

PLEASE BRING THIS COMPLETED PACKET WITH YOU TO REGISTRATION!!



July 30, 2015

Dear LACHSA Parents,

We are so excited to begin the new school year at LACHSA! As you know, we are always looking for ways to better support our students transition back into the school year. The last stop at Summer Registration will be to pick up the students class schedule with room numbers, teachers, and periods. Students and Parents will be able to address any scheduling concerns at Registration.

In order to ensure this smooth transition into the school year we are asking that every student and their parent/guardian attend Summer Registration. The parent/guardian or student can attend alone if the family has a scheduling conflict. The parent/guardian can also designate another family member or close friend to register their student in the event they have a scheduling conflict. There are no alternate or make up dates for registration so please plan accordingly.

All students should also plan to take their 2015-2016 school photos at Registration (seniors will schedule senior portraits, but will still take photos at registration for the Portal). For students that are not able to attend, make up pictures will be taken on September 25th.

Grade	Date	Arrival Time by Last Name
12 th	Tuesday, August 18	A - F: 8:00am G - L: 8:30am M - R: 9:00am S - Z: 9:30am
11 th	Tuesday, August 18	A - F: 12:00pm G - L: 12:30pm M - R: 1:00pm S - Z: 1:30pm
10 th	Wednesday, August 19	A - F: 8:00am G - L: 8:30am M - R: 9:00am S - Z: 9:30am
9th	Wednesday, August 19	A - F: 12:00pm G - L: 12:30pm M - R: 1:00pm S - Z: 1:30pm

Please know that it is imperative that registration is completed in person. Students will not be given their class schedule until Summer Registration is complete. Please be sure to purchase a parking pass and allow at least 90 minutes to complete Summer Registration.

If you have any questions please call the LACHSA Main office at 323-343-2550. All Registration information is also online at lachsas.net/registration under the summer registration tab. Also, see page two of this packet for Audition Dates for Fall Arts Electives.

See you in August!

Mitzi Lizarraga
Principal

Lisa Sherman-Colt
Assistant Principal

Mary Cholko
Assistant Principal

Student Name: _____ Grade: ____ Art Major: _____



**LACHSA Auditions and Meeting Schedule
First week of School – 2015-2016**

Department	Mon 8/17	Tues 8/25	Wed 8/26	Thurs 8/27	Fri 8/28
Cinematic	none	none	none	none	none
Dance	none	none	none	none	none
Musical Theatre	none	Musical Theatre Production Auditions 1:15pm - 7pm LOFT	none	Musical Theatre Production Callbacks 1:15pm - 7pm LOFT	none
Music Instrumental	none	none	winds and brass orchestra placement auditions 1:15pm - 4pm Room 218	violin and bass orchestra placement auditions room 1:15pm-4pm Room 218	jazz combo and big band auditions room 2:15pm - 5pm Room 218 viola and cello orchestra placement auditions room 2:15pm – 5pm Room 121
Music Vocal	Vocal Jazz auditions 2pm - 5pm Room 219	Vocal Jazz callbacks 1:15pm - 4pm Room 219	Opera Auditions 1:15-4:00pm Room 224		Gospel Auditions 2:15-5pm Room 219
Theatre	none	none	none	9th Grade DTASK Auditions Room 131 1:15pm - 5pm	
Visual Arts	none	none	VA Department Meeting 1:20pm - 3pm Amphitheater	none	none
PE FitnessGram 10th Grade RE-Test For 10th graders that did not pass or were not able to take the FitnessGram in 9th grade due to illness/injury. (optional)			PE FitnessGram Room 217 arrive by 1:20pm Wear sneakers, a gray shirt and black shorts. Be prepared to complete the mile, pushup, situps, BMI, trunk lift, and curl ups.	PE FitnessGram Room 217 arrive by 1:20pm Wear sneakers, a gray shirt and black shorts. Be prepared to complete the mile, pushup, situps, BMI, trunk lift, and curl ups.	

Student Name: _____ Grade: ____ Art Major: _____



LACHSA Student Information & Emergency Contact Update Form

Directions: Please check one of the following boxes below and then complete the portion of the form that matches the box you have checked. If you have questions or concerns we will be able to assist you in reviewing your information at Registration.

- No, I don't have any updates. All of my contact information LACHSA has is correct.**
- You can verify information by checking on the parent portal (returning students)
 - You can verify information by reviewing your Online Registration printout from April/May (new students)

I verify that I have **no updates** to make to my address, phone, email or other contact information and the emergency contacts for my student are still available in the case of an emergency:

Parent/Guardian Signature: _____ Date: _____

- Yes, I have contact information to update (if so, please make updates below)**

PLEASE PRINT NEATLY!

Item to update	Updates
Home Telephone or Cell Phone Changes	
Student Contact Info cell and email	
Student Residential Address include city, state, zip	
Student Mailing Address include city, state, zip	
Parent/Guardian Contact Info include parent/guardian name and relationship, cell, work phone, email, etc	
Emergency Contact Info include contact name and relationship cell, work phone, email, etc	
Other (please explain)	

I verify that I have **made all updates** to my students contact information.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____ Grade: ____ Art Major: _____

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LACHSA Yearly Questionnaire
Education Supports and Health

Please provide answers to the questions below. These answers help LACHSA Faculty and Administration ensure students are supported at LACHSA. We ask that you answer honestly and please know that your responses to these questions are confidential.

