



A Tuition-Free  
Charter School

## Fall 2019-2020 Registration Packet

**Student Name:** \_\_\_\_\_ **2019/20 Grade Level:** \_\_\_\_\_

Thank you for choosing Elite Academic Academy for your child's education! In order to enroll for the Fall 2019/20 school year, please follow the steps listed below:

### Step 1: Choose Desired Academy

- Homeschool
- Flex
- Virtual
- Adult Education

### Step 2: Complete Registration Packet

- Registration Form
- Household Data Collection Form

### Step 3: Include copy of required documents

- Immunization Records (required for all students)
- Proof of Residency (required for all students An example is utility bill, rental agreement, etc.)
- Birth Certificate (applicable for students entering a public California school for the first time)
- Health Check Form & Oral Health Assessment (applicable for TK, Kindergarten and 1st graders)
- Unofficial High School Transcript (applicable for High School students)
- Current IEP or 504 Plan (if applicable)

### Step 6: Return completed registration packet, along with all required documents\* to:

- Email: [Admissions@EliteAcademic.com](mailto:Admissions@EliteAcademic.com)
- Mail: 43414 Business Park Drive, Temecula, CA 92590

**Step 7: Watch for an email from Elite Academic Academy confirming that your registration is complete!**

If you have any questions or need assistance, please contact our office at (866) 354-8302 Ext 701. We look forward to welcoming your family to our school! \*Your enrollment packet will not be processed without all required and applicable documents listed above. Thank you.

# Elite Academic Academy – Student Enrollment 2019 – 2020

## Demographics

First Name:		Middle Name:			Last Name:		Suffix:
Alias First Name:		Alias Middle Name:			Alias Last Name:		Alias Suffix:
Gender:	Grade:	Birth Date:	Birth City:		Birth State:	Birth Country:	
Physical Address:				Physical City:		State:	Zip:
Mailing Address (optional):				Mailing City:		State:	Zip:
Residence Type (Choose One): <input type="checkbox"/> Permanent Housing <input type="checkbox"/> Foster Home or Kinship Placement <input type="checkbox"/> Health Institution <input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Incarceration Institution <input type="checkbox"/> Licensed Children's Institution <input type="checkbox"/> Development Center <input type="checkbox"/> Residential School/Dormitory <input type="checkbox"/> State Hospital <input type="checkbox"/> Temporarily Doubled Up <input type="checkbox"/> Temporarily Unsheltered <input type="checkbox"/> Temporarily Shelters <input type="checkbox"/> Other (Please Explain): _____							
County of Residence:			School District of Residence:				
Home Phone:		Student Cell Phone:		Student Email:			

## Ethnicity \* New federal ethnicity and race 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"/> Yes	<input type="checkbox"/> No
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## Race \* In addition to ethnicity, at least one race must also be selected below:

<input type="checkbox"/> American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Black or African American A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> White 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"/> Middle Eastern
Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander

## Previous School

Previous School Name:		Previous School Address:	
Previous County:		Last Attendance Day of Previous School:	

## Enrollment History

IF BORN OUTSIDE OF THE US and its territories, student has been enrolled less than 3 cumulative years in the US.				<input type="checkbox"/> Yes
First date enrolled in the US:	First date enrolled in state:	First date enrolled in Kindergarten (if applicable):	School year student first entered 9 <sup>th</sup> Grade (if applicable):	

## Parent/Guardian Information

Parent/Guardian 1		Parent/Guardian 2		Emergency Contact	
Full Name:		Full Name:		Full Name:	
Relationship to student:		Relationship to student:		Relationship to student:	
Lives with Student?	Send student mailings?	Lives with Student?	Send student mailings?	Phone 1:	Phone 2:
Street Address: <input type="checkbox"/> Same as student		Street Address: <input type="checkbox"/> Same as student			
City:		City:			
State:		State:		<b>Health Information</b> <i>* In order to ensure proper services upon enrollment, please answer below. Answers to these questions do not affect enrollment.</i>	
Zip:		Zip:			
Mailing Address: <input type="checkbox"/> Same as student		Mailing Address: <input type="checkbox"/> Same as student		Medication (written authorization from doctor required):	
City:		City:		Known Conditions:	
State:		State:			
Zip:		Zip:		Other Health Conditions	
Home Phone:		Home Phone:			
Cell Phone:		Cell Phone:		Actions to be taken if student has a complication due to his/her allergic condition or other health condition (please be specific):	
Email Address:		Email Address:			
Active Military?	Military Branch/Service:	Active Military?	Military Branch/Service:	<p><i>In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.</i></p> <p><i>Under such circumstances, I further authorize the physician named above to undertake such acts and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.</i></p> <p><i>I certify that all of the statements and information given above are true and correct to the best of my knowledge.</i></p> <p><i>The undersigned hereby agree to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by the undersigned in writing:</i></p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p>	
Duty Station or Work Location:	Federal Employee?	Duty Station or Work Location:	Federal Employee?		
Parent/Guardian 1 highest level of education (check one): <input type="checkbox"/> Graduate Degree – Holds MA, MS, PHD, or EdD (10) <input type="checkbox"/> College Graduate – Holds BA or BS (11) <input type="checkbox"/> Some College – Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate – Holds diploma or GED (13) <input type="checkbox"/> Not a High School Graduate (14) <input type="checkbox"/> Declined to State (15)		Parent/Guardian 2 highest level of education (check one): <input type="checkbox"/> Graduate Degree – Holds MA, MS, PHD, or EdD (10) <input type="checkbox"/> College Graduate – Holds BA or BS (11) <input type="checkbox"/> Some College – Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate – Holds diploma or GED (13) <input type="checkbox"/> Not a High School Graduate (14) <input type="checkbox"/> Declined to State (15)			
Person(s) authorized to pickup student from school:					
Is there a custody issue regarding this student? (yes/no)		If yes, notes regarding custody issue:			
Is there a court order on file for this student? (yes/no)		Legal restrictions for any parent:			

