

Please tell us how you heard about YouthBuild

Charter School.

Rising Stars Business Academy YouthBuild
23750 Alessandro Blvd.
Suite G101
Moreno Valley, CA 92553
(951) 455-4622 Fax (951) 455-4642
www.rsbademy.org

YouthBuild Charter School of California
School Headquarters
155 West Washington Blvd., Suite 944
Los Angeles, CA 90015
O 213.741.2600 F 213.741.2628
www.youthbuildcharter.org

Enrollment Checklist 2019-2020

START DATE: _____

(PRINT Student's Full Name) First Name, Middle Name & Last Name

Dear Prospective Student,

Thank you for your interest in YouthBuild Charter School of California (YCSC). To consider your application, all of the following documents are required. Please return this checklist with your application and all documents for consideration. Incomplete applications will not be accepted.

- ☐ **Signed Letter / Proof of Acceptance** to local YouthBuild program
- ☐ **Confirm student is **NOT** enrolled in two schools at the same time.** PAR and/or Withdraw Slip from previous school with an exit date will be acceptable
- ☐ Completed Enrollment Application
 - ☐ YCSC Enrollment Application
 - ☐ Student Agreement
 - ☐ Student Release Form
 - ☐ YouthBuild Emergency Card
 - ☐ National School Lunch Program (NSLP) Application
- ☐ Birth Certificate – COPY
- ☐ Identification card reflecting current address – Driver License or CA ID – COPY
- ☐ Utility Bill – COPY
- ☐ Proof of Household Income (e.g. Check stub, MediCal Lifeline or Public Benefit Award Letter, Tax Return or No Income Certification) - COPY
- ☐ Special Education Documents (IEP) and 504 Plan or Opt Out Letter – COPY
- ☐ Immunization Records - TDAP IS A REQUIREMENT **(Minors Only)**
- ☐ Official School Transcripts

Prior School 1: _____

Rcvd: Yes

Prior School 2: _____

Rcvd: Yes

Prior School 3: _____

Rcvd: Yes

(If more than 3 prior schools, please continue list on back of this form)

2019 – 2020 ENROLLMENT APPLICATION

YouthBuild Charter School of California

STUDENT INFORMATION:

Student Name: _____
 First Middle Last Suffix

Student Alias: _____
 First Middle Last Suffix

Gender _____ Date of Birth _____ Birth City _____ Birth State _____ Birth Country _____

Physical Address: _____
 Street Address Apt. # City State Zip Code

Is student's physical address **permanent - stable** housing? Yes _____

if not, please check one of the following that best describes your situation:

_____ Yes, I am in foster care or have been in foster care

☐ Development Center

_____ Yes, I have been in a juvenile justice facility.

☐ **Foster Family Home or Kinship Placement**

☐ Health Institution

_____ Yes, I have been incarcerated.

☐ **Hotels/Motels**

☐ State Hospital

☐ **Licensed Children's Institution**

☐ Temporarily Unsheltered

☐ **Temporarily Doubled Up**

☐ Temporary Sheltered

☐ Unknown

Note: Under the **AB216**, if you checked any of the above, you may be eligible to graduate by completing the minimum state requirements. For eligibility determination, please see the academic counselor for additional information.

Note: If you are homeless, you are eligible for AB1806.

Student's Mailing Address: _____
 Street Address Apt. # City State Zip Code

Home Phone _____ Student Cell Phone _____ Student Email _____ Parent Email _____

ETHNICITY SURVEY: **New federal race and ethnicity data collection/reporting requirements beginning in 2009-2010*

Require all students to identify their ethnicity from the 2 choices below:

Is this student Hispanic or Latino?		
<input type="checkbox"/> No, not Hispanic or Latino	<input type="checkbox"/> Yes, Hispanic or Latino	
Race *No matter what ethnicity is selected above, at least one race must also be selected below: Please choose primary race and secondary race if applicable:		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American Person having origins in any of the Black racial groups of Africa.	<input type="checkbox"/> White <input type="checkbox"/> Middle Eastern A person having origins in any of the original Peoples of Europe (including South/Central Americans), the Middle East, or North Africa
<input type="checkbox"/> Asian a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican <input type="checkbox"/> Nicaraguan <input type="checkbox"/> Salvadoran <input type="checkbox"/> Other:	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander

PREVIOUS SCHOOLING INFORMATION:

How many credits has student completed? _____ Has student been enrolled in **ANY** school since **August 2014**? YES
NO

List **all** previous High School(s) Attended (most recent first): If attended more than 3 please continue list on separate sheet.