Por favor, dar respuestas a las siguientes preguntas. Estas respuestas ayudan LACHSA Facultad y Administración aseguran que los estudiantes se apoyan en LACHSA. Le pedimos que conteste con honestidad y por favor sepan que sus respuestas a estas preguntas son confidenciales. (Traductor Google fue el uso para ayudar a traducir este formulario. Por favor, disculpe los errores.)

English	Español	Yes/No Explain	Si/No Explicar
In your last school, about how many students were in your class(es)?	¿En su última escuela, sobre el número de estudiantes en su clase (s)?		
What subjects are your best or favorite?	¿Qué temas son su mejor o favorito?		
Did reading or math give you trouble? Did you see someone other than your teacher for assistance?	¿Acaso las matemáticas o la lectura le dan problemas? ¿Has visto a alguien que no sea su maestro por la asistencia?		
Did you ever take tests when other students didn't for help with math and reading?	¿Alguna vez tomó pruebas cuando otros estudiantes no lo hicieron en busca de ayuda con las matemáticas y la lectura?		
Did you ever take tests or see someone for behavior when other students didn't?	¿Alguna vez tomó pruebas o ve a alguien de comportamiento cuando otros estudiantes no lo hicieron?		
Were you ever called outside of your class to work with a different teacher like a speech therapist or school psychologist?	¿Alguna vez ha llamado fuera de su clase para trabajar con un profesor diferente, como un terapeuta del habla o psicólogo de la escuela?		
Did your parent got to the school to attend an IEP or special education meeting?	¿Su padre llegó a la escuela para asistir a una reunión de IEP o de educación especial?		
Were you ever enrolled in special education or do you have an IEP?	¿Alguna vez matriculado en educación especial o tiene un IEP?		
Do you have any hearing, vision or health problems that make it difficult to learn in the classroom?	¿Tienes alguna audición, visión o problemas de salud que hacen que sea difícil aprender en el aula?		
Did the English language ever give you trouble? Did you see someone other than your teacher for assistance?	¿El idioma Inglés alguna vez te dan problemas? ¿Has visto a alguien que no sea su maestro por la asistencia?		

Student Name: _____ Grade: ____ Art Major: _____

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Student Name: _____ Grade: ____ Art Major: _____



Parental/Guardian Permission Form for Minor Students

For those whose minor children are enrolled at, or attend, institutions located at CSULA:

Minor students enrolled in University level classes or other programs at CSULA, and by virtue of their time spent on campus, may be exposed to adult-themed exhibits, performances, and course materials. Your signature on this Parental Permission Form acknowledges the possibility that your child may be exposed to such adult-themed materials while attending a school located at CSULA. Additionally, this form outlines the Policies of the John F. Kennedy Memorial Library and the University's Policy on Computer access for minors.

INSTRUCTIONS

To obtain library borrowing and computer access privileges, minors must bring their high school issued photo ID and this consent form signed by their parent or guardian to the Library circulation desk for library privileges where a temporary library card will be issued. For computer privileges, the temporary library card and high school issued photo ID must be presented to the ITS help desk.

STUDENT INFORMATION- (Please print)

Name: _____ Date of Birth: _____

Home Address (Street, City, State, Zip): _____

Home Phone: _____ Alternate Phone: _____

School: _____

PARENT/GUARDIAN CONSENT - Terms and Conditions

• The John F. Kennedy Library:

- o The John F. Kennedy Library is an adult environment containing research-level collections and information. Your child will have unsupervised, and unrestricted access to all library materials.
- o For overdue books, your child will incur an excessive use fee of \$0.25 per day per book. Invoices for lost or damaged books are typically \$60 to \$80 per book. All fees are expected to be paid promptly.

• CSULA Computer Resources:

- o CSULA does not offer Internet filters or blocking on its computers. When using CSULA computers in the Library, your child will have unfiltered, unblocked, unsupervised, and unrestricted access to the Internet and its contents. If enrolled in University courses, your child will have such access to the Internet in all of University Open Access Labs.
- o Your child is responsible for all activity that occurs under his/her account.
- o Computer users may not engage in any illegal use of University computer and network resources, such as peer-to-peer file sharing of copyrighted works, including music, pictures, movies, and other materials.
- o The transmission or reception of obscene, offensive, fraudulent, threatening, and discriminatory information is prohibited.
- o Viewing or downloading child pornography is a federal criminal offense and prohibited. Violators will be prosecuted to the fullest extent of the law.
- o Running games and other recreational programs that use excessive bandwidth is prohibited at all times.
- o Changing the configuration or system settings of any campus computer is prohibited.
- o Copying software licensed to CSULA is illegal and prohibited.
- o University computers, accounts, websites, and network systems may not be used for private commercial purposes or private activities unrelated to academic work, including installing or running personal programs.
- o Your child must maintain the security of his/her account ID and password, and must not disclose them to anyone. In addition, your child must abide by all User Guidelines posted online at: <http://www.calstatela.edu/its/policies>.

