

TAYLION

K-12 Tailored To You- Online, In class & At Home

Registration Packet 2019-2020

Date: _____

Student Name: _____

Current Grade: _____ Program: _____ School Site: _____

The following documents are **REQUIRED** to complete your student's registration:

_____ Student Registration Form completely filled out and signed

**Includes: NSLP Worksheet, Emergency Card, Health Information and Additional Information.*

_____ IEP Form/Copy of previous IEP or 504 Plan **(if applicable)**

_____ Copy of Immunization Record **(7th -12th must have TDAP)**

_____ 2 (rather than 1) doses of chickenpox

_____ 2 MMR doses and 3 Hepatitis B vaccine doses

_____ Proof of Residency: **(only one is needed)** Current Utility Bill, Bank Statement, Lease/Rental/Mortgage papers

_____ Proof of Age: **(only one is needed)** Birth Certificate, Baptismal Certificate, Passport, State ID or Driver's License.

_____ Release of Student Records

_____ Most Recent Transcripts/Report Card/Progress Report

_____ Parent's Photo ID

_____ Health Check-up form filled out by doctor **(Kindergarten and 1st only)**

Notice of Nondiscrimination Policy as to Students

Taylion Academy admits students of any race, color, nationality and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarships and loan programs and athletic and other school administered programs.

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92301 Phone: 760-943-6622 Fax 760-843-6612 /www.taylion.com/Email:

magdalena.garcia@taylion.com

| Student Registration Form 2019-2020 | | | | | | | Form #: |
|---|-------------|--|------------|----------------------|--|-------------------------------|-------------|
| | | | | | | | Tracking #: |
| First Name: | | Middle Name: | | Last Name: | | Suffix: | |
| Alias First Name: | | Alias Middle Name: | | Alias Last Name: | | Alias Suffix: | |
| Gender: | Gradelevel: | 10-digit State ID: | Birthdate: | Birth City: | Birth State: | Birth Country: | |
| Physical Address | | Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please describe on pg 4) | | | 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: | | | | | | | |
| <input type="checkbox"/> Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S. | | | | | | | |

| Office Use Only: Pre-Enrollment Information | |
|---|--|
| Anticipated Start Date: | Program Placement: (General Ed, Special Ed, or Adult Ed) |
| Primary School Site: | Anticipated Education Program: (Classroom Based, Ind. Study, Modified - IS, ...) |

Previous School/Enrollment Details

| | | | |
|--|------------------------------------|--------------------------------------|-------------------------------------|
| Name of Previous School: | | Address of Previous School: | |
| Previous School Type (please select one): Public School: <input type="checkbox"/> in the same district <input type="checkbox"/> in a different district same state <input type="checkbox"/> in a different state <input type="checkbox"/> Charter School <input type="checkbox"/> matriculated from another school/completed highest gradelevel offered there Private, non-religiously-affiliated school: <input type="checkbox"/> in the same district <input type="checkbox"/> in a different district, same state <input type="checkbox"/> in a different state <input type="checkbox"/> Home Schooling Family Private, religiously-affiliated school: <input type="checkbox"/> in the same district <input type="checkbox"/> in a different district, same state <input type="checkbox"/> in a different state Other: <input type="checkbox"/> school outside of the United States <input type="checkbox"/> Institution (example: correctional facility) Original Entry into US school: <input type="checkbox"/> (enrolling in school for first time ever, i.e., no previous school) <input type="checkbox"/> from a foreign country <i>without</i> schooling interruption <input type="checkbox"/> from a foreign country <i>with</i> schooling interruption | | | |
| Date first enrolled in the U.S.: | Date first enrolled in this state: | Date first enrolled in District: | Date first enrolled in this school: |
| Grade first enrolled in District: | | Grade first enrolled in this school: | |

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"/> No, not Hispanic or Latino | <input type="checkbox"/> 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 |
| Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian <input type="checkbox"/> Japanese | Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander | |

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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

