



SJVA: PYP Candidate school

480 North San Jacinto Avenue San Jacinto, California 92583 Phone: 951-654-6113 Fax: 951-654-5083

## APPLICATION FOR ADMISSION 2018 – 2019 SCHOOL YEAR

### 1<sup>st</sup> - 12<sup>th</sup> Grade

Dear Parent/Guardians:

San Jacinto Valley Academy is a charter school of choice. In order to attend you must complete an application and provide the required documents (See below). Enrollment space is limited.

Student Name: \_\_\_\_\_ 2018-2019 Grade \_\_\_\_\_

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Copy of Most Recent Report Card (for elementary and middle school)
- \_\_\_\_\_ Disciplinary Record
- \_\_\_\_\_ Copy of Birth Certificate (From any Country)
- \_\_\_\_\_ Immunization Record (From any Country)
- \_\_\_\_\_ Attendance Record
- \_\_\_\_\_ Copy of Current IEP or 504 Plan (if applicable)
- \_\_\_\_\_ Official High School Transcript (for high school)
- \_\_\_\_\_ Expulsion Affidavit/Special Needs Form
- \_\_\_\_\_ Retention forms (if applicable)

**\*\*All students entering 7<sup>th</sup> through 12<sup>th</sup> grades will need proof of a Tdap boosters shot before starting school.**

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Note: Incomplete applications will not be accepted.**

FOR OFFICE USE ONLY:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Sibling of current SJVA student YES/NO

**Note:** Failure to disclose these documents prior to acceptance at SJVA may result in immediate dismissal.

**PLEASE SUBMIT THIS APPLICATION AT OUR LOCATION ON ESPLANADE ACROSS VALLEY-WIDE.**



# San Jacinto Valley Academy

➤ PLEASE PRINT – STUDENT’S LEGAL NAME				ENTERING GRADE _____ 2018-2019			
Legal Last Name		Legal First Name		Legal Middle Name		Other Legal Name (if applicable)	
<input type="checkbox"/> Male		<input type="checkbox"/> Female		Birth date:			
		Month	Day	Year			
Parent/Guardian First Name		Last Name		Home Phone		Work Phone	
				( )		( )	
Parent/Guardian First Name		Last Name		Home Phone		Work Phone	
				( )		( )	
Residence Address			Apt#	City		State	Zip
Mailing (IF DIFFERENT)			Apt #	City		State	Zip
E-mail Address							

<b>WHAT IS YOUR CHILD’S ETHNICITY? (Please check one):</b>		<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)	<input type="checkbox"/> Not Hispanic or Latino
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<b>WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)</b>		
<i>The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.</i>		
<input type="checkbox"/> American Indian or Alaskan Native (100) <small>(Persons having origins in any of the original people of North, Central or South America)</small>	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</small>
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	
	<input type="checkbox"/> Samoan (303)	

<b>PARENT EDUCATION</b> – Check the response that describes the education level of the <b>most educated parent</b> .
<input type="checkbox"/> Graduate Degree or Higher (10)
<input type="checkbox"/> College Graduate (11)
<input type="checkbox"/> Some College or Associate’s Degree (12)
<input type="checkbox"/> High School Graduate (13)
<input type="checkbox"/> Not a High School Graduate (14)

<b>Date your Child first attended school in the U.S.</b>		
Month	Day	Year

<b>BIRTHPLACE:</b> City: _____ State: _____ Country: _____
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**LIST ANY OTHER CHILDREN LIVING AT HOME**

Full Name	Birth Date	Grade	Sex	Current SJVA Student?
Full Name	Birth Date	Grade	Sex	Current SJVA Student?
Full Name	Birth Date	Grade	Sex	Current SJVA Student?
Full Name	Birth Date	Grade	Sex	Current SJVA Student?

**Parent/Guardianship Information (with whom the student lives) – check all that apply**

**Residence – where is your child/family currently living? – Please check appropriate box:**

- |  |   |
|--|---|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home)             | <input type="checkbox"/> In a motel/hotel (09)                    |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) hardship |
| <input type="checkbox"/> In a shelter or transitional housing program (10)   | <input type="checkbox"/> Other (15) (please specify) _____        |

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

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

1.  Father  Step Father/Guardian (check one) Full Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

2.  Mother  Step Mother/Guardian (check one) Full Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_ City: \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

**DUPLICATE MAILING** – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Full Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**MOST RECENT SCHOOL ATTENDED:**

School	Address/City/State/Zip	Grade(s)	Date(s)

Are there psychological or confidential reports available from your child’s former school?  Yes  No

Has your child been suspended?  Yes  No Has your child ever been expelled?  Yes  No

What special services has your child received? (please check all boxes that apply)

**Special Education:**  Resource (RSP)  Special Day Class (SDC)  Speech/Language  504

**Other:**  Gifted (GATE)  Remedial Math  Remedial Reading  Counseling  English Language Development

Help to Improve Attendance/ Behavior  Other (Specify) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian and Student Questionnaire

To help us provide the best educational experience for your child we ask that you complete this questionnaire with your child prior to the student-parent/guardian-teacher conference. Having this background knowledge on your child will enable us to plan and adjust our instructional program to fit the needs of your child. Please use extra sheets of paper if you need more space than is provided on this form.

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. What kind of reading does your child enjoy at home? For example, nature or sports magazines, his/her own books, books from school, library, etc.

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2. Please list any books and/or authors your child has read and would like to read again:

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3. What writing do you see your child do at home? Example: letter writing, diary, etc.

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4. What are your child's special interests at home?

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5. What are your child's favorite subjects in school? Please explain.

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6. What are your child's least favorite subjects in school? Please explain.

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7. What is your child looking forward to in coming to a charter school?

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8. What is your child most concerned about in coming to a charter school?

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9. As a parent what is it that you hope the charter school will accomplish for your child?

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10. Are there any other questions and concerns you have about the charter school and /or other information we should know about your child?

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11. Is there any other significant information we should know about your child that would help us in his/her education?

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12. How did you hear about San Jacinto Valley Academy?

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