

**LIFELINE EDUCATION CHARTER SCHOOL**  
*Achieving Academic Excellence*

**Registration/Enrollment Checklist**

The Student's date of enrollment will be effective the first day the student attend class and all required enrollment documents listed below are properly completed and submitted including the lunch application.

<b>STUDENT INFORMATION</b>	<b>Legal Last Name:</b>		<b>Legal First Name:</b>		<b>Legal Middle Name:</b>	
	<b>Date of Birth:</b>		<b>Grade Level:</b>		<b>Gender:</b>	
	<b>*** FOR OFFICE USE ONLY***</b>					
	<b>Application Received &amp; Reviewed by:</b>		<b>Date Received:</b>		<b>SSID:</b>	
	<b>Official Enrollment Date:</b>	<b>Business Office Signature:</b>		<b>Special Education Director's Signature:</b>		<b>ELD Director's Signature</b>
<b>DOCUMENT VERIFICATION</b>	<b>New Students:</b> <input type="checkbox"/> Official Birth Certificate, Baptism Certificate, Passport, Consular Card, Medical Card, Court Documents, or Adoption Records <input type="checkbox"/> Parent/Legal Guardian Identification <input type="checkbox"/> Cumulative File / Completed Transcripts / Special Education Records / Diploma <input type="checkbox"/> Proof of address (Utility bill with address and name matching parent / guardian identification) <input type="checkbox"/> Immunization Records up-to-date (within the last 12 months including T.B. / TDap) <input type="checkbox"/> Testing Results for CAASPP/SBAC, CELDT/ELPAC, and etc. <input type="checkbox"/> Student Enrollment Application <input type="checkbox"/> Emergency Card <input type="checkbox"/> Title I Agreement <input type="checkbox"/> <b>Free and Reduced Lunch application (available July 16, 2018)</b> <input type="checkbox"/> Anti-Bullying Policy <input type="checkbox"/> Home Language Survey			<b>Returning Students:</b> <input type="checkbox"/> Student Enrollment Application <input type="checkbox"/> Updated Emergency Card <input type="checkbox"/> Proof of Address <input type="checkbox"/> Title I Agreement <input type="checkbox"/> Parent / Legal Guardian Identification <input type="checkbox"/> <b>Free and Reduced Lunch Application (available July 16, 2018)</b> <input type="checkbox"/> Anti-Bully Policy		
	<b>COUNSELING OFFICE</b>	<input type="checkbox"/> Class Schedule <input type="checkbox"/> Text Book(s) Pick-Up <input type="checkbox"/> IEP Review <input type="checkbox"/> Special Education Placement		<b>Dean of Student Services Signature:</b>		<b>Counselor's Signature</b>

\*Returning students must complete the items above to have accurate information in case of emergency. All students (new or returning) must provide updated information (such as phone numbers, address changes, etc.) as the information changes throughout the year.



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**Student Enrollment Application**

\*Please give **complete** and accurate information. Incomplete forms will be returned\*

<b>STUDENT INFORMATION</b>	Student Legal Last Name:		Student Legal First Name:		Student Legal Middle Name:		
	Home Address:			City:		State:	Zip Code:
						CA	
	2 <sup>nd</sup> Mailing Address (If different than the above)			Mailing City:		State:	Zip Code:
	Date of Birth:	Grade Level:	Gender:		Home Phone #:	Student's email Address:	
/ /		( ) Male ( ) Female					
Birth Country:		Birth State:		Student's Home School?			
Name of Previous School:		School Address:		School City:		School State:	

<b>MOTHER</b>	Mother/Legal Guardian:		Cell Phone #:		Email Address:	
	Employer Name:		Work Phone#:		Highest Education Level Completed:	
	Address (if different):		City:	Zip Code:	Preferred Language: ( ) English ( ) Spanish ( ) Other: _____	

<b>FATHER</b>	Father/Legal Guardian:		Cell Phone#:		Email Address:	
	Employer Name:		Work Phone#:		Highest Education Level Completed:	
	Address (if address):		City:	Zip Code:	Preferred Language: ( ) English ( ) Spanish ( ) Other: _____	

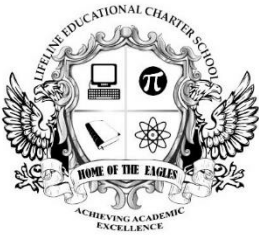
<b>EMERGENCY CONTACT</b>	Emergency Contact:		Relationship to Student:		Phone #:	