My signature below signifies that I have read, understand, and agree to the terms and conditions listed above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

Address (Street, City, State, Zip): _____

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

For Office Use Only:

Participant in Early Entrance Program (EEP) Yes No

Student Name: _____ Grade: ____ Art Major: _____

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**Los Angeles County
Office of Education**

Leading Educators • Supporting Students • Serving Communities

**Acceptable Use of Technology Agreement
For Student Enrolled in LACOE Programs or Activities**

Print Full Name of Student

Name of LACOE Site

I hereby acknowledge that I understand the Los Angeles County Office of Education student policy regarding acceptable use of technology, Los Angeles County Office of Education Policy 7250, and I agree to the following:

1. I will take responsibility to avoid unacceptable or inappropriate use of LACOE technological resources, as defined in Policy 7250;
2. I will ask my teacher or other LACOE staff prior to accessing material that may be unacceptable or inappropriate as defined in Policy 7250;
3. I will NOT use LACOE technological resources to access harmful matter, as defined in Policy 7250;
4. I will NOT use LACOE technological resources to infringe on the copyright of another;
5. I will NOT use LACOE technological resources to plagiarize any work, in part or in whole, that I am assigned to create myself as part of the LACOE program or activity I am enrolled in;
6. I will NOT use LACOE technological resources to access and/or distribute personal, private or confidential information I am not authorized to access;
7. I will NOT use LACOE technological resources to advertise products or services;
8. I will NOT use LACOE technological resources to lobby for votes;
9. I will NOT use LACOE technological resources to send or receive discriminatory messages;
10. I will NOT use LACOE technological resources to create or copy a computer virus and place it on the network;
11. I will NOT use LACOE technological resources to send or receive messages using someone else's user name and address or make it appear as if someone else sent or received the message;
12. I will NOT use LACOE technological resources to avoid, try to avoid, or help someone else avoid charges or fees;
13. I will NOT use LACOE technological resources to tamper, interfere with, damage, or use without permission any lawfully created computer data or computer system, including security systems;
14. I will NOT use LACOE technological resources in a way that is inconsistent with LACOE policies, procedures, rules and regulations.

I further understand that LACOE reserves the right to monitor my use of LACOE technological resources, and I should not expect privacy in my use of LACOE technological resources. I also understand that if I violate any of the above-listed conditions, I may face suspension or revocation of technology use privileges, disciplinary action, and/or legal action.

Signature of Student

Date Signed

Signature of Parent or Guardian

Date Signed

Signature of LACOE Staff

Date Signed

Student Records and Academics
Legal Authority: EC 35160, 48908, 51870.5; CC 1714.1; PC 313,502, 502.7
Adopted 10-13-98

7250 Acceptable Use of Technology

One of the adopted goals of the Los Angeles County Office of Education is to assist in advancing the use of technology to enhance student learning. Access to LACOE technology is a privilege, not a right, and students enrolled in LACOE programs or activities must follow LACOE guidelines and procedures regarding acceptable use of technology. All LACOE students and their parents/guardians shall sign the LACOE Acceptable Use of Technology Agreement prior to using LACOE technological resources. LACOE shall make a diligent effort to filter the inappropriate or harmful matter accessible through the Internet, and students shall also take responsibility not to initiate access to inappropriate or harmful matter while using LACOE technology. Violation of this policy may result in disciplinary action and/or civil or criminal liability.

I. Definitions

- A. **Acceptable Use:** use of LACOE technology that has educational value and does not violate relevant state or federal laws or regulations, or LACOE policies, procedures, rules, or regulations.
- B. **Educational Value:** material that enhances the learning experience of the student in the school setting and does not violate relevant state or federal laws or regulations, or LACOE policies, procedures, rules, or regulations.
- C. **Internet:** a global network of computer networks connecting the education, research, and business communities. The Internet provides LACOE participants with access to vast, diverse, and unique worldwide resources and the ability to share information that is current and relevant.
- D. **Email:** electronic mail; a service that sends messages via local or global networks.
- E. **Harmful Matter:** matter (any written visual, or recorded material or reproduction) taken as a whole which, to the average person applying contemporaneous statewide standards, appeals to the prurient interest, and is matter which taken as a whole depicts or describes in a patently offensive way sexual conduct and which, when taken as a whole, lacks serious literary artistic, political, or scientific value for minors.
- F. **Etiquette:** the rules of etiquette on the Internet; includes respect for copyrighted materials and private information.
- G. **Copyright Infringement:** use of copyrighted materials without the prior permission of the author.
- H. **Plagiarism:** copying the work of another and presenting it as your own original work; with or without permission or agreement.
- I. **Unacceptable Use:** using LACOE technological resources for commercial advertising; copyright infringement; political lobbying; accessing pornography; sending/receiving discriminatory messages; creating or copying a computer virus and placing it on the network; using the network to send/receive messages using someone else's user name/address or depicting someone else as the originator of the message; using the network in a manner inconsistent with other student policies and codes of conduct; using the network to access and distribute confidential, personal or private information.
- J. **Fraudulent Access:** inappropriate or unacceptable use of technological resources without permission with the intent of avoiding, attempting to avoid or assisting to avoid lawful charges.
- K. **Unauthorized Access:** tampering, interference, damage, and unauthorized use of lawfully created computer data and computer systems, including security systems.