1	_____	_____	_____
	Name of High School	City	Last Year Attended
2	_____	_____	_____
	Name of High School (if applicable)	City	Last Year Attended
3	_____	_____	_____
	Name of High School (if applicable)	City	Last Year Attended

Date STUDENT first enrolled in school in the U.S.: _____ (example 9/1/1999)

Date STUDENT first enrolled in the California School System: _____ (example 9/1/1999)

Student Initial 9th Grade entry year: _____ (example: 2009-2010)

PARENTAL/GUARDIAN CONTACT INFORMATION: Is the parent/guardian on Active Duty Military? ☐ Yes ☐ No

If yes, which branch? _____

1	_____	_____	_____	_____
	Parent/Guardian #1	Relationship	Home/Cell Phone	Lives with student? Yes / No

Street Address: _____ City: _____ Zip: _____ Work Number: _____

Is the parent/guardian on Active Duty Military? ☐ Yes ☐ No **If yes, which branch?** _____

2	_____	_____	_____	_____
	Parent/Guardian #2	Relationship	Home/Cell Phone	Lives with student? Yes / No

Street Address: _____ City: _____ Zip: _____ Work Number: _____

DIRECTIONS:

The California Education Code requires all schools collect information about students and submit this information to the State. The required information includes home language, ethnicity, family income, and parent education level. Thank you for filling out the following four surveys.

PARENT EDUCATION LEVEL SURVEY:

Please check the box that describes the education level of your parent(s) or guardian(s):

Parent/Guardian 1 <input type="checkbox"/> Graduate Degree – MA, MA, PhD or EdD <input type="checkbox"/> College Graduate – BA or BS <input type="checkbox"/> Some College – AA or 2 full years at a 4 year university <input type="checkbox"/> High School Graduate – Diploma, GED, or HS Equivalency <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> Declined to State	Parent/Guardian 2 <input type="checkbox"/> Graduate Degree – MA, MA, PhD or EdD <input type="checkbox"/> College Graduate – BA or BS <input type="checkbox"/> Some College – AA or 2 full years at a 4 year university <input type="checkbox"/> High School Graduate – Diploma, GED, or HS Equivalency <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> Declined to State
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HOME LANGUAGE SURVEY:

- What language did this student first learn to speak? _____
- What language does this student most frequently use at home? _____
- In what language does the parent/guardian most frequently speak to the student? _____
- What language is most often spoken by the adults in the home? _____
- Is this student fluent in the English language (speaking, reading, writing)? Yes _____ No _____ Not Sure _____
- Has this student ever been enrolled in a Bilingual Program? Yes _____ No _____ Not Sure _____

California Department of Education, February 2017

School Year 2018-19 Youth Build Charter School Site: Application for Free and Reduced-Price Meals

Please read the instructions on how to apply. Print clearly with a pen. This institution is an equal opportunity provider.

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

STEP 2 - STUDENT INFORMATION

Children and Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter the school name and grade level	Enter student's birth date	Check the applicable box for the student's status: foster, homeless, migrant, or runaway
EXAMPLE: Joseph Adams	Lincoln Elementary	1st	Foster <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>
		2-15-2010	<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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

STEP 3 - ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or DPPIR. If currently participating in CalFresh, CalWORKs, or DPPIR, skip STEP 4 and continue to STEP 5.

YES, I check the applicable program box, I enter the case number. If YES, I check the applicable box, I enter the case number. If YES, I check the applicable box, I enter the case number.

STEP 4 - REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered YES to STEP 2)

A. STUDENT INCOME: Sometimes students in the household earn income. Enter the TOTAL GROSS income earned before deductions in the household for each source. If the household member does not receive income from any source, write "0". If you enter "0" for leave any field blank. You are certifying promising that the household income is reported.

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in STEP 4. Even if they do not receive income. For each household member, report the TOTAL GROSS income before deductions in the household for each source. If the household member does not receive income from any source, write "0". If you enter "0" for leave any field blank. You are certifying promising that the household income is reported.

Enter the appropriate pay period in the "How Often" box: Weekly, Bi-weekly, Monthly, or Yearly.

