

## Enrollment Forms Packet (EFP)

Please review the information below. Based on your student(s) grade and applicable circumstances, you are required to submit documentation in order to complete this step in the enrollment process. You can fax, scan and email, or mail the required paperwork.

**Important Note: Please send copies, do not mail the original documents**

**Fax (preferred):**  
1-877-397-6808

**Scan and Email:**  
[iqlosangelesfax@k12.com](mailto:iqlosangelesfax@k12.com)

**Mail:**  
iQ Academy California - Los Angeles  
Enrollment Processing  
2300 Corporate Park Drive Ste 200  
Herndon, VA 20171

Required For?	Item	Description	Provided by?
Required for all Students	Proof of Age	Official Birth Certificate (not the hospital issued certificate)	Provided by you
	Proof of Residency	Utility bill showing current address OR Mortgage statement/Rental Contract including signature page OR a Property Tax Statement. Please note that iQ LA requires a physical address, documents containing P.O. box will not be accepted	Provided by you
	Immunization Record	Current Immunization Record	Provided by you
	Release of Records	By filling out this form, you are giving our school permission to request your student's official records from their previous school after the approval process. If your child is enrolling in Kindergarten or was Homeschooled please indicate it on the form, fill out the top portion and sign it.	Provided in this packet
	Home Language Survey	Please answer all ten (10) questions on this form and sign.	Provided in this packet
	Computer Options Form	Please complete this form and indicate if you would like to receive a loaner computer and printer for student(s) use.	Provided in this packet
	Report Card	The most recent Report Card, except for students enrolling in Kindergarten.	Provided by you
Required for students entering public school for the first time	Health Examination Form	Please have this form filled out by a health examiner and submitted	Provided in this packet
Required for 3 <sup>rd</sup> - 12 <sup>th</sup> Grade Students	State Assessment Scores	Please submit a copy of your students State Assessment Scores	Provided by you
Required for all 10 -12th Grade Students	Unofficial Transcripts	You will need to request an unofficial transcript from your student's current school, which will show your student's academic standing. This is required in order to place all 10th through 12th graders. Once your student is approved, we will receive the official transcript.	Provided by you
Required for student with an IEP or other Special Education needs	IEP	A copy of your student's current IEP (Individualized Education Plan). Because the IEP expires yearly, please submit the current IEP.	Provided by you
	Evaluation Report	The Evaluation Report is valid for 3 years. If you do not have a copy of your student's ER, you can request a copy from your student's current school.	Provided by you
Required for students that have a 504 plan	504 Accommodation Plan	A copy of your student's current 504 Accommodation Plan. Because the 504 expires yearly, please submit the current 504.	Provided by you

### HOME LANGUAGE SURVEY

Please complete questions 1-4 with the **Code and Language Name** (see following page for codes and languages) that best answers each question.

STUDENT'S LEGAL NAME (first, middle, last):	
1. WHAT LANGUAGE DID YOUR STUDENT LEARN WHEN HE/SHE FIRST BEGAN TO SPEAK?	
2. WHAT LANGUAGE DOES YOUR STUDENT USE MOST FREQUENTLY AT HOME?	
3. WHAT LANGUAGE DO YOU USE MOST FREQUENTLY TO SPEAK TO YOUR STUDENT?	
4. NAME THE LANGUAGES IN THE ORDER MOST SPOKEN BY THE ADULTS IN YOUR HOME:	
A.	
B.	
C.	
5. IF A LANGUAGE OTHER THAN ENGLISH IS INDICATED ON ANY LINE ABOVE, CAN YOUR STUDENT COMMUNICATE IN THAT LANGUAGE?	UNDERSTANDS: <input type="checkbox"/> YES <input type="checkbox"/> NO SPEAKS: <input type="checkbox"/> YES <input type="checkbox"/> NO READS: <input type="checkbox"/> YES <input type="checkbox"/> NO WRITES: <input type="checkbox"/> YES <input type="checkbox"/> NO
6. WAS YOUR STUDENT BORN IN ANOTHER COUNTRY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE ENTERED THE U.S.?	
7. HAS YOUR STUDENT HAD INSTRUCTION IN A LANGUAGE USED AT HOME OTHER THAN ENGLISH?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, HOW MANY YEARS OF INSTRUCTION?	
8. DID YOUR STUDENT ATTEND SCHOOL IN ANOTHER COUNTRY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, FOR HOW LONG?	
9. HAS YOUR STUDENT ATTENDED SCHOOL IN THE US?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT WAS THE BEGINNING DATE?	
10. DO YOU FEEL YOUR STUDENT CAN COMMUNICATE WELL IN ENGLISH?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT/GUARDIAN NAME:	
PARENT/GUARDIAN SIGNATURE:	