II. Acceptable Use of LACOE Technological Resources

- A. No student shall have access to LACOE technological resources without first agreeing to and signing the LACOE Acceptable Use of Technology Agreement.
 - 1. All student's parents/guardians must concur with this agreement prior to access. Students will be provided with a copy of the signed agreement.
 - 2. LACOE staff shall retain a copy of the agreement in the student's file.
- B. Students shall not have access to LACOE technological resources without the prior consent of LACOE staff for the purpose of conducting research or other activities with educational value.
- C. Students are expected to conduct themselves in accordance with LACOE policies regarding student conduct and expression.
 - 1. Students must also take responsibility to avoid unacceptable or inappropriate use of technology while accessing LACOE resources. When in doubt, student shall ask LACOE staff prior to accessing information that may be unacceptable or inappropriate in accordance with the LACOE Acceptable Use of Technology Agreement.
 - 2. Student shall follow general rules of etiquette.
 - 3. Student shall not participate in the following unacceptable activities.
 - a. Intentionally or knowingly accessing harmful matter
 - b. Copyright infringement
 - c. Plagiarism
 - d. Unacceptable use of resources
 - e. Fraudulent access
 - f. Unauthorized access
- D. LACOE reserves the right to monitor use of technological resources, including Internet and e-mail, for audit and review purposes. Users should not have an expectation of privacy when using LACOE technological resources.
- E. Consequences of violations of this policy, including the unacceptable activities listed above, Part C 3, include, but are not limited to:
 - 1. Suspension or revocation of Internet access
 - 2. Suspension or revocation of network privileges, including e-mail
 - 3. Suspension or revocation of computer access
 - 4. Suspension or expulsion from school (CROSS REFERENCE: SUSPENSION AND EXPULSION POLICY, 7430)
 - 5. Civil or criminal action against the offender
- F. LACOE sites are encouraged to develop electronics/information resource committees.
 - 1. Such committees should include staff, parent/guardians, students, and interested community members.
 - 2. Such committees may develop site policies, rules, and regulations regarding use of technology, in accordance with LACOE policies, procedures and guidelines.

Student Name: _____ Grade: ____ Art Major: _____



Home Study Authorization Form

ALL 11 and 12th Grade Students must complete regardless of course schedule

Home Study courses are privileges given to Junior and Senior students in good standing at LACHSA. With this privilege comes responsibility and this form outlines the expectations for the students. All LACHSA students enrolled in Home Study must:

- 1) Follow all Rules and Regulations listed in the 2015-2016 LACHSA Community Handbook.
- 2) Maintain satisfactory grades (no D/F) and satisfactory work habits and citizenship (no unsatisfactory marks). Any student who earns a D, F or U on a progress report or final semester report card may have their Home Study Period privilege revoked.
- 3) Students who are enrolled in Home Study agree to remain off campus during the home study period. Students may arrive at campus no more than 15 minutes prior to the start of their first class. If you feel that this will be an issue for you due to transportation, and you will regularly arrive to school more than 15 minutes prior to the start of your first class, please see your counselor so they can discuss placement in a Study Hall Periods 1 or 4.
- 4) Violation of any part of this contract and/or other LACHSA or CSULA rules and regulations will result in the loss of Home Study.

By signing this, I agreed to adhere to the above rules and expectations Home Study. I understand that this class is a privilege and it can be revoke by the LACHSA administration if I do not adhere to the above expectations.

Parent/Guardian signature _____ Date: _____

Student signature _____ Date: _____

Student Name: _____ Grade: ____ Art Major: _____

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School Nutrition Programs 2015-2016 Application for Free and Reduced-Price Meals

Serving Students • Supporting Communities • Leading Educators

NAME OF SCHOOL

Complete one application per household

California Education Code Section 49557(a): "Application for free and reduced-price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate dining areas, or by any other means."

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Student?		Foster Child	Homeless, Migrant, Runaway, Head Start	Kin-GAP Case Number
				Yes	No			
Children in foster care, Head Start, or Kin-GAP and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Head How to Apply for Free and Reduced-Price School Meals for more information.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check all that apply

STEP 2 Do any Household Members (including yourself) currently participate in one or more of the following assistance programs? If YES > Check the applicable program box, enter the case number, and then go to STEP 4 (Do not complete STEP 3) If NO > Complete STEP 3

CalFresh CalWORKS FDIPIR
 CalWORKS FDIPIR

CASE NUMBER _____
Write only one case number in this space

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Total Child Income: _____

How often? Weekly [] Bi-Weekly [] 2x Month [] Monthly []

B. All Adult Household Members (including yourself)
List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work		Public Assistance/Child Support/Alimony		Pensions/Pensions/Retirement/All Other Income		How often?	
	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly

Total Household Members (From STEP 1 and STEP 3) _____

Last four digits of Social Security number (SSN) of Primary Wage Earner or Other Adult Household Member: **X X X - X X -**

Check box if no SSN:

STEP 4 Contact Information and Adult Signature

Certification: "I certify (promise) that all information on this Application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws."

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip Code _____

Printed Name of Adult Completing this Form _____ Signature of Adult Completing this Form _____ Today's Date _____

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your child's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino Asian American Indian or Alaska Native Black or African American Native Hawaiian or other Pacific Islander White

Total Household Members (From STEP 1 and STEP 3)

Approved as:
 Free Homeless Head Start
 Reduced-Price Migrant Kin-GAP
 Denied Runaway

Reason: _____

How often? Weekly [] Bi-Weekly [] 2x Month [] Monthly []

Total Child Income _____

Verifying Official _____ Date _____

Confirming Official _____ Date _____

Determining Official _____ Date _____

DO NOT COMPLETE THE INFORMATION BELOW. IT IS FOR SCHOOL USE ONLY.



Strong Schools • Supporting Communities • Inspiring Educators

Programas de Nutrición Escolares 2015-2016 Solicitud para Alimentos Gratuitos y de Precio Reducido

Llenar una solicitud por hogar

Sección del Código Educativo de California 49557(a): "La solicitud para alimentos gratuitos y de precio reducido, puede entregarse en cualquier momento durante el día escolar. Los niños que participen en el Programa Nacional del Almuerzo Escolar, no serán abientemente identificados por medio del uso de monedas especiales, boletos especiales, horas de servicios especiales, comedor separado o por algún otro medio."

