

Language Classification: \_\_\_\_\_ by: ☐ PAR ☐ CUM ☐ Home Language Survey ☐ Other (Explain): \_\_\_\_\_

# CENTER FOR ADVANCED LEARNING STUDENT ENROLLMENT FORM

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name

## Race & Ethnicity

Ethnicity	Is the student Hispanic or Latino? <i>(Select one only)</i>
<input type="checkbox"/>	No, not Hispanic or Latino
<input type="checkbox"/>	Yes, Hispanic or Latino

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.

Race	What is the race of this student? <i>(Select one or more)</i>
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Cambodian
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Filipino
<input type="checkbox"/>	Guamanian
<input type="checkbox"/>	Hawaiian
<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Laotian
<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	Other Pacific Islander
<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Tahitian
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	White

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Last Name First Name

## Family Information: Parent/Guardian #1

Field Name	Family Information	
Relationship to Student	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father	<input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Other: _____
Last Name		
First Name		
Address (if different from student)		
City		
State		
Zip Code		
Email Address		
Home Phone Number		
Cell Phone Number		
Employer		
Work Address		
Work Phone Number		

## Family Information: Parent/Guardian #2

Field Name	Family Information	
Relationship to Student	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father	<input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Other: _____
Last Name		
First Name		
Address (if different from student)		
City		
State		
Zip Code		
Email Address		
Home Phone Number		
Cell Phone Number		
Employer		
Work Address		
Work Phone Number		

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Last Name First Name

## Licensed Children's Institution / Family Foster Home

If this section is not applicable, check this box: ☐

Field Name	LCI/FFH Information
Foster Home Facility Name	
LCI/FFH	
Street Address	
City	
State	
Zip Code	
Email Address	
Phone Number	
Alternate Phone	

## Court Orders

Are there any court orders restricting the legal rights of either parent? ☐ Yes ☐ No  
 If you answered "Yes," please provide a copy of the court order.

## Previous School Information

Field Name	Student Information
Has student previously attended a CAL school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when did he/she enroll? (date)	
If yes, when did he/she leave? (date)	
Has student attended any school prior to a Center for Advanced Learning school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The name of the last school attended before Center for Advanced Learning	
Last school was a/in... (check <b>ALL</b> that apply)	<input type="checkbox"/> Charter School <input type="checkbox"/> Regular Public School <input type="checkbox"/> Preschool <input type="checkbox"/> Private School <input type="checkbox"/> LAUSD <input type="checkbox"/> CA <input type="checkbox"/> Out of State: _____ <input type="checkbox"/> Other: _____
<b>Date of first U.S. school enrollment</b>	
Has student repeated any grade levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what grade level(s) have been repeated?	
Has the student ever been suspended or expelled from a school?	
If yes, when was he/she suspended or expelled? Please also include whether your child completed an expulsion plan.	
Why was he/she suspended or expelled?	

# CENTER FOR ADVANCED LEARNING STUDENT ENROLLMENT FORM

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name

## Sibling Information

### Brothers:

### Sisters:

Last Name	First Name	Age	Older/Younger	Last Name	First Name	Age	Older/Younger

## Special Services *(If you have any questions on this section, please refer to the brochure entitled, "Are You Puzzled By Your Child's Special Needs?," available in the office.)*

Field Name	Student Information
Did this student receive special education services at his/her previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did this student have an Individualized Education Program (IEP) at his/her previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , do you have a copy of the student's IEP with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did this student have a Section 504 Plan at his/her previous school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , do you have a copy of the student's Section 504 Plan with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have difficulties that interfere with his/her ability to go to school or to learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student been identified for gifted and talented educational services (GATE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Parent Education

Field Name	Parent Information
Highest Parent Education Level	<input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college (includes AA degree, two-year colleges, community colleges, and trade or technical colleges) <input type="checkbox"/> College graduate (from a 4-year U.S. college/university or equivalent in another country) <input type="checkbox"/> Graduate school/Post-graduate training (i.e., MA, MS, MEd, PhD, EdD, MD, JD, etc.) <input type="checkbox"/> Decline to state or Unknown

## Migratory Status

Do any of the student's Parents or Guardians maintain primary employment in one or more agricultural or fishing activities on a seasonal or temporary basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Last Name First Name