**PRIMARY ENROLLMENT AFFIRMATION**

*I, the undersigned parent/legal guardian, concur and agree that enrollment of the student applicant mentioned above constitutes their complete educational program and that the student applicant will not enroll in any other school, public or private school if the student applicant enrolls with Lifeline Education Charter School.*

Parent/Legal Guardian Signature

Date



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**Home Language Survey**

\*Please give **complete** and accurate information. Incomplete forms will be returned\*

<b>Language Survey</b>	Which language did your child learn when he/she first began to talk?		Which language do you ( <i>the parents or guardians</i> ) most frequently use when speaking with your child?	
	Which language does your child most frequently speak at home?		Which language is most often spoken by adults in the home?	
<b>Ethnicity Questionnaire</b>	<input type="checkbox"/> Hispanic or Latino - 800 <input type="checkbox"/> American Indian or Alaska Native - 100 <input type="checkbox"/> Asian Indian - 205 <input type="checkbox"/> Cambodian - 207 <input type="checkbox"/> Chinese - 201 <input type="checkbox"/> Filipino - 400 <input type="checkbox"/> Guamanian - 302 <input type="checkbox"/> Hawaiian - 301 <input type="checkbox"/> Hmong - 208 <input type="checkbox"/> White - 700		<input type="checkbox"/> Vietnamese - 204 <input type="checkbox"/> Tahitian - 304 <input type="checkbox"/> Samoan - 303 <input type="checkbox"/> Other Pacific Islander-399 <input type="checkbox"/> Other Asian - 299 <input type="checkbox"/> Laotian - 206 <input type="checkbox"/> Black or African American - 600 <input type="checkbox"/> Korean - 203 <input type="checkbox"/> Japanese - 202 <input type="checkbox"/> Declined to State	
	<b>SNOR Questionnaire</b>			
What country was your child born in?				
Has your child ever attended school outside of the United States?			If yes, what country?	
When was the last time your child attended school in the United States?				
<b>Special Education Information</b>	Has your child ever attended a special education class?	If your child has ever attended a special education class, what type?	Does your child have an active IEP?	What was the last date your child received special education services?

<b>For Office Use</b>	Effective Enrollment Date:		Grade:	Local Student ID:		SSID:	
	SNOR:		Title 1:		NSLP:		NSLP ID:
	Received By:		Date:		Entered By:		Date:



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**Emergency Contact Card**

\*Please give **complete** and accurate information. Incomplete forms will be returned\*

<b>STUDENT INFORMATION</b>	<b>Student Legal Last Name:</b>		<b>Student Legal First Name:</b>		<b>Student Legal Middle Name:</b>
	<b>Date of Birth:</b>	<b>Grade Level:</b>	<b>Gender:</b>	<b>Home Phone #:</b>	

**Only** those listed on the Authorized Persons section below will be permitted to pick-up your child from school. If at any time you would like to rescind this authorization or add other people to this authorization, you are required to fill out a new card **immediately**. Additionally, please note that we will not be required to contact you if the person listed below requests to pick-up your child from school as long as they provide us with proper identification and **this** is the most current form on file.

*I, the Parent/Legal Guardian of the above referenced student, have read the statement above and authorize the following person(s) to pick-up my child from school. I also agree to submit any changes (adding or rescinding) by filling out a new card immediately. On behalf of myself and my child, I voluntarily assume all risks and hereby release, waive, hold harmless, discharge, and covenant not to sue Lifeline Education Charter School (including its Board, employees, agents, and volunteers) from any and all liability, claims, actions, and demands for any cause of action arising out of, related to or in any way connected to any loss, damage or injury that may be sustained by my child or to any property belonging to my child, arising from my child being released to the Authorized Person(s) listed below.*

Parent/Legal Guardian's Signature Date

<b>Authorized Person#1</b>	<b>Legal Full Name:</b>		<b>Phone #:</b>		<b>E-mail Address:</b>
	<b>Address:</b>	<b>City:</b>	<b>State:</b> CA	<b>Zip Code:</b>	<b>Relationship to Student:</b>

<b>Authorized Person#2</b>	<b>Legal Full Name:</b>		<b>Phone #:</b>		<b>E-mail Address:</b>
	<b>Address:</b>	<b>City:</b>	<b>State:</b> CA	<b>Zip Code:</b>	<b>Relationship to Student:</b>

<b>Authorized Person#3</b>	<b>Legal Full Name:</b>		<b>Phone #:</b>		<b>E-mail Address:</b>
	<b>Address:</b>	<b>City:</b>	<b>State:</b> CA	<b>Zip Code:</b>	<b>Relationship to Student:</b>

<b>Authorized Person#4</b>	<b>Legal Full Name:</b>		<b>Phone #:</b>		<b>E-mail Address:</b>
	<b>Address:</b>	<b>City:</b>	<b>State:</b> CA	<b>Zip Code:</b>	<b>Relationship to Student:</b>



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**Medical Declaration**

\*Please give **complete** and accurate information. Incomplete forms will be returned\*

In the event your child requires emergency services; the following information will be shared with the medical personnel.  
 Please fill out the following information completely and accurately.