APLUS+ Schools Home Survey

| | |
|--|--|
| Does the student have access to a computer at home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the student have access to the Internet from home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many times has the student's family moved in the past 12 months? | |

Enrollment Enhancements/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 this 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 |
| Grants the student permission to sign themselves in and out of the school | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Agree to the "Open Campus" Policy (for High School) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student is allowed to use computers at school | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student allowed to access the Internet at school | <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 |
| Permission to use student's name in school publications | <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 |

Parent/Guardian Information

| Parent/Guardian 1 | | Parent/Guardian 2 | |
|---|-----------------------------|--|-----------------------------|
| Name: | | Name: | |
| Relationship to student: | | Relationship to student: | |
| Street Address: <input type="checkbox"/> Same as student | | Street Address: <input type="checkbox"/> Same as student | |
| City: | | City: | |
| 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? |
| 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"/> Decline 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"/> Decline to State (15) | |
| **Note: If Physical address does not represent Permanent Housing, please briefly describe what type of Temporary Housing the physical address represents: | | | |
| <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. 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> | | | |
| I certify that all of the statements and information given above are true and correct to the best of my knowledge: | | | |
| X _____ Parent Signature | | X _____ Date | |

Emergency Card

Currently Assigned Staff:

| | | | | | |
|--------------------------|---------|--------|------------|------|--------------|
| Student Name: | Gender: | Grade: | Birthdate: | Age: | Student ID#: |
| Physical Street Address: | City: | | State: | Zip: | |
| Mailing Address: | City: | | State: | Zip: | |

Parent/Guardian

| | |
|---|---------------|
| Parent/Guardian Name: | Relationship: |
| Address: | Home Phone: |
| | Cell Phone: |
| | Work Phone: |
| | Email: |
| Parent/Guardian Name: | Relationship: |
| Address: | Home Phone: |
| | Cell Phone: |
| | Work Phone: |
| | Email: |
| Person(s) authorized to pickup student from school: | |
| 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 | Relationship to student |
|------|--------|-----------|----------------------------|--------------------------|-------------------------|
| | | | | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |

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): |

Known Conditions: (check all that apply)

| | | |
|---|---|--|
| <input type="checkbox"/> Asthma <input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Seizures <input type="checkbox"/> Other (Please Specify Below) | <input type="checkbox"/> Known hearing problem <input type="checkbox"/> Preferential seating <input type="checkbox"/> Wears hearing aid | <input type="checkbox"/> Glasses to be worn at all times <input type="checkbox"/> Known eye condition/defect in vision <input type="checkbox"/> Wears contact lenses <input type="checkbox"/> 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: _____

2019-2020 Additional Information

Section A: Special Education Services

Note** If you answer "YES" to ANY questions in this section, you **MUST** complete Section B: Special Education Details.

| | |
|--|--|
| 1. Has your child ever been referred and/or evaluated to receive Special Education Services? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Has your child ever attended a Special Education class? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Does your child have a current/active Individualized Education Plan (IEP)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

By signing here, I certify that my child has **NEVER** received special education services of any kind. I further certify that my child does **NOT** have a 504 Plan.

Parent/Guardian Signature _____

Section B: Special Education Details

| | | |
|--|--------|-------|
| 1. What was the date of your child's most recent IEP? | Month: | Year: |
| 2. What type of services did your child attend? (Check all that apply) | | |
| <input type="checkbox"/> Speech <input type="checkbox"/> RSP <input type="checkbox"/> SDC <input type="checkbox"/> Adaptive PE <input type="checkbox"/> OT <input type="checkbox"/> PT | | |
| <input type="checkbox"/> Other: | | |
| 3. What was the last date your child was in Special Education Class or received services? | Month: | Year: |
| 4. School name and address where IEP was last evaluated or developed: | | |
| Name: | | |
| Address: | | |

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 in this school. I certify that all statements are true and correct to the best of my knowledge.

Parent/Guardian Signature _____