## Home Language Survey

What language does the student speak at home?	What was the first language spoken by the student?	What is the language spoken by the parents to the student?
What language is most often spoken by the adults at home?	Can the student speak English fluently?	

## Alternative Schools Accountability Model (check all that apply)

Expelled (Ed. Code 48925[b]) including situations in which enforcement of the expulsion order was suspended (Ed. Code 48917)	<input type="checkbox"/>
Suspended (Ed Code 48925[d]) more than 10 days in a school year	<input type="checkbox"/>
Wards of the court (WIC 601 or 602) or dependents of the court (WIC 300 or 654)	<input type="checkbox"/>
Pregnant and/or parenting	<input type="checkbox"/>
Habitually truant (Ed. Code 48262) or habitually insubordinate and disorderly (Ed Code 48263), and whose attendance at the school is directed by a school attendance review board (SARB) or probation officer (Ed. Code 48263)	<input type="checkbox"/>
Retained more than once in kindergarten through grade 8.	<input type="checkbox"/>
Recovered dropouts based on EC Section 52052.3(b) as students who: (1) are designated as dropouts pursuant to the exit and withdraw codes in the California Longitudinal Pupil Achievement Data System (CALPADS), or (2) left school and were not enrolled in a school for a period of 180 days.	<input type="checkbox"/>
Students who are credit deficient (i.e., students who are one semester or more behind in the credits required to graduate on-time, per grade level, from the enrolling school's credit requirements)	<input type="checkbox"/>
Students with a gap in enrollment (i.e., students who have not been in any school during the 45 days prior to enrollment in the current school, where the 45 days does not include non-instructional days such as summer break, holiday break, off-track, and other days when a school is closed)	<input type="checkbox"/>
Students with high level transiency (i.e., students who have been enrolled in more than two schools during the past academic year or have changed secondary schools more than two times since entering high school)	<input type="checkbox"/>
Foster Youth (EC Section 42238.01[b])	<input type="checkbox"/>
Homeless Youth	<input type="checkbox"/>

## Enrollment Enhancements/Accommodations/Modifiers

Is the parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis?	<input type="checkbox"/> Yes	If yes, enter Migrant Education ID Number:
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## Parent/Guardian Release

Permission for school directory information to be made available to military recruiters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Students allowed to use computers and access the Internet at school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission to use work produced by this student for school purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission to text Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission to use Student's Name in school publications (Yearbook, newsletter, newspaper, website, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission for the school to use student pictures, audio, video, and student work on social media	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow student access to Google Apps for Education (GAE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Instructional Support \* In order to ensure proper services upon enrollment, please answer below. Answers to these questions do not affect enrollment.

Student has been previously evaluated for special education services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student has an active IEP plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student has an active 504 plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The information submitted on this form is a confidential education record and is therefore protected by all relevant federal and state privacy laws that pertain to education records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. Â§ 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.

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

X \_\_\_\_\_ X \_\_\_\_\_  
 Parent Signature Date

# Household Data Collection - Elite Academic Academy - 2019 - 2020

Elite Academic Academy is a publicly funded school. Completing this form will determine which federal and state grants and funding we receive this year. This funding will help us provide the additional resources and services necessary to serve all students.

Last Name:		First Name:	Birthdate:	
		Grade:		

**1. Check the total number of adults and children living in your household:**  
1 2 3 4 5 6 7 8 9 10 Other:

**2. Total Annual Household Income: \$**

Home Phone Number:	Cell Phone Number:	E-mail Address:
<p>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.</p> <p><b>X</b> _____          Parent Signature</p>		<p><b>X</b> _____          Date</p>
<p><i>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.</i></p>		