



2016-2017 Program Checklist

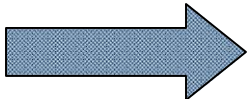
Thank you for your interest in Pivot Charter School! To ensure that you provide us with all of the information we need to begin processing your application, we ask that you refer to this checklist.

- 2016-2017 Student Registration Form
- Income Survey/NSLP Worksheet
- Caregiver Authorization Affidavit **(Required if you are not the legal guardian/parent.)**
- Authorization for Release of Records Form
- Verification of Residency
- Emergency Card/Contact Information

List of Required Documents *(Not included in packet; student/parent must obtain from other sources, including the previous school district.)*

1. **Immunization Records**
2. **Proof of guardianship** (Caregiver Affidavit or other legal document), if you are not the legal parent or guardian.
3. **Transcript** with year ending grades, progress report, or report card, withdrawal grades.
4. **Proof of Residency**-- Utility Bill , Rental/Mortgage Agreement, or Other Proof of Residency
5. **Copy of IEP** – if applicable

To expedite the processing of your application, please **FAX** the completed application to the following number:



Attn: Pivot Charter School San Diego
FAX: 760-891-0562 or email aheredia@pivotcharter.org



Or you may mail the application and requested documents to our office:

1030 La Bonita Drive Suite 100
San Marcos, CA 92078
(P) 760-591-0217



Pivot Charter School Survey

Please fill out a short survey on why you are choosing Pivot Charter School

- being bullied in prior school
- need more help/support from teachers
- need Pivot's flexible school schedule
- want more advanced placement options
- was not passing my courses
- I need to be more challenged
- want Pivot's diverse course offerings

Program Time Choice

Please tell us what days you would like to attend the resource center

- 5 days a week 2 days a week 1 day a week Virtual

For High School Only (grades 9-12) 2016-2017 Pivot Charter School Academies

Please indicate your choice of the Pivot Charter School Academy in which you would like to enroll in for the 2016-17 School Year:

UPREP Academy

University Preparatory Academy requires 210 credits to graduate. These graduation requirements are aligned to Cal State Universities and the University of California A-G minimum requirements for acceptance. Graduating from the UPREP Academy does not guarantee acceptance into any UC or CSU school. The student who graduates from the UPREP academy will have met the minimum acceptance criteria. Students are encouraged to take classes above the minimum requirements for entry into the University of California or Cal State schools and are also encouraged to take Advanced Placement courses. Students will work in Apex Learning curriculum.

I would like to enroll in UPREP Academy

Liberal Arts Academy

The Liberal Arts Academy also requires the student to complete 210 credits to graduate. The course requirements are NOT aligned to the University of CA or CSU requirements for admissions. Students who graduate from the Liberal Arts Academy will still be eligible to attend many other four and two year colleges and Universities in California and throughout the country. Liberal Arts Academy students will work in the Apex Learning curriculum. The primary differentiation from the University Preparatory Academy is that since the focus is not on completing the University of California A-G course requirements, students have more flexibility of which courses will meet their high school diploma requirements. For example, all Pivot students must finish 2 years of science in order to receive a diploma; one year of physical science and one in an earth science. University Prep students must take Biology, Chemistry and Physics. Liberal Arts Academy students can substitute different courses to fulfill their science requirements by taking rigorous courses such as marine biology or paleontology.

I would like to enroll in Liberal Arts Academy

Student Signature:

Date:

Parent Signature:

Date:



Student Registration Form 2016 - 2017

First Name:		Middle Name:		Last Name:		Suffix:	
Alias First Name:		Alias Middle Name:		Alias Last Name:		Alias Suffix:	
Gender:	Grade level:	Birthdate:	Birth City:	Birth State:	Birth Country:		
Physical Address		Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" see page 5)			Proof of residency on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address:				City:	State:	Zip:	
Mailing Address							
Mailing Address:				City:	State:	Zip:	
Home Phone:		Student Cell Phone:		County of Residence:	School District of Residence:		

Student E-mail Address:

Check here if student was born outside the U.S. but granted U.S. citizenship at time of birth
 Check here if foreign student temporarily schooling in the U.S.
 Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.