**HOME LANGUAGE SURVEY (Codes and Languages)**

<b>CODE</b>	<b>LANGUAGE</b>	<b>CODE</b>	<b>LANGUAGE</b>
00	ENGLISH	09	KHMER
56	ALBANIAN	50	KHMU
37	AMERICAN SIGN LANGUAGE	04	KOREAN
11	ARABIC	51	KURDISH
12	ARMENIAN	47	LAHU
42	ASSYRIAN	07	MANDARIN (PUTONGHUA)
58	BOSNIAN	48	MARSHALIESE
13	BURMESE	44	MIEN (YAO)
23	CANTONESE	49	MIXTECO
36	CEBUANO	40	PASHTO
54	CHALDEAN	05	PHILIPINO (TAGALOG)
20	CHAMORRO (GUAMANIAN)	41	POLISH
39	CHAOZHOU (CHAOCHOW)	06	PORTUGESE
14	CROATIAN	28	PUNJABI
15	DUTCH	45	RUMANIAN
16	FARSI (PERSIAN)	29	RUSSIAN
17	FRENCH	30	SAMOAN
18	GERMAN	52	SERBO-CROATIAN (SERBIAN)
19	GREEK	01	SPANISH
43	GUJARATI	46	TAIWANESE
21	HEBREW	32	THAI
22	HINDI	57	TIGRINYA
23	HMONG	53	TOISHANESE
24	HUNGARIAN	34	TONGAN
25	ILOCANO	38	UKRANIAN
26	INDONESIAN	35	URDU
27	ITALIAN	02	VIETNAMESE
08	JAPANESE	99	OTHER NON-ENGLISH

### RELEASE OF STUDENT RECORDS

Please accept this document as formal approval for the release of all official school records (including the transcript / last report card, birth certificate, immunization records/health exam, SPED/ELL/504 documentation, state test scores and proof of guardianship.

#### STUDENT INFORMATION

STUDENT'S FULL NAME (first, middle, last):			
STUDENT'S DATE OF BIRTH:			
STUDENT'S LEGAL ADDRESS			APT:
CITY:	COUNTY:	STATE:	ZIP:
HOME PHONE:			

#### HOME SCHOOLED (fill only if applicable)

CHECK IF APPLICABLE: <input type="checkbox"/> STUDENT WAS ALWAYS PREVIOUSLY HOME SCHOOLED
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#### PRIOR SCHOOL INFORMATION

NAME OF PRIOR SCHOOL:			
SCHOOL'S ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP:
SCHOOL'S PHONE:			

#### SIGN AND DATE BELOW

NAME OF PARENT/LEGAL GUARDIAN:	
PARENT/GUARDIAN SIGNATURE:	DATE:

SCHOOL OFFICIALS ONLY  
SEND STUDENT RECORDS TO:

iQ Academy California – Los Angeles  
Rowland Unified School District  
1830 Nogales Street  
Rowland Heights, CA 91748

FAX STUDENT RECORDS TO:

866-728-4791

## COMPUTER OPTIONS

Attendance in the iQ Academy California – Los Angeles program is measured by academic success and time spent in each course. Therefore, it is extremely important for the student and family to have a plan in place to access both computer and internet hardware at all times.

DO YOU HAVE INTERNET INSTALLED AND WORKING IN YOUR HOME?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU NEED TO USE AN iQ ACADEMY CALIFORNIA – LOS ANGELES LOANER LAPTOP? <small>(Student must be full-time, complete laptop eligibility forms and insure the laptop to qualify for an iQ Academy laptop)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO

### PRIMARY COMPUTER – The hardware you plan to use almost 100% of the time

COMPUTER BRAND, YEAR AND LOCATION:
INTERNET PROVIDER AND SPEED:

### SECONDARY COMPUTER – The hardware you plan to use if your primary option is unavailable

COMPUTER BRAND, YEAR AND LOCATION:
INTERNET PROVIDER AND SPEED:

### EMERGENCY COMPUTER – The hardware you plan to use if both primary and secondary options are unavailable

COMPUTER BRAND, YEAR AND LOCATION:
INTERNET PROVIDER AND SPEED:

## STATEMENT OF ASSURANCE

We have computer access and internet installed and working inside our home. We know that it is our responsibility to keep the primary computer and internet source active and working at all times. When or if our primary computer and internet source is unavailable, we will implement the secondary or emergency plan to maintain adequate attendance in the iQ Academy California – Los Angeles program.