PARA USO ESCOLAR SOLAMENTE
SOLICITUD PROPENSA AL ERROR
 SI NO

PASO 1 Anote TODOS los Miembros del Hogar que sean bebés, niños y estudiantes hasta la edad de e incluyendo el 12^o grado (si requiere más espacio para anotar nombres adicionales, adjunte otra hoja de papel)

Definición de Miembro de Familia "Cualquier persona que esté viviendo con usted y que comparta ingresos y gastos aunque no sea familiar."	Primer Nombre del Niño	ISN	Apellido del Niño	¿Estudiante? SI No	Niño Bajo Cuidado de Clara	Sin Hogar, Abandonado, Fugitivo, Temporalmente	Kin-GAP Número de Caso
Los niños bajo el cuidado de crianza Comienzo a Temporalmente Edad (Head Start), o Programa de Asistencia de Pago a Familias con la Tulea (Kin-GAP), por sus siglas en inglés) y niños que comparten con la descripción anterior. Los hogares que reciben alimentos gratuitos. Lea el Cómo Solicitar Alimentos Gratuitos y Precio-Reducido para más información.							

PASO 2 ¿Algún Miembro de su Familia (incluyéndolo a usted) participa actualmente en un o más de los programas de asistencia a continuación?

Si la respuesta es SI > Marque la casilla que correspondió al programa, escriba el número de caso y después continúe con el PASO 4 (No llene el PASO 3) CalWORKS CalFresh CalWORKS FDIPIR NUMERO DE CASO _____
 Si la respuesta es NO > Llene el PASO 3

PASO 3 Declare los ingresos de TODOS los Miembros del Hogar. (Omita este paso si usted contestó "SI" al PASO 2)

A. Ingresos del Niño
Algunas veces los niños del hogar ganan ingresos. Favor de incluir aquí el TOTAL de los ingresos adquiridos por todos los Miembros de Familia anotados en el PASO 1.

B. Todos los Miembros de Familia Adultos (incluyéndolo a usted)
Anoté todos los miembros de familia que no estén anotados en el PASO 1 (incluyéndolo a usted) aunque no ganen ingresos. Para cada miembro de familia anulado, si es que ganan ingresos, declare el total de sus ingresos de cada fuente en dólares enteros solamente. Si no reciben ingresos de ninguna fuente, anote "0". Si usted anota "0" o deja secciones en blanco, usted está garantizando (prometiéndolo) que no existen ingresos que se deban declarar.

Número del Miembro del Hogar Adulto (Primer Nombre y Apellido)	Ingresos del Trabajo	¿Con qué frecuencia? Semanal Cada Dos al Mes Mensual Semestral	Asistencia Pástor Mantenimiento/Perseón Compañero	¿Con qué frecuencia? Semanal Cada Dos al Mes Mensual Semestral	Pensiones/Jubilación/ Cualquier Otro Ingreso	¿Con qué frecuencia? Semanal Cada Dos al Mes Mensual Semestral	Total de Ingresos del Niño	¿Con qué frecuencia? Semanal Cada Dos al Mes Mensual Semestral
	\$							
	\$							
	\$							
	\$							
	\$							
	\$							
	\$							
	\$							
	\$							
	\$							

PASO 4 Datos de Contacto y Firma de la Persona Adulta
 Confiración: "Yo entiendo (prometo) que toda la información proporcionada en esta solicitud es fidedigna y que todos los ingresos se han declarado. Estoy al tanto de que esta información es proporcionada en conexión con subvenciones federales recibidas y que los funcionarios escolares podrían verificar (revisar) dicha información. Estoy consciente de que si proporciono información falsa, mi hijo podría perder sus privilegios alimenticios, y yo podría ser procesado bajo las leyes estatales y federales correspondientes."

 Dirección (si está disponible) _____ Estado _____ Código Postal _____ Número de Teléfono Domicilio (opcional) _____ Nombre en Letra de todas las personas que firmen este Formulario _____ Firma del Adulto que firmó este Formulario _____ Fecha de Hoy _____
 # de Abito _____ Ciudad _____
OPCIONAL Identidad Racial y Étnica del Niño
 Se nos requiere pedir información acerca de la raza y etnicidad de su hijo. Dicha información es importante y ayuda en la veracidad de que estamos sirviendo a nuestra comunidad en su totalidad. Las respuestas de esta sección son opcionales y no afectan la clasificación de su hijo para recibir alimentos gratuitos o de precio reducido.
 Grupo Étnico (marque uno): Hispano o Latino No Hispano ni Latino Asiatco Indio Americano o Nativo de Alaska Raza Negra o Afroamericano Nativo de Hawaii o algún otro Islaño del Pacífico Blanco
NO LLENE LA INFORMACIÓN ABAJO. ES PARA EL USO DE LA ESCUELA SOLAMENTE.
 ¿Con qué frecuencia? Completo Sin Hogar Comienzo a Temporalmente Propensa al Error
 ¿Con qué frecuencia? Gratis Precio Reducido Negado Fugitivo Kin-GAP
 Total de Ingresos del Niño _____ Fecha _____
 (Del PASO 1 al PASO 3) _____ Funcionario Determinador _____
 Total de Ingresos de la Familia _____ Fecha _____
 (Del PASO 1 al PASO 3) _____ Funcionario Confirmador _____
 Funcionario Determinador _____ Fecha _____
 Funcionario Confirmador _____ Fecha _____
 Traducido by LACOE-MPSO 07-15-15
 Form No. 501-4115 Rev.06-09-2015