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?

No, not Hispanic or Latino
 Yes, Hispanic or Latino

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
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Asian (Please Circle Below) <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"/> Other Asian	Pacific Islander (Please Circle Below) <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander
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Previous School/Enrollment Details



Name of Previous School:	Address of Previous School:
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Previous School Type (please select one)

Public School:
 in the same district in a different district same state in a different state Charter School matriculated from another school/completed highest grade level offered there

Private, non-religiously-affiliated school:
 in the same district in a different district, same state in a different state Home Schooling Family

Private, religiously-affiliated school:
 in the same district in a different district, same state in a different state

Other:
 school outside of the United States Institution (example: correctional facility)

Original Entry into US school:
 (enrolling in school for first time ever, i.e., no previous school) from a foreign country *without* schooling interruption from a foreign country *with* schooling interruption

Date first enrolled in the U.S.:	Grade first enrolled in this school:
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Parent/Guardianship Information

Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other

Is the above (checked) person (s) the student's LEGAL guardian? Yes No If No, please complete a "Caregiver Affidavit" If there is a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody Guardian

Shared percentage of custody: Father _____% Mother _____% Other _____%

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES

Name:		Name:	
Relationship to Student:		Relationship to Student:	
Street Address: <input type="checkbox"/> Same as student		Street Address: <input type="checkbox"/> Same as student	
State:	Zip:	State:	Zip:
Mailing Address: <input type="checkbox"/> Same as student		Mailing Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Employer:	Federal Employee?	Employer:	Federal Employee?
Active Duty Military:	Military Branch or Service:	Active Duty Military:	Military Branch or Service:



Employer Address:	Duty Station:	Employer Address:	Duty Station:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	E-mail address:	Work Phone:	E-mail address:
Lives with student?	Send student mailings?	Lives with student?	Send student mailings?

Type of housing:

- Development Center
- Foster Family Home or Kinship Placement
- Health Institution
- Hotels/Motels
- Incarceration Institution
- Licensed Children's Institution
- Other
- Permanent Housing
- Residential School/Dormitory
- State Hospital
- Temporarily Doubled Up
- Temporarily Unsheltered
- Temporary Shelters
- Unknown

Parent/Guardian 1 Highest Level of Education (Check One)

- Graduate Degree- Holds MA, MS, PhD, or EdD
- College Graduate- Holds BA or BS
- Some College- Holds AA or has completed 2 full years at a 4-year University
- High School
- Decline to State

Parent/Guardian 1 Highest Level of Education (Check One)

- Graduate Degree- Holds MA, MS, PhD, or EdD
- College Graduate- Holds BA or BS
- Some College- Holds AA or has completed 2 full years at a 4-year University
- High School Graduate-Holds Diploma or GED
- Not a High School Graduate
- Decline to State

Home Language Survey

What language did the student first learn to speak?	What language does the student most frequently read/speak at home?
What language does the parent/guardian most frequently speak to the student?	What language is most often spoken by adults in the home?

Is the student fluent in English? Yes No



2016 - 2017 Income Survey/NSLP Worksheet

Student First Name:

Student Middle Name:

Student Last Name:

Our school may qualify for various federal and state grants this year. By taking time to fill out this income survey, **you can help us provide the additional resources necessary to serve all of our students.** It is our goal to provide students with the best opportunity to learn that we can offer, but we need your help. Generally, schools whose families have eligible incomes based on the free and reduced lunch programs may qualify for special grants. Please note that these grants are only based upon the number of students that would **qualify** for free and reduced lunch programs if such a program was offered, even when school lunch programs are not available. Please review the eligibility requirements below to determine if you would be eligible. Finally, please return this questionnaire to the school. Thank You.

