciplinary records/suspension/expulsion documentation, and that these documents will be reviewed by the school's Executive Director, with my child's enrollment paperwork, and that without it my child's application will not be complete. I certify that all statements are true and correct to the best of my knowledge.

Parent/Guardian: X _____ Date: _____

I certify that ALL the statements and information given above and throughout this enrollment paperwork is true and correct to the best of my knowledge and that if any information submitted on this document (or attached to it as part of this enrollment packet) is found to be false, the application will not be complete.

Parent/Guardian: X _____ Date: _____

Any other comments you feel are important to share regarding your child's academic/school history

Parent/Guardian and Student Questionnaire

To help us provide the best educational experience for your child we ask that you complete this questionnaire with your child prior to the student-parent/guardian-teacher conference. Having this background knowledge on your child will enable us to plan and adjust our instructional program to fit the needs of your child. Please use extra sheets of paper if you need more space than is provided on this form.

STUDENT NAME: _____ GRADE: _____

1. What kind of reading does your child enjoy at home? For example, nature or sports magazines, his/her own books, books from school, library, etc.

2. Please list any books and/or authors your child has read and would like to read again:

3. What writing do you see your child do at home? Example: letter writing, diary, etc.

4. What are your child's special interests at home?

5. What are your child's favorite subjects in school? Please explain.

6. What are your child's least favorite subjects in school? Please explain.

7. What is your child looking forward to in coming to a charter school?

8. What is your child most concerned about in coming to a charter school?

9. As a parent what is it that you hope the charter school will accomplish for your child?

10. How did you hear about San Jacinto Valley Academy?



San Jacinto Valley Academy

REQUEST FOR STUDENT RECORDS

2019-2020

PHONE: (951) 654-6113 FAX: (951) 654-5083

Name of Previous School

School Address

Phone Number: _____ Fax Number: _____

Student Name: _____ **D.O.B:** _____ **Grade:** _____

Dear Registrar: Your prompt attention to this matter is much appreciated. Please forward Official Transcript, Health Records, Testing Scores, IEP's, 504, Special Education Information and the CUM to:

Melissa Skeeters

San Jacinto Valley Academy
480 N. San Jacinto Ave San Jacinto, Ca 92583

I authorize all my child's records to be sent to the present school. Please send all pupil records, including grades, educational information, psychological, special education, health records, as well as developmental information for student indicated above.

Parent/Guardian Signature _____ Date _____

NOTE: The above is in compliance with the California Education Code Section 10939, San Jacinto Valley Academy is informing the parents of their right to inspect, review and challenge the content of the records of the above-mentioned student.