**MEDICATION DURING SCHOOL HOURS
PHYSICIAN'S REQUEST (To be completed by a licensed physician)**

- SELF-ADMINISTRATION
- ASSISTANCE BY SCHOOL PERSONNEL

<i>student's last name, first name, middle initial</i>	<i>sex</i> <input type="checkbox"/> female <input type="checkbox"/> male	<i>birthdate</i> / /
<i>MEDICATION</i>	<i>purpose</i>	
<i>dosage prescribed</i>	<i>time schedule</i>	<i>dose form (tablet, liquid, inhaler, etc.)</i>
<i>prescription date</i>	<i>prescription expiration date</i>	
<i>precaution, special instructions, possible adverse effects, comments, etc.</i>		

PARENT/GUARDIAN (CHECK ONE OPTION ONLY)		
<input type="checkbox"/> I request that my child be assisted in taking the above prescribed medication at school by authorized school personnel. <input type="checkbox"/> I permit my child to carry the above listed prescribed medication as ordered by the physician. My child is knowledgeable and capable of self-administration of this medication. I understand that sharing any medication with other students, failure to comply with LACOE policy governing medication administration during school hours may result in disciplinary action and self-administration to be revoked. I understand the following: there will be no direct monitoring by school staff, the student is responsible for self-administration of the medication, and reporting to the appropriate school staff if symptoms continue or worsen. I will be notified by appropriate school staff if my child continues to have difficulty. I understand it is my responsibility to immediately notify the school if my child's health status changes or when a change in physician and/or medication occurs. I understand it may be necessary for the school nurse to communicate with the supervising physician and counsel with school personnel regarding the possible effects or side effects of the above medication.		
<i>parent/guardian signature</i>	<i>telephone number</i> () -	<i>date signed</i> / /

STUDENT (SIGN IF SELF-ADMINISTERING)		
I have demonstrated knowledge of correct usage and dosage of my medication. I will not at any time share my medication with another person or use it in an unsafe manner. Permission to self-administer medication will be re-evaluated and I may face disciplinary action if I do not comply with LACOE medication policy. I will notify the appropriate staff when I use my medication, if symptoms continue or worsen, or if I have problems self-administering my medication.		
<i>student signature</i>		<i>date signed</i> / /

PHYSICIAN (CHECK ONE OPTION ONLY)		
<input type="checkbox"/> The above named student requires assistance in administration of medication listed above during the school day. <input type="checkbox"/> The parents of the above named student have requested that their child carry his/her medication on his/her person to use during school hours. It is my opinion that the student's medical condition requires immediate use of prescribed medication and the student's well being is in jeopardy unless the medication is carried on his/her person. This student has demonstrated knowledge of correct dosage and usage and is physically, mentally and behaviorally capable of administering this medication as indicated above.		
<i>physician's name (printed)</i>	<i>physician's signature</i>	
<i>physician's address</i>	<i>telephone number</i> () -	<i>date signed</i> / /

principal/school nurse/designee signature _____ date: ____ / ____ / ____

Student Name: _____ Grade: ____ Art Major: _____

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Student Name: _____ Grade: ____ Art Major: _____



Foundation Parent Information Sheet

The Los Angeles County High School for the Arts Foundation (Arts High Foundation) exists to support the arts programs at LACHSA. For us to meet our goal, parent support is strongly encouraged and much appreciated. LACHSA and the Foundation look forward to working with you to ensure that LACHSA your student receives the best possible arts education. Please provide us with the following information to help us to get to know you better.

Name of Parent/Guardian 1 _____

Address _____

E-mail Address _____

Place of Employment _____

Type of Business _____ Position Held _____

Does this business have a matching gift program? _____

Name of Parent/Guardian 2 _____

Address (if different) _____

E-mail Address _____

Place of Employment _____

Type of Business _____ Position Held _____

Does this business have a matching gift program? _____

What makes fundraising successful is people passionate about a cause, asking others they know to support it. With that in mind, would you:

- Ask your employers to support an event with a sponsorship gift? _____
- Help your student ask your friends and family to support Walk for the Arts? _____
- Ask your company for a matching gift? _____
- Consider hosting a small event at your home for prospective donors? _____
- Introduce us to people who are potential donors? _____
- Other: _____

Questions? Call Arts High Foundation as (213) 225-7584 THANK YOU!

Student Name: _____ Grade: ____ Art Major: _____

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Student Name: _____ Grade: ____ Art Major: _____



School Photograph Information

9-12th Grade Portal Photos at LACHSA

All students will have their photograph taken for their AERIES Portal Picture.

9-11th Grade Yearbook Photos at LACHSA

Bronson Photography will take the LACHSA school photos for the 2015-2016 school year. You can access these photos after the shoot at:
www.BronsonStudio.com/LACHSA

A copy of the Underclassmen Order Form will be included in the mailing packet (see back page). You can get a second copy <http://bit.ly/LACHSAUnderclass>

The order form must be turned in even if you don't plan to purchase pictures as it ensures that your picture appears next to the correct name in the yearbook.

You will also be able to purchase photos online after they are taken.

Senior Pictures at Bronson's Studio

Seniors, you will receive an e-confirmation and also a letter in the mail with your Senior Portrait picture date. If you must change your appointment, please call the studio [818.249.5864](tel:818.249.5864) to reschedule ASAP. Please schedule your picture time outside of the school day. The studio is open on Saturday's. The sitting fee for the pictures to be taken is \$35.00 + tax. Please bring \$ 38.15 with you to the studio in cash or check. You can find a map to the studio:
www.BronsonStudio.com/LACHSA

Bronson Photography
2060 Montrose Ave
La Crescenta-Montrose, CA 91020
(818) 249-5864

Picture day!