Step 1: Please indicate your household size

Step 2: Please write in your family annual income

Step 3: Please indicate if you have any Assistance Programs

Household Size (how many family members in the home?): _____ Annual Income: _____

*Annual household income: Check yearly gross earnings (before deductions) from work for all household members. (Include any income received by a child from full-time or regular part-time employment. Include income received for a child from SSI, Welfare, Child Support, or Adoption Assistance Payments.

Assistance Programs – Check one of the following:

none snap calworks fdpir

If a program was circled above, please write the case number: _____

Our family does not qualify

Should the fields checked and circled above indicate that my student is eligible/qualified for the National School Lunch Program, I choose to NOT-PARTICIPATE.

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. 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 _____
Parent Signature Date

X _____



Enrollment Enhancements/Accommodations/Modifiers		
Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Immunization information is included with this enrollment information	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth Certificate is included with enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian Release		
Permission for the school directory information to be made available to institutions of higher learning	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permission for school directory information to be made available to military recruiters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permission to include student information in the School Directory	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grant permission to use pictures of the student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grant permission to use pictures of the student in Yearbook ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grants permission to use student work produced by this student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grants permission to use student audio/video for school purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grants permission for school to use student images in social media	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Discipline		
Has your child been suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Is your child pending expulsion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Has your child <u>ever</u> been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate grade_____ please explain
Individualized Education Plan (IEP) Information		
Does student currently have an Individualized Education Plan (IEP)? *If yes a copy of the IEP or 504 must be included with your application*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever been referred and/or evaluated to receive special education services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever attended a Special Education Class?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to either question, complete the following:		
What special services has your child received? (Please check all boxes that apply) Special Education:	<input type="checkbox"/> Resource (RSP) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Speech/Language <input type="checkbox"/> 504 <input type="checkbox"/> Adaptive PE <input type="checkbox"/> OT <input type="checkbox"/> PT	
What was the last date your child was in a special education class or received services?	Month _____ Year _____	
School name and address where special education referral, assessment or IEP was developed.	School Name: School Address:	
If NO: Sign and date here. <i>I certify that my student has never been referred, evaluated or received Special Education services of any kind.</i> X _____ X _____ Parent/Guardian		
If YES Sign here and provide a copy of the IEP/504 including an exit IEP <i>I understand I must submit all Special Education documentation n, 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.</i> X _____ X _____		



Caregiver Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with section 6550) of Division 11 of the California Family Code. Please be aware of the notices and additional information provided on page two of this form.

Instructions: Completion of items 1-4 and the signing of the affidavit are sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birth date: _____
3. My name (adult giving authorization): _____
4. My home address: _____
5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back page of this form for a definition of "qualified relative").
6. Check one or both (for example, if one parent was advised and the other cannot be located):
 - I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
 - I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time to notify them of my intended authorization.
7. My date of birth: _____
8. My California's driver's license or identification card number: _____

Warning: Do not sign this form if any of the statements above are incorrect or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated

Signed



Caregiver Affidavit

NOTICES

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry on investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

ADDITIONAL INFORMATION TO CAREGIVERS

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
1. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
2. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
3. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

ADDITIONAL INFORMATION TO SCHOOL OFFICIALS

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item number 4.

ADDITIONAL INFORMATION TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes



Release of Records

In accordance with the Family Educational Rights and Privacy Rights Act of 1974 and California State Law, please release to the school named below all records, including:

**Cumulative Record
Transcripts of Completed Work Including Grades to Date
CELDT Scores and Related EL Information
Any Other Educational Information**

