



ENROLLMENT FORM (POST-LOTTERY) 2017-2018

1. STUDENT INFORMATION

Legal Last Name		Legal First Name		Legal Middle Name		Other Name/Nickname		Grade Level in Aug 2017	
Street Address				Apt # Unit #		City		Zip Code	
Home Telephone # ()		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /		Place of Birth (City, State and Country)			
The following is requested for CALPADS reporting: PLEASE INDICATE STUDENT'S ETHNICITY (CHECK ONE OR MORE): Is student Hispanic or Latino? <input type="checkbox"/> Yes, Hispanic or Latino									
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Decline to State
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White	
Student lives with: (Check all that apply) <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepparent <input type="checkbox"/> Father/Stepparent <input type="checkbox"/> Both parents alternately <input type="checkbox"/> Guardian <input type="checkbox"/> Relative _____ <input type="checkbox"/> Foster Home <input type="checkbox"/> Other _____									

2. FAMILY INFORMATION

Father/Legal Guardian		Mother/Legal Guardian	
Last Name	First Name	Last Name	First Name
Home Address (If different than student)		Home Address (If different than student)	
Home or evening Telephone ()		Home or evening Telephone ()	
Email Address		Email Address	
Employer (Optional)	Day Telephone ()	Employer (Optional)	Work Telephone ()
Work Address (Optional)		Work Address (Optional)	

3. HOME LANGUAGE SURVEY

What language did this student learn when he or she first began to talk? _____ What language does this student most frequently use at home? _____ What language do you (the parents or guardians) most frequently use when speaking to your Child? _____ What language is most often used by the adults at home? _____

4. PREVIOUS SCHOOL/PROGRAM INFORMATION

Previous School/Programs Attended	City/State	Dates Attended	Grade Levels
1.			
2.			
3.			

5. SIBLING INFORMATION

Name	Age	Grade	School of Attendance	Applying to EPAF?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No



IN ORDER TO BEST SERVE THE NEEDS OF YOUR CHILD, PLEASE ENSURE THAT THIS INFORMATION IS COMPLETE AND ACCURATE

6. SPECIAL SERVICES

If your child has ever received Special Education Services:		
Type of Services (e.g. speech therapy, special education, etc)	School, program, or agency that provided services	Dates of Service
1.		
2.		
3.		
4.		

A. Did this student receive special education services at his/her previous school?	<input type="checkbox"/> No <input type="checkbox"/> Yes
B. Did this student have an individualized Education Program (IEP) at his/her previous school? If "Yes", do you have a copy of the student's IEP with you?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
C. Did this student have a Section 504 Plan at his/her previous school? If "Yes", do you have a copy of the student's Section 504 Plan with you?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
D. Does this student have difficulties that interfere with his/her ability to go to school or to learn?	<input type="checkbox"/> No <input type="checkbox"/> Yes
E. Has this student been identified for gifted and talented educational services (GATE)?	<input type="checkbox"/> No <input type="checkbox"/> Yes

7. COURT ORDERS

ARE THERE ANY COURT ORDERS RESTRICTING THE LEGAL RIGHTS OF EITHER PARENT? No <input type="checkbox"/> Yes <input type="checkbox"/>
IF YOU ANSWERED "YES", PLEASE PROVIDE A COPY OF THE COURT ORDER.

8. EMERGENCY INFORMATION (Authorized person to care for student if parent/care provider(s) cannot be reached)

Name _____ Evening or Home Tel. () _____ Day or Work Tel. () _____ Mobile () _____ Relationship _____ Address _____

9. SIGNATURE

Please fill out this form completely and accurately. Any omissions or misstatements could result in rejection of the application and loss of placement in the school. I verify that this information is true and correct.
X _____ Date _____ Signature of: (Check one) ___ Parent ___ Legal Guardian ___ Other _____

Executive Preparatory Academy of Finance does not discriminate on the basis of disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, age, or citizenship in administration of its educational policies, admissions policies, and other school administered programs.