PURCHASE ONE OR MORE PACKAGES NOW AT SPECIAL VOLUME PRICES AND SAVE MONEY!
NO ADDITIONAL OPPORTUNITY FOR DISCOUNTED PICTURES WILL BE AVAILABLE.

Package "A"
2 - 8x10
2 - 5x7
4 - 4x5
8 - Wallets

Package "C"
Use high resolution image on a CD which can be used to create prints of any size or quantity, and can be used on the web! www.Facebook.com

Package "E"
1 - 5x7
2 - 4x5
4 - Wallets

Package "B"
2 - 8x10
2 - 5x7
2 - 4x5
4 - Wallets

Package "D"
2 - 5x7
2 - 4x5
8 - Wallets

Package "F"
2 - 4x5
4 - Wallets



ADD FACIAL RETOUCHING FOR \$20

Before After

PLEASE BRING A CHECK OR CREDIT CARD 1 ON REVERSE OF THIS FORM.

Bronson
Photography
2060 Montrose Avenue
Monterose, Ca. 91020



Portrait Order Form

All these photographs on the web at:

BronsonStudio.com/Lachsa

*** PLEASE PRESENT THIS FORM TO THE CASHIER ON PICTURE DAY IF YOU ARE ORDERING OR NOT ORDERING ***

Package: A B C D E F \$ _____ Student Name: _____ Student ID # _____

Pay Refund: Total \$ _____ Package # _____

Parent eMail _____ Parents eMail _____

CC # HERE _____ PLEASE BRING A CHECK OR CASH OR CREDIT CARD # _____ EXP / _____

MAKE YOUR CHECK PAYABLE TO: BRONSON PHOTOGRAPHY
2060 Montrose Avenue, Monterey, Ca 91020 818.241.5864
Red Green Blue Gray Black Stripes Plaid Tan
Multi Pink Purple Yellow White Brown Orange

Student Name: _____ Grade: ____ Art Major: _____

**Parent Council Summer Registration Packages
2015-2016**

Item Description	Suggested Donation	Quantity	Total Cost
LACHSA Student Package A donation towards this package helps offset costs and expenses associated with the following: <ul style="list-style-type: none"> • safety supplies • parent, student and teacher receptions • college fair luncheon for college representatives • student awards and awards ceremony • nutrition during testing for students • student tickets for those in need (prom, grad night, AP testing, etc). 	\$75		
Graduation Donation The LACHSA graduation at Walt Disney Concert Hall costs \$30,000 every year. To continue the tradition of holding graduation at Disney Hall, we are asking for donations to help offset the cost to run the theatre during graduation rehearsal and graduation.	\$50 - \$200		
PE Uniforms Students in 9 th and 10 th grade are required to take PE. Students may wear their own plain gray t-shirt and plain black shorts or they may purchase a LACHSA PE Uniform. <ul style="list-style-type: none"> • Short Size: S M L XL 2XL • Shirt Size: S M L XL 2XL 	\$15 per item \$30 for set		
LACHSA ID Card <ul style="list-style-type: none"> • Free for new LACHSA students • \$5 for replacement for returning student's 	\$0-\$5		Please bring \$5 cash per ID to replace ID. You will keep your \$5 for use at a later station.
Student Planner/Calendar <ul style="list-style-type: none"> • Free for New LACHSA students • \$10 for returning LACHSA students 			
Other Donation			
Total: <ul style="list-style-type: none"> • Pay with a credit card online at registration • Pay with a check made out to "LACHSA" at registration • Please write "Parent Council" and student name in subject line. 			

Staff Use only:

Student Name: _____ Grade: ____ Art Major: _____

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Associated Student Body Packages (ASB)

Please consider supporting the LACHSA study body as they work to create priceless memories.

HIGHLY Recommended!!

Purchase Online at <http://www.itsmyseat.com/LACHSA/> prior to Registration
Bring receipt of purchase to LACHSA to pick up planner or 2014-2015 Gift of Love.

Item Description	Cost	Number of Items	Total Cost
Yearbook (2015-2016 Pre-Purchase option) ** cost will go up in September	\$85		
Prom (11 th and 12 th grade ONLY) – Spring 2015	\$90		
Grad Night at Disneyland (12 th Grade ONLY) – Spring 2015	\$90		
Gift of Love 2014-2015 (Visual Arts Portfolio of student work) ** please note, this is for last year's Gift of Love	\$40		
LACHSA Agenda <ul style="list-style-type: none"> • Free for new LACHSA students • \$10 for returning 10th – 12th graders that wish to purchase 	\$0-\$10		
LACHSA ASB Donation This donation will help purchase supplies and materials needed to put on events such as: <ul style="list-style-type: none"> • Halloween Festival • Lunch Time Activities • March Madness Festival • ASB Materials and Supplies • Student and Teacher receptions • New Student Academy Supplies 	\$25-50		
Total <ul style="list-style-type: none"> • Best Option! – Buy online http://www.itsmyseat.com/LACHSA/ • Payable by Check made out to "LACHSA ASB" • Requires separate check from Registration Package due to accounting 			

Staff use only:

Student Name: _____ Grade: ____ Art Major: _____

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Student Name: _____ Grade: ____ Art Major: _____



LACHSA/CSULA Student ID Information

New Students

LACHSA will issue every new student an ID card through CSULA's system. This will allow students to have access to the CSULA Library and some of the Technology Centers on site. When you come to registration, a returning LACHSA student will help escort new LACHSA students to the ID center.