STUDENT NAME:	
STUDENT SIGNATURE:	
PARENT SIGNATURE:	DATE:

**Table 1: Immunization Requirements**

<i>Institution</i>	<i>Age</i>	<i>Vaccine</i>	<i>Total Doses Received</i>
Child care center, day nursery, nursery school, family day care home, development center	Less than 2 months	None	
Same as above	2–3 months	1. Polio <sup>1</sup> ..... 2. DTP..... 3. Hib..... 4. Hepatitis B.....	1 dose 1 dose 1 dose 1 dose
Same as above	4–5 months	1. Polio <sup>1</sup> ..... 2. DTP, or combination of DTP and diphtheria-tetanus toxoids..... 3. Hib..... 4. Hepatitis B.....	2 doses 2 doses 2 doses 2 doses
Same as above	6–14 months	1. Polio <sup>1</sup> ..... 2. DTP, or combination of DTP and diphtheria-tetanus toxoids..... 3. Hib..... 4. Hepatitis B.....	2 doses 3 doses 2 doses 2 doses
Same as above	15–17 months	1. Polio <sup>1</sup> ..... 2. DTP, or combination of DTP and diphtheria-tetanus toxoids..... 3. Measles, rubella, and mumps..... 4. Hib..... 5. Hepatitis B.....	3 doses 3 doses 1 dose of each separately or combined on or after the 1st birthday <b>1 dose at any age. (Changed from “On or after the 1st birthday.”)</b> 2 doses
Same as above	18 months–5 years	1. Polio <sup>1</sup> ..... 2. DTP, or combination of DTP and diphtheria-tetanus toxoids..... 3. Measles, rubella, and mumps..... 4. Hib <sup>3</sup> ..... 5. Hepatitis B <sup>2</sup> ..... 6. Varicella.....	3 doses 4 doses 1 dose of each separately or combined on or after the 1st birthday <b>1 dose at any age. (Changed from “On or after the 1st birthday.”)</b> 3 doses 1 dose
Elementary school at kindergarten level and above	4–6 years	1. Polio <sup>1</sup> ..... 2. DTP, or combination of DTP and diphtheria-tetanus toxoids..... 3. Measles, rubella, and mumps..... 4. Hepatitis B <sup>2</sup> ..... 5. Varicella.....	4 doses, except that a total of 3 doses is acceptable if at least one dose was given on or after the 4th birthday 5 doses, except that a total of 4 doses is acceptable if at least one dose was given on or after the 4th birthday. 1 dose of each, separately or combined, on or after the 1st birthday. Pupils entering a kindergarten (or first grade if kindergarten skipped) are required to have 2 doses of measles-containing vaccine, both given on or after the first birthday 3 doses 1 dose
Elementary school, secondary school	7-17 years	1. Polio <sup>1</sup> ..... 2. Diphtheria and tetanus toxoids, given as DTP, DT, or Td (pertussis not required)..... 3. Measles and rubella (mumps not required)..... 4. Varicella <sup>5</sup> .....	4 doses, except that a total of 3 doses is acceptable if at least one dose was given on or after the 2nd birthday At least 3 doses. One more Td dose is required if the last dose was given before the 2nd birthday. (See below for additional recommendations for 7th grade enrollment, effective 7/1/99.) 1 dose of each, separately or combined, on or after the 1st birthday. (See below for additional requirements for 7th grade enrollment, effective 7/1/99.) 1 dose aged 7 through 12 years for students not admitted to California schools before July 1, 2001. 2 doses for students aged 13 through 17 years not admitted to California schools before July 1, 2001.
Seventh Grade <sup>4</sup>	Any	1. Hepatitis B..... 2. Measles.....  Recommended but not required: Tetanus-diphtheria, given as DTP, DT, Td or Tetanus.....	3 doses 2 doses of measles-containing vaccine, both given on or after the first birthday.  One Td dose is recommended if 5 years or more have elapsed since the last dose.
Any	18 years and older	None	

**2010 Special Schedule affects ONLY the Hib vaccine**

<sup>1</sup> Oral polio vaccine (OPV) or inactivated polio vaccine (IPV) or any combination of these vaccines is acceptable.  
<sup>2</sup> Applies only to children entering at kindergarten level (or at first grade level if kindergarten skipped) or below on or after August 1, 1997.  
<sup>3</sup> Required only for children who have not reached the age of 4 years 6 months.  
<sup>4</sup> Applies only to children (of any age) entering or advancing to the seventh grade on or after July 1, 1999.  
<sup>5</sup> Children admitted to California schools at the Kindergarten level or above before July 1, 2001 are exempt from this requirement.

