

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](http://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  
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## 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**

\_\_\_\_\_ Yes, I have been incarcerated.  Health Institution

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:

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

**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 9<sup>th</sup> 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:**

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

**School Year 2018-19 Youth Build Charter School Site:**

Please read the instructions below to apply. Print clearly with a pen. This institution is a non-profit 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 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 school name and grade level <b>Lincoln Elementary</b>	Enter student's birth date <b>1st</b>	Check the applicable box for the student's status Foster <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>
<b>EXAMPLE: Joseph Adams</b>		<b>2-15-2010</b>	

**STEP 3 - ASSISTANCE PROGRAMS: CalFresh, CalWORKS, or DPPIR**

Do ALL household members (child or adult) currently participate in CalFresh, CalWORKS, or DPPIR? **NO** Skip to STEP 4 and continue to STEP 5.

If YES, check the applicable program box, enter the case number, and continue to STEP 4.

Select program type:  CalFresh  CalWORKS  DPPIR

Enter case number: \_\_\_\_\_

**STEP 4 - REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered YES to STEP 3)**

**A. STUDENT INCOME:** Sometimes students in the household earn income. Enter the TOTAL GROSS income before deductions in the household dollars earned by the student(s) listed in STEP 1. Enter the appropriate pay period in the "How Often" box: **W** = weekly, **M** = monthly, **B** = bi-weekly, **A** = annually, **D** = other. How often? **W** = weekly, **M** = monthly, **B** = bi-weekly, **A** = annually, **D** = other.

**B. ALL OTHER HOUSEHOLD MEMBERS (including yourself):** Enter ALL household member(s) listed in STEP 1. Enter the household member's total gross income before deductions in the household dollars for each source. Enter the household member's total income after deductions in the household dollars for each source. Enter the appropriate pay period in the "How Often" box: **W** = weekly, **M** = monthly, **B** = bi-weekly, **A** = annually, **D** = other. How often? **W** = weekly, **M** = monthly, **B** = bi-weekly, **A** = annually, **D** = other.

Print the name of ALL OTHER Household Members (First and Last)	How Often		How Often		Total student income \$	How Often
	Earnings from Work	Public Assistance/SSI	Child Support/Alimony	Pensions/Retirement/All Other Income		
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

**C. Total household members** (Children and adults) **D. Enter the 4 digits of the Social Security number (SSN) from the Primary Wage Earner in the household Member**

Check the box if **NO**

**DO NOT COMPLETE - SCHOOL USE ONLY**

How often? <b>W</b> = Weekly, <b>M</b> = Monthly, <b>B</b> = Bi-weekly, <b>A</b> = Annually, <b>D</b> = Other	Total household income
Annual income conversion: <b>W</b> = Weekly, <b>M</b> = Monthly, <b>B</b> = Bi-weekly, <b>A</b> = Annually, <b>D</b> = Other	\$
Total household size	Eligibility status: <input type="checkbox"/> Free, <input type="checkbox"/> Reduced-price, <input type="checkbox"/> Denied
Verified: <input type="checkbox"/> Homeless, <input type="checkbox"/> Migrant, <input type="checkbox"/> Runaway	Date:
Determining official's signature:	Date:
Confirming official's signature:	Date:
Verifying official's signature:	Date:

**OPTIONAL - ETHNIC AND RACIAL IDENTITIES**

We are required to ask for information about your children's race and ethnicity. This information is important to help us 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 Hispanic or Latino  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White

**STEP 5 - CONTACT INFORMATION FOR ADULTS SIGNATURE**

Certification: I promise that the information in this application is true and that all income is reported. I understand that this information is given in connection with receipt of federal funds, and that school officials may verify (check) the information. I am aware that this purpose is to verify (check) the my child(ren) may be eligible for benefits, and it may be prosecuted under applicable state and federal laws.

Signature of adult completing this application:

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

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**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 <input type="text"/>	CELL PHONE NUMBER <input type="text"/>	E-MAIL ADDRESS <input type="text"/>

*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 _____
<b>Parent/guardian grants permission to use student audio/video for school purposes</b>	Yes _____	No _____
<b>Parent/guardian grants permission to use pictures of this student for school purposes</b>	Yes _____	No _____
Parent/guardian grants permission to use student work produced by student for school purposes	Yes _____	No _____

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**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

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**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

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: \_\_\_\_\_

# 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.'