**Immunization Records
CSIS Student Number
IEP/504 Information**

For Parent to Complete
Student Name: _____ Birth Date: _____ Grade: _____ Parent/Guardian Signature: _____ Date: _____ Name of Last School Attended: _____ Fax Number of Last School Attended Registrar Office (to request records) _____ Address of Last School Attended: _____ City _____ State _____ Zip _____ Dates Attended: _____ <input type="checkbox"/> No previous school attended (Check here if student was not previously enrolled in a school.)
Pivot Charter School Use
Please FAX the following records (Student has not officially started yet) circle the following: Transcript Immunizations withdrawal grades Discipline Records Other _____ Please MAIL the cume file at your earliest convenience (Student is officially enrolled with a start date of: _____)
Receiving Registrar
Receiving Registrar: Please complete the following in response to education records, sign and date and return either by FAX or by mail. Please check the appropriate box(es): <input type="checkbox"/> Expulsion Dates: from _____ to _____ <input type="checkbox"/> Expulsion Pending <input type="checkbox"/> E.C. #49079 Advise Teacher Regarding Violent Pupil <input type="checkbox"/> I.E.P <input type="checkbox"/> 504 <input type="checkbox"/> Student is/has been recently suspended

REGISTRAR - PLEASE FORWARD THE STUDENT CUMULATIVE RECORDS TO:

Pivot Charter School San Diego
1030 La Bonita Drive Suite 100
San Marcos, CA 92078

(P) 760-591-0217 (F) 760-891-0562 email: aheredia@pivotcharter.org



Verification Proof of Residency

PARENT/GUARDIAN STATEMENT

PART A:

I, _____ hereby certify that the following person(s)
Parent/Guardian Name

_____, is presently living in my home at
Student Name

Street Address, City, and Zip

Parent/Guardian Signature

(Please attach current copy of utility bill or other proof of residency for verification)

* Complete part B **ONLY** if living in a residence other than your own. Part B:

I, _____, hereby certify that I am the
parent/guardian of
Parent/Guardian Name

_____, and that we are presently living with:
Student Name(s)

_____,
Name Relationship

Who resides at

Street Address, City, and Zip

_____,
Telephone Number Parent/Guardian Signature

I, _____, hereby certify that the following person(s) is living in my
Name

home at the address listed above.

Resident's Signature

(Please attach current copy of Resident's utility bill or other proof of residency for verification)



Emergency Card/Contact Information

Student Name:		Gender:	Grade:	Birthdate:	Age:
Physical Street Address:		City:	State:	Zip:	
Mailing Address:		City:	State:	Zip:	
Parent/Guardian Name:			Relationship:		
Address:			Home Phone:		
			Cell Phone:		
			Work Phone:		
			Email:		
Parent/Guardian Name:			Relationship:		
Address:			Home Phone:		
			Cell Phone:		
			Work Phone:		
			Email:		
Custody issue regarding the student:					
Legal restrictions for any parent:					
Emergency Contacts (Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached)					
Contact 1 Name:		Relationship to student:	Phone Number 1:	Phone Number 2:	
Contact 2 Name:		Relationship to student:	Phone Number 1:	Phone Number 2:	
Other Children in Family					
Name	Gender	Year Born	School Currently Attending	over 18 (yes or no)	Relationship to student
Health Information					
Medications taken by student at School or at Home (written authorization from doctor required for medications taken at school):					
Other Health Condition:					
What action is to be taken if student has a complication due to his/her allergic condition or other health condition (Please be specific):					



Health Information Continued -Known Conditions: (check all that apply)

- Asthma
- Bee Sting Allergy
- Diabetes
- Epilepsy
- Heart Condition
- Nut Allergy
- Seizures
- Other (Please Specify Below)

- Known hearing problem
- Wears hearing aid

- Glasses to be worn at all times
- Known eye condition/defect in vision
- Wears contact lenses
- Wears glasses

Insurance

Health Insurance Carrier:

Insurance ID or Policy #:

Hospital Preference

Physician

Name of Physician:

Address:

Phone:

Vision (list Dr):

Hearing (list Dr):

Parent Signature

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.

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

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:

Signature of Parent or Guardian: _____ Date: _____