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work		How Often		Public Assistance/SSI or Child Support/Alimony		Pensions/Retirement/All Other Income		How Often		Check the box if NO
	Often	Often	Often	Often	Often	Often	Often	Often	Often		
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	

STEP 5 - CONTACT INFORMATION: That information is this application. Signature of adult completing this application.

Print Name: Date: Phone Number: Mailing Address: City: State: Zip: E-mail:

OPTIONAL - CHILDREN'S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about our children's race and ethnicity. This information is important and helps 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): ☐ Spanish or Latino ☐ Not of Hispanic or Latino race (check one more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

PART I: Fill in the following information for a student living in your household

LAST NAME <input type="text"/>	FIRST NAME <input type="text"/>	BIRTHDATE (MM / DD / YY) <input type="text"/> / <input type="text"/> / <input type="text"/>
SCHOOL (Write "NONE" if not in school) <input type="text"/>	GRADE <input type="text"/>	CLASSROOM <input type="text"/>
		SCHOOL CODE <input type="text"/>

PART II: Fill in the following information for Household size and Household Income

See additional information on the back of this form for assistance in determining your household size and annual household income.

1. Circle the total number of adults and children living in your household:

Circle one: 1 2 3 4 5 6 7 8 9 10 Other _____

2. Total Annual Household Income: \$

PART III: Parent or Guardian Information and Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member
completing this form

Printed name of adult household member
completing this form

Date

HOME PHONE NUMBER

CELL PHONE NUMBER

E-MAIL ADDRESS

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in “Household Size”?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in “Total Household Income”? Total Household Income includes all of the following:

- ☐ **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- ☐ **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- ☐ **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- ☐ **All Other Income:** Include worker’s compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- ☐ **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- ☐ **Overtime Pay:** Include overtime pay **ONLY** if you receive it on a regular basis.

How do I report household income for pay received on a monthly, twice per month, bi-weekly, and weekly basis?

- ☐ Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- ☐ Add all annualized pay together to determine the total annual household income entered in Part II, 2.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Gross Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.

PARENT/GUARDIAN RELEASE SURVEY:

Parents/guardian grants their student permission to sign themselves in and out of the School

Yes_____

No_____

Student is allowed to use computers at school

Yes_____

No_____

Parent/guardian grants permission to use student audio/video for school purposes

Yes_____

No_____

Parent/guardian grants permission to use pictures of this student for school purposes

Yes_____

No_____

Parent/guardian grants permission to use student work produced by student for school purposes

Yes_____

No_____

Special Education Services/504 Plan

For students ages 16 through 22 years:

1. Has this student ever been in a Special Education Program?

Yes____ No____

2. Was this student in a Special Education Program at the last school attended?

Yes____ No____

3. Does this student have an active IEP (Individualized Education Program)?

Yes____ No____

4. Has this student ever been part of a 504 Plan?

Yes____ No____

For students over age 22:

5. Has this student ever been part of a 504 Plan?

Yes____ No____

IF NO: Sign and date here:

I certify my student has never received Special Education Services of any kind. I further certify my student does not have a 504 Plan.

Parent/Guardian: X_____

Date: _____

Adult Student 18 years of age and over: *I certify that have never received Special Education Services of any kind. I further certify I do not have a 504 Plan.*

Adult Student: X_____

Date: _____

IF YES: Sign here and provide a copy of the IEP, including an exit IEP.

I understand I must submit all Special Education Documentation and/or 504 Plan with my child's Enrollment paperwork, and that without it my child cannot be enrolled with this Charter School. I certify that all statements are true and correct to the best of my knowledge.

Parent/Guardian: X_____

Date: _____

Adult Student 18 years of age and over *I understand I must submit all Special Education Documentation and/or 504 Plan with my Enrollment paperwork and that without it I cannot enroll with this Charter School. I certify that all statements are true and correct to the best of my knowledge.*

Adult Student: X_____

Date: _____

Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis?

Yes _____ No _____ IF YES, Migration Number: _____

Has student taken a standardized test and been identified as gifted? Yes _____ No _____

I certify that all of the statements and information given above are true and correct to the best of my knowledge:

Parent/Guardian/Adult Student Signature

Date

Master Agreement:

YouthBuild Charter School of California is a school of **CHOICE**. When you sign this agreement, you are agreeing that you choose this school over all others you are entitled to attend or have your child attend. YouthBuild Charter School of California is WASC accredited.