**Home Language Survey** *[The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.]*

Field Name	Student Information
1. Which language did your son or daughter learn when he or she first began to talk?	
2. What language does your son or daughter most frequently use at home?	
3. What language do you use most frequently to speak to your son or daughter?	
4. Which language is most often spoken by the adults at home?	
5. Has your child received any formal English language instruction (listening, speaking, reading, or writing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**English Proficiency** *(This information is usually on the student's report card or transfer paper.)*

Field Name	Student Information
Student's English Proficiency according to the student's previous school (check <b>ONE</b> only)	<input type="checkbox"/> Native English Speaker (English Only – EO) <input type="checkbox"/> Initially Fluent English Proficient (IFEP) <input type="checkbox"/> Re-designated as Fluent English Proficient (RFEP) <input type="checkbox"/> Limited English Proficient/English Language Learner (LEP/ELL or EL) <input type="checkbox"/> Non-English Speaking <input type="checkbox"/> Status Unknown

## Home Information

Field Name	Student Information
What is the approximate number of books in the home where the student lives?	
Does the student have access to a computer at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have access to the Internet at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a quiet place to study at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Signature

**To the best of my knowledge, I verify that this information is complete and accurate.**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature of: (check one) ☐ Parent ☐ Legal Guardian ☐ Other: \_\_\_\_\_

## PARENT/GUARDIAN PUBLICITY AUTHORIZATION AND RELEASE INFORMATION

As you may have already noticed, we often take pictures of our students to feature in our newsletters and on our website. Also, we often have visitors and news reporters that come to our campus for various events, and they may also want to take pictures of our students. In order to take and place your child's picture and/or student work in our newsletters or in other publications, we first need your permission to do so.

Attached is a permission form that allows CAL to videotape and /or take pictures of your child and/or your child's student work and place them online and/or in print publications. By signing the form, you also allow visitors to take your child's picture and /or videotape them for their publications and online use. By you signing the form, you understand there will be no compensation to you or your child if his/her pictures and/or student work are used.



Dear Parent/Guardian:

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

1. Name of Pupil (please print)

2. Birth date (please print)

3. Name of Parent (please print)

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

My signature shows that I have read and understand the release and I agree to accept its provisions.

4. Signature of Parent/Guardian

5. Date Signed

6. Address (Number, Street, Apt. Number)

7. City

8. State

9. Zip Code

10. Telephone



**CONSENT TO RELEASE  
CONFIDENTIAL STUDENT INFORMATION**

**STUDENT'S NAME:** \_\_\_\_\_

**STUDENT'S DATE OF BIRTH:** \_\_\_\_\_ **CURRENT GRADE:** \_\_\_\_\_

**CHECK ONE:**

☐ I am the Parent or Legal Guardian of the above name student, a  
Non - Emancipated student under the age of 18.

☐ I am an emancipated student or student over 18 years of age.

**CHECK ONE:**

☐ My child receives special education services.

☐ My child does not receive special education services.

I hereby consent to the release of confidential student information relating to this student to the Los Angeles Unified School District or to another school/school district. Also, I authorize Center for Advanced learning to release/obtain pertinent information to/from my child's new/previous school/school district/special education provider if contracted by the school/school district/after school program if different from the school/school district concerning the above-named student for educational planning/medical treatment. The confidential/pertinent information includes, but is not limited to, attendance records, academic transcripts, report cards, standardized test scores, health records, special education records (including assessments and IEPs).

**PARENT/GUARDIAN NAME:** \_\_\_\_\_  
(Or Student who is over 18 years of age)

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_  
(Or Student who is over 18 years of age)

**PARENT/GUARDIAN PHONE NUMBER:** \_\_\_\_\_  
(Or Student who is over 18 years of age)

**DATE:** \_\_\_\_\_

**INFORMED CONSENT AND ACKNOWLEDGMENT FOR**



## PHYSICAL EDUCATION, SPORTS, AND DANCE ACTIVITIES

In consideration of (Clearly Print Full Name of Child), \_\_\_\_\_, my minor child, being allowed to participate in any way in Center for Advanced Learning programs, related events and activities, the undersigned acknowledges, appreciates, and agrees to the following:

I realize that sports activities (i.e., football, basketball, soccer, etc.), running, dancing, and recreational activities related to physical education/recess and other related activities and events are a vigorous physical activity that involves running, jumping, rotation, violent body contact and rapid directional change.