STUDENT INFORMATION	Student Legal Last Name:		Student Legal First Name:		Student Legal Middle Name:	
	Date of Birth:	Grade Level:	Gender:	Home Phone #:		
Primary Care	Name of your primary care physician (PCP)/family doctor/pediatrician:					
	Do you have medical insurance?		Medical Insurance #:		Phone #:	
Medication History	Is your child currently taking medications at home?		Will your child require to take those medications during school?		If yes, please list all medications:	
	<input type="checkbox"/> Anxiety Attacks (panic attacks) <input type="checkbox"/> Asthma <input type="checkbox"/> Cataracts/Glaucoma <input type="checkbox"/> Cochlear Implant <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Diabetes			<input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Problems <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension (high blood pressure) <input type="checkbox"/> Seizure Disorders <input type="checkbox"/> Vision Problems		
Allergies	Does your child have any allergies?			If yes, please list all allergies (include medicine, food, and other allergies):		
	<p><b>Emergency Treatment</b></p> <p>In case of emergency or illness, I authorize Lifeline Education Charter School to take my child to the nearest medical facility for treatment. Furthermore, in case of an emergency, I authorize Lifeline Education Charter School to disclose the information listed on this form to any medical personnel. I agree that Lifeline Education Charter School (including its Board, employees, agents, and volunteers) cannot assume responsibility for the payment of medical fees for expenses incurred.</p>					
Parent/Legal Guardian Signature					Date	



**LIFELINE EDUCATION CHARTER SCHOOL**  
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**Title I School-Parent Master Agreement**

\*Please give **complete** and accurate information. Incomplete forms will be returned\*

In an effort to build and develop a strong and responsible partnership that will help Title I children achieve the State of California's high academic standards, the following is agreed upon:

<b>STUDENT INFORMATION</b>	<b>Student Legal Last Name:</b>		<b>Student Legal First Name:</b>		<b>Student Legal Middle Name:</b>
	<b>Date of Birth:</b>	<b>Grade Level:</b>	<b>Gender:</b>	<b>Home Phone #:</b>	

As a student, I will be responsible for...

1. Coming to class on time and being prepared to work.
2. Respecting the rights of others to learn without distraction or disruption.
3. Showing respect to and cooperating with all adults in the school.
4. Completing all assignments to the best of my ability.
5. Showing respect for people and property by not using profanity, stealing or vandalizing.
6. Obeying all campus and classroom rules.
7. Spending time at home daily doing homework assignments, studying, and reading.

**Student Signature**

**Date**

As a Parent, I will be responsible for...

1. seeing that my child attends school regularly and on time.
2. providing a home environment that encourages my child to learn.
3. instill a value for education within my child.
4. helping my child in any way possible to meet his or her responsibilities.

**Parent/Legal Guardian Signature**

**Date**

As a Teacher, I will be responsible for...

1. Helping each student grow to his/her fullest potential.
2. Providing an environment conducive to learn.
3. Supplying clear evaluations of student's progress and achievement to both students and parents.

As the administration, we will be responsible for...

1. Pursuing Lifeline Education Charter School's mission to provide an academically challenging curriculum and to create a learning community of students, parents, teachers, staff, and committed adults from the community, which will provide the support necessary for each student to reach his/her highest individual potential – intellectually, socially, emotionally and physically.
2. Fostering a safe and healthy school environment for all students and staff.



**LIFELINE EDUCATION CHARTER SCHOOL**  
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**Anti-Bullying Policy**

\*Please give **complete** and accurate information. Incomplete forms will be returned\*

STUDENT INFORMATION	Student Legal Last Name:		Student Legal First Name:		Student Legal Middle Name:	
	Date of Birth:	Grade Level:	Gender:	Home Phone #:		

Lifeline Education Charter School believes that all students have a right to a safe and healthy school environment. Lifeline Education Charter School has an obligation to promote mutual respect, tolerance, and acceptance.

Lifeline Education Charter School will not tolerate behavior that infringes on the safety of any student. A student shall not intimidate or harass another student through words or actions. Such behavior includes: direct physical contact, such as hitting or shoving; verbal assaults, such as teasing or name-calling; and social isolation or manipulation.