Student's Full Name (Please Print)

Effective Date

Student's Signature

Date

Parent/Guardian's Signature (**if student is under 18**)

Date

YCSC Administrator's Signature

Date

STUDENT RELEASE FORM
For students 18 and older ONLY

My Name: _____ Age: _____ Date of Birth: _____

Mailing Address: _____
Street Address Apt. # City State Zip

I give permission to YouthBuild Charter School to release my student information to the individuals listed below. This may include attendance records, grade reports, discipline reports and any other information that pertains to my progress.

Name of individual

Relationship

Name of individual

Relationship

Name of individual

Relationship

I am the person named above and am 18 years of age or older.

Signature: _____ Date: _____

Emergency Information 2019-20

Student Name: _____

Last	First	Middle	Date of Birth	
Mailing Address: _____				
Street Address	Apt. #	City	State	Zip Code
Physical Address: _____				
Street Address	Apt. #	City	State	Zip Code

IN CASE OF EMERGENCY, PLEASE CONTACT:

1	_____	_____	_____
	Parent/Guardian #1 (and relationship—for example: mother, grandfather, etc.)	Home/Cell Phone	Work Phone
2	_____	_____	_____
	Parent/Guardian #2 (and relationship—for example: father, foster parent, etc.)	Home/Cell Phone	Work Phone

*Is there a custody issue regarding this student? ☐ Yes ☐ No

*Legal restrictions for any parent are as follows: _____ Court Order on file at school: ☐ Yes ☐ No

Please list two (2) neighbors/friends or nearby relatives who will assume temporary care of your child if you cannot be reached:

1	_____	_____	_____
	Relative/Friend (and relationship—for example: aunt, neighbor, etc.)	Home/Cell Phone	Work Phone
2	_____	_____	_____
	Relative/Friend (and relationship—for example: aunt, neighbor, etc.)	Home/Cell Phone	Work Phone

HEALTH INFORMATION:

Please list all prescription medications taken by student at home. _____

Please check any of the following that apply to your student:

VISION: ☐ Known eye condition/defect in vision ☐ Wears Glasses ☐ Wears Contact Lenses ☐ Glasses to be worn at all times

HEARING: ☐ Known hearing problem ☐ Wears hearing Aid ☐ Preferential seating

Student has a condition which may result in classroom emergency such as:

☐ Asthma ☐ Peanut Allergy ☐ Bee Sting Allergy ☐ Epilepsy ☐ Diabetes ☐ Heart Condition ☐ Seizures ☐ Other

Please describe Other Health Condition: _____

What action is to be taken if your student has a complication due to his/her allergic condition or health condition? *Please be specific*

In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make arrangements considered necessary for my student to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such acts and treatment of my student, as he/she considers necessary. In the event said doctor is not available, I authorize care and treatment to be performed by any licensed physician or surgeon.

Family Doctor/Local Medical Center	Address	Phone
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Insurance ID or Policy # _____ Health Insurance Carrier: _____

The undersigned hereby agree to bear all costs incurred as a result of the forgoing. This authorization will remain in effect until revoked by the undersigned in writing.

Parent/Guardian Signature (if student is under 18)	Date:
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REQUEST FOR STUDENT RECORDS



To: _____

From: _____

RE Student:

Last Name, First Name, Middle

Date of Birth Grade/Last Year Attended

Address

City, State

Zip

Parent Signature (If Student is Under 18) Date

YCSC Administrator's Signature Da

The above named student is being considered for enrollment at the school listed above.
Please FAX and/or Mail student documents with this cover sheet to:

Address: _____

Fax: _____

Records Being Requested:

☐ Official Transcripts

☐ Pupil Accounting Report (PAR)

☐ Immunization Record

☐ Individualized Education Plan (If Applicable) IEP

***** NO CUM FOLDER PLEASE *****

☐ No Records Exist. Please check this box if student DID NOT attend your school, Sign below
and fax form to _____

Name of Previous School/District Representative

Signature

Date

Please refer to California Code of Regulation Title 5, Section 439* Transfer of Records:

*'Pupil records shall not be withheld from the requesting district because of any charges or fees owed by the pupil or his/her parents. This provision applies to pupils in grade K-12 in both public and private schools.'