I understand that participation in these activities may include certain inherent risks and that regardless of the precautions taken by Center for Advanced Learning schools, organizations it may contract with to facilitate these activities, or the participants, some injuries may occur. These injuries include but are not limited to:

1. Sprains, strained muscles
2. Broken bones, dislocated joints
3. Permanent disability
4. Quadriplegia
5. Death

These injuries may result from hazards such as but not limited to:

1. Running into an opponent
2. Stepping on or tripping over another player/student
3. Running into a wall or other obstruction
4. Being struck by another opponent or the ball

Adhering to the following safety rules may lessen the likelihood of such injuries:

1. Properly warm up before practices, games, or dance activities
2. No "horseplay" or fighting during practices, games, dance activities, physical education (PE), or recess

I willingly agree to comply with the program's stated and customary terms and conditions for participation. In order to properly protect my own child's safety and that of fellow participants, I agree to follow these rules as well as any other that may be given by my child's teacher, administrator, coach, official, staff members of organizations that Center for Advanced Learning may contract with to facilitate these activities, or any other agent of Center for Advanced Learning.

In recognition of the importance of shared responsibility for safety, I will immediately report any noted deviations from the safety rules as well as any observed hazardous conditions or equipment to the teacher, administrator, coach, official, staff members of organizations that Center for Advanced Learning may contract with to facilitate these activities, and any other agent of Center for Advanced Learning.

I further certify that my child's present level of physical condition is consistent with the demands of active participation in sports activities (i.e., football, basketball, soccer, etc.), running, dancing, and recreational activities related to physical education/recess and other related activities. Attached is a complete list of all my child's known health conditions that might affect his/her ability to participate. (Please complete the District – Permanent Health History card.)

I HAVE CAREFULLY READ THE FOREGOING DOCUMENT. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND HAVE THEM ANSWERED. I AM CONFIDENT THAT I FULLY KNOW, UNDERSTAND, AND APPRECIATE THE RISKS INVOLVED IN ACTIVE PARTICIPATION IN PHYSICAL EDUCATION/RECESS AND ANY OTHER RELATED ACTIVITIES AND EVENTS.

HAVING BEEN INFORMED of the above programs to provide sports, dance, games, physical education/recess, and/or recreational activities for girls and boys, both before, during, and after school, I, the parent/guardian of the above named child, do hereby give my approval of his/her participation in any and all of the activities during the current school year. I ASSUME ALL THE RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES, and I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, do further RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS (i.e., waive all claims against) Center for Advanced Learning' schools, organizations it may contract with to facilitate these activities, the organizers, sponsors, supervisors, directors, trustees, volunteers, other participants, advertisers, officials, and, if applicable, owners and lessors of premises used to conduct practices, games, dances, physical education/recess, or recreational activities. I am voluntarily requesting permission for my son/daughter to participate in the activities and programs described above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Mailing Address: 4016 South Central Avenue • Los Angeles, CA 90011  
(323) 232-0245 CAL office  
www.centeradvancedlearning.org

*2013-2014 School Year*

Dear Parents:

Center for Advanced Learning is required by the State of California to report general information about the income levels of its families. We only have to report the total number of families who have incomes below a certain level, and we do not give them any of your specific information. Your information will be kept confidential.

**It is very important that we get this information from you because CAL may qualify for extra funding for your student's school based on the income levels of CAL's parents.**

Please complete the form below. Keep in mind that this information will be kept completely confidential and will not be shared with anyone outside of CAL.

NAME (S) OF STUDENT (S) ATTENDING CAL: \_\_\_\_\_

TOTAL NUMBER OF PEOPLE (STUDENTS AND ADULTS) IN YOUR HOUSEHOLD: \_\_\_\_\_

TOTAL HOUSEHOLD INCOME (BEFORE TAXES AND ALL DEDUCTIONS) **PER MONTH:** \_\_\_\_\_

Please call the school office if you have any questions. Thank you very much!