Lifeline Education Charter School expects students and/or staff to immediately report incidents of bullying to the principal or another administrator if the principal is unavailable. Staff is expected to immediately intervene when they see a bullying incident occur. Each complaint of bullying will be promptly investigated. This policy applies to students on school grounds, while traveling to and from school and/or during a school-sponsored activity.

Teachers will discuss this policy with their students in age-appropriate ways and will assure them that they need not endure any form of bullying. Students who bully are in violation of this policy and are subject to disciplinary action up to and including expulsion.

Lifeline Education Charter School has adopted a Student Code of Conduct to be followed by every student while on school grounds, while traveling to and from school and/or during a school-sponsored activity.

The Student Code of Conduct includes, but is not limited to:

- Any student who engages in bullying (including instigating) may be subject to disciplinary action up to and including expulsion; bullying in any form is not tolerated - NO EXCEPTIONS.
- Students are expected to immediately report incidents of bullying to the principal or another administrator if the principal is unavailable.
- Students can rely on staff to promptly investigate each complaint of bullying in a thorough and confidential manner.

If the complainant student or the parent of the student feels that appropriate resolution of the investigation or complaint has not been reached, the student or the parent of the student should contact the principal or the Executive Director. The school system prohibits retaliatory behavior against any complainant or any participant in the complaint process.

The procedures for intervening in bullying behavior include, but are not limited, to the following:

- All staff, students and their parents will receive a summary of this policy prohibiting bullying: at the beginning of the school year in their enrollment packet, as part of the student handbook and/or information packet, as part of new student orientation, and as part of the school system's notification to parents.
- The school will make reasonable efforts to keep a report of bullying and the results of the investigation confidential.
- Staff is expected to immediately intervene when they see a bullying incident occur.
- Each complaint of bullying will be promptly investigated.
- People witnessing or experiencing bullying are encouraged and expected to report the incident; such reporting will not reflect on the victim or witnesses in any way.

*I have read the above statements, agree to abide by them at all times, and promise to abide by the anti-bullying policy.*

<b>Parent/Legal Guardian Signature</b>	<b>Date</b>
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**Authorization to Release Records**

\*Please give **complete** and accurate information. Incomplete forms will be returned\*

In accordance with the Code of Federal Regulations, Title 34, Volume 1, Part 99 (34CFR § 99.31), and the California Education Code § 49076, please release the following records for:

<b>STUDENT INFORMATION</b>	<b>Student Legal Last Name:</b>		<b>Student Legal First Name:</b>		<b>Student Legal Middle Name:</b>	
	<b>Date of Birth:</b>	<b>Grade Level:</b>	<b>Gender:</b>	<b>Home Phone #:</b>		
<b>Records to Release</b>	<ul style="list-style-type: none"> <li>• Cumulative Record to include: Report cards, transcripts, grades to date, discipline files, etc.</li> <li>• Official sealed transcripts of completed work</li> <li>• Health Records</li> <li>• Testing Results for CAASPP/SBAC, CELDT/ELPAC, etc.</li> <li>• Special Education Records including: IEP's, ITP's, BIP's, academic assessments, speech and language assessments, psychological evaluations and any additional pertinent information</li> <li>• All other education records Lifeline Education Charter School may reasonably need to enroll the student</li> </ul>					
<b>Previous School</b>	<b>School Name:</b>	<b>Last Attended Date:</b>	<b>California SSID:</b>		<b>Grade Level:</b>	
	<b>School Address:</b>		<b>City:</b>		<b>State:</b> CA	<b>Zip Code:</b>
<p>I, the Parent/Legal Guardian, of the above referenced student authorize Lifeline Education Charter School to obtain all of the above referenced records to allow Lifeline Education Charter School to process my child's enrollment.</p>						
<b>Parent/Legal Guardian Signature</b>					<b>Date</b>	

<b>Receiving Registrar</b>	Please complete the following in response to special education records. Sign, date and return <input type="checkbox"/> We do not have the records you have requested in our files. <input type="checkbox"/> We have not been able to locate the requested files but our records indicate this student receive special education services <input type="checkbox"/> After reviewing or records, it is determined that the above named student has not received special education services nor has been identified as being eligible for special education services.					
	<b>Parent/Legal Guardian Signature</b>					<b>Date</b>

**PLEASE FORWARD ALL STUDENT RECORDS TO:**

Lifeline Education Charter School  
 225 S. Santa Fe Ave  
 Compton, CA 90221  
 Phone: (310) 605-2510  
 Fax: (310) 764-4890