**Table 2: Conditional Admission Immunization Schedule**

<i>Vaccine</i>	<i>Dose</i>	<i>Time Intervals</i>
Polio <sup>1</sup>	1st dose..... 2nd dose.....  3rd dose.....  4th dose (Required only for entry to kindergarten level or above).....	Before admission As early as 6 weeks but no later than 10 weeks after the 1st dose. Before admission if 10 or more weeks have elapsed since the 1st dose at the time of admission. As early as 6 weeks but no later than 12 months after the 2nd dose. Before admission if 12 or more months have elapsed since the 2nd dose at the time of admission. Age 4-6 years: If the 3rd dose was given before the 4th birthday one more dose is required before admission. Age 7-17 years: If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.
Diphtheria, Tetanus, and Pertussis FOR PUPILS UNDER AGE 7 YEARS:  Diphtheria-tetanus-pertussis (DTP) or combination of DTP and diphtheria-tetanus toxoids  OR  FOR PUPILS AGE 7 YEARS AND OLDER:  Diphtheria-tetanus (Pertussis not required)	1st dose..... 2nd dose.....  3rd dose.....  4th dose.....  5th dose (Required only for pupils ages 4-6 years for entry to kindergarten level and above).....  1st dose..... 2nd dose.....  3rd dose.....  4th dose.....  Recommended but not required for 7th grade entry <sup>2</sup> : Booster dose of Td.....	Before admission. As early as 4 weeks but no later than 8 weeks after the 1st dose. Before admission if 8 or more weeks have elapsed since the 1st dose at the time of admission. As early as 4 weeks but no later than 8 weeks after the 2nd dose. Before admission if 8 or more weeks have elapsed since the 2nd dose at the time of admission. As early as 6 months but no later than 12 months after the 3rd dose. Before admission if 12 or more months have elapsed since the 3rd dose at the time of admission. If the 4th dose was given before the 4th birthday, one more dose is required before admission. Before admission. As early as 4 weeks but no later than 8 weeks after the 1st dose. Before admission if 8 or more weeks have elapsed since the 1st dose at the time of admission. As early as 6 months but no later than 12 months after the 2nd dose. Before admission if 12 or more months have elapsed since the 2nd dose at the time of admission. If the 3rd dose was given before the 2nd birthday, one more dose is required before admission. Before entry, 1 Td dose is recommended if 5 years or more have elapsed since the last dose of DTP, DT, Td or Tetanus.
Measles  Note: For children entering kindergarten (or first grade if kindergarten is skipped) on or after August 1, 1997, two doses are required. For children entering 7th grade on or after July 1, 1999, the series shall be in process or completed.	One dose only..... 1st dose..... 2nd dose.....	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached. Before admission. As early as 1 month but no later than 3 months after the 1st dose.
Rubella	One dose only.....	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.
Mumps (Not required for pupils age 7 years and older)	One dose only.....	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.
Hib Children 2-14 months old	Two doses.....	1st dose before admission. 2nd dose as early as 2 months but no later than 3 months after the 1st dose.
Children 15 months–4 1/2 years old	One dose.....	<b>At any age.</b> (Changed from "Before admission.")
Hepatitis B—For children entering at kindergarten level (or first grade if kindergarten skipped) or below on or after August 1, 1997. For children entering 7th grade on or after July 1, 1999, the series shall be in process or completed.	1st dose..... 2nd dose..... 3rd dose.....	Before admission. As early as 1 month but no later than 2 months after the first dose. Infants and children under age 18 months: As early as 2 months but no later than 12 months after the 2nd dose. Also, no earlier than 4 months after the 1st dose. Children age 18 months and older: As early as 2 months but no later than 6 months after the 2nd dose. Also, no earlier than 4 months after the 1st dose.
Varicella <sup>3</sup> – For children aged 13 through 17 years not admitted to California schools before July 1, 2001.	1st dose..... 2nd dose.....	Before admission As early as 4 weeks but no longer than 3 months after first dose

**2010 Special Schedule affects ONLY the Hib vaccine**

<sup>1</sup> Oral polio vaccine (OPV) or inactivated polio vaccine (IPV) or any combination of these vaccines is acceptable.

<sup>2</sup> Applies only to children (of any age) entering or advancing to the 7th grade on or after July 1, 1999.

<sup>3</sup> Children admitted to California schools at the Kindergarten level or above before July 1, 2001 are exempt from this requirement.