I am a new student to LACHSA and I will need to get an ID Card

Returning Students

You were issued an ID during your first year at LACHSA. Please check the appropriate box below and plan accordingly. If you are a parent of a LACHSA student and you are registering without your student, a picture/text of the ID image can be brought in place of the ID.

I am a returning LACHSA student and have **brought \$5** to replace my lost student ID

I am a returning LACHSA student and I will bring my ID to Registration

Student Name: _____ Grade: ____ Art Major: _____

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Student Name: _____ Grade: ____ Art Major: _____



lachsa Schedule Change Request (Optional)
LIVE YOUR DREAM

- 1) Do you want to request a schedule change or are you missing a class on your schedule?
- a. No – then please turn in your Registration Checklist at the last station. You are done!
 - b. Yes – then please sign it at the last station to wait in line for a schedule change. Please hold onto your Registration Checklist.

I need to request a schedule change based on the schedule I picked up at the last Station:
(Complete even if you completed the online version available prior to registration)

Course to Drop	Course to Add	Reason for Change

Administrator/Counselor Notes:

Schedule changes will not be made without parent/guardian approval:

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: Signature: _____

Student Name: _____ Grade: _____ Art Major: _____

A larger copy of this image can be found on lachs.net/courses under the Core Course Offerings Tab

LACHSA Academic Course Offerings and Graduation Planner

Students will not be promoted in a Subject without passing the previous core course

UC A-G Requirements	9 th Grade	10 th Grade	11 th Grade	12 th Grade
Social Science (3 years required for graduation)				
History/social science ("a") – Two years, including one year of world history, cultures and historical geography and one year of U.S. history, or one-half year of U.S. history and one-half year of American government or civics.		World History AP World History (A or better in 9 th grade English)	US History AP US History* (A in World History or A/B in AP World History)	Economics (1 semester) and Government (1 semester) AP Government* (A in US History or A/B in APUSH)
English (4 years required for graduation)				
English ("b") – Four years of college preparatory English that integrates reading of classic and modern literature, frequent and regular writing, and practice listening and speaking.	English 9	English 10 Honors English 10* (A in 9 th grade English)	English 11 AP English Language* (A in 10 th grade English or A/B in Honors English 10)	English 12 AP English Literature* (A in 11 th grade English or A/B in AP English Language)
Mathematics (2 years required for graduation)				
Mathematics ("c") – Three years of college-preparatory mathematics that include or integrate the topics covered in elementary and advanced algebra and two- and three-dimensional geometry.	Algebra I Geometry Algebra II* (completion of Geometry) Algebra II Honors* (B or better in Geometry)	Geometry Algebra II* (completion of Geometry) Algebra II Honors* (B or better in Geometry) Trig/Math Analysis* (recommend B or better in Alg II)	Algebra II* (completion of Geometry) Algebra II Honors* (B or better in Geometry) Trig/Math Analysis* (recommend B or better in Alg II) Calculus AB* (B or better in Trig/Math Analysis)	Trig/Math Analysis* (B or better in Alg II or H Alg II) Probability/Statistics* (C or better in Alg II or H Alg II) Calculus AB* (recommend B or better in Alg II) Calculus BC* (B or better in Calculus AB)
Science (2 years required for graduation)				
Laboratory science ("d") – Two years of lab science providing fundamental knowledge in at least two of the three disciplines of biology, chemistry and physics. One year of life science and one year of physical science required.	Biology (life)	Biology (life) Chemistry* (physical) (completion of Geometry and Bio)	Chemistry* (physical) (completion of Geometry and Bio) Physics* (physical) (completion of Algebra II and Chem) AP Biology* (life) (B or better in Algebra II, Chemistry and Biology)	Physics* (physical) (completion of Algebra II and Chem) AP Biology* (life) (B or better in Algebra II, Chemistry and Biology)
Foreign Language (2 years required for graduation)				
Language other than English ("e") – Two years of the same language other than English or equivalent to the second-level of high school instruction.	Spanish Mandarin French Level 1 Language Level 2 Language	Spanish Mandarin French Level 2 Language Level 3 Language	Spanish Mandarin French Level 3 Language Level 4 Language	Spanish Mandarin French Level 4 Language
Physical Education (2 years required for graduation)				
	PE Course 1 PE Dance 1 (Dancers only)	PE Course 2 PE Dance 2 (Dancers only)		
Electives				
Visual and performing arts ("f") – One year chosen from dance, drama/theater, music or visual art. College-preparatory elective ("g") – One year chosen from the "a-f" courses beyond those used to satisfy the requirements above, or courses that have been approved solely in the elective area.	Art History	Beginning Film Intermediate Film* (completion of Beginning Film) Basic Piano Yearbook Musical Theatre** Leadership** Encompass** Study Hall	Home Study (3.0 GPA or higher) Beginning Film Intermediate Film* (completion of Beginning Film) Advanced Film* (completion of Intermediate Film) Basic Piano Intermediate Piano* (completion of Basic Piano) Yearbook** AM Music Ensemble (Practice Period) Musical Theatre** Encompass** Leadership**	Home Study (3.0 GPA or higher) Beginning Film Intermediate Film* (completion of Beginning Film) Advanced Film* (completion of Intermediate Film) Basic Piano Intermediate Piano* (completion of Basic Piano) Yearbook** AM Music Ensemble (Practice Period) Musical Theatre** Encompass** Leadership**

* Successful completion of pre-requisites required for course enrollment and for any Honors/AP courses, student and parent must sign the Honors/AP Contract
 ** An audition or application or election is required for course enrollment in these courses – you may sign up for the course, but enrollment in the course will be depended on successful audition or application or election.