Return this application to:

Executive Preparatory Academy of Finance, 2814 W. Manhattan Beach Blvd, Gardena, CA 90249 Call (323) 756-1426 for information. Fax (323) 756-1479

FOR OFFICE USE ONLY

Date Received: _____ Offered Enrollment/___ Offered Waitlist PAR Received: _____ Records requested on: _____ Birth Verification: ___ Birth Certificate ___ Baptismal Certificate ___ Passport ___ School Record ___ Immunization cleared Comments: _____ _____ _____



Parents of Children In or Entering School or Child Care

REFERENCE Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHY YOUR CHILD NEEDS SHOTS The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend school or child care. Diseases like chickenpox, measles, and whooping cough spread quickly, so children need to be protected before they enter. Most children need booster shots before starting kindergarten. 7th grade entry requirements went into effect July 1, 1999. A varicella (chickenpox) requirement for kindergarten entry and child care attendance went into effect July 1, 2001.

WHAT YOU WILL NEED AT REGISTRATION You will need your child's Immunization Record. It must show the date your child was given each required shot. If you do not have an Immunization Record or your child has not received all required shots, call your doctor or local health department now for an appointment.



THESE ARE THE SHOTS THAT ARE REQUIRED Review your child's Immunization Record to make sure you have a date for each shot required.

Vaccine	NUMBER OF IMMUNIZATIONS REQUIRED TO ENTER, BY AGE OF CHILD							
	Child Care					School		
	2-3 months	4-5 months	6-14 months	15-17 months	18+ months	4-6 years	7-17 years	7th grade
Polio (OPV/IPV)	1	2	2	3	3	4 ^a	4 ^b	
DTP/DTaP	1	2	3	3	4	5 ^a	3 ^b	
Td Booster								[1 ^c]
MMR				1 ^d	1 ^d	2 ^e	1 ^e	2 ^e
Hepatitis B	1	2	2	2	3	3		3 ^f
Hib	1	2	2	1 ^d	1 ^d			
Varicella					1 ^g	1 ^g	1-2 ^h	

- ^a This number includes kindergarten boosters. If your child is 4-6 years old, entry requirements are met with only 3 polio and 4 DTPs if at least one polio and one DTP dose were after your child's fourth birthday.
- ^b For children 7-17 years old, entry requirements are met with only 3 polio and 3 DTP or DT/Td if at least one polio and DTP or DT/Td were after your child's 2nd birthday. For students age 7 years and older, pertussis immunization is not required.
- ^c A Td booster is recommended but not required.
- ^d One dose must be on or after the 1st birthday regardless of any doses received earlier. The Hib requirement applies only to child care children under age 4 years and 6 months.
- ^e One dose on or after the first birthday is required for grades 1-6 and 8-12. Mumps immunization is not required for students age 7 years and older.
- ^f Two doses of the 2-dose hepatitis B vaccine formulation along with provider documentation that the 2-dose hepatitis B vaccine formulation was used for both doses and both doses were received at age 11-15 years will also fulfill this requirement.
- ^g If your child had chickenpox disease, ask your doctor to note it on the immunization record to meet the requirement.
- ^h Required for children not enrolled in California schools before July 1, 2001. 1 dose required for grades K-12. For children 13-17 years old, 2 doses are needed if vaccine received after 13th birthday.

If your child's record is missing some doses, please contact your doctor or clinic now to obtain the full immunization record or any doses needed. If your child recently received immunizations and needs an immunization later in the year, he/she can be allowed to attend, provided you get the remaining doses when they become due.

Your child may be exempted from some or all immunizations by a doctor because of a medical condition. Your child may be exempted by you because of your personal or religious beliefs. Ask your school or child care provider for details.



EMERGENCY DATA FORM

Student Name: _____

Name(s) of Primary Care Giver(s): _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Primary Care Physician: _____ Phone Number: _____

Individuals the School is authorized to contact in the event of an emergency:

Name	Relationship	Telephone Number

If the School is unable to contact me or any of the individuals listed above, I give permission for my son/daughter to receive medical or dental treatment, including transportation to the nearest medical facility.

I understand that, if emergency medical or dental treatment is necessary and the listed emergency contacts cannot be reached, 911 will be called at my expense. I agree that the school cannot assume responsibility for the payment of medical fees for expenses incurred.

I understand that it is my responsibility to promptly inform the school of any changes regarding the information on this form.

Parent/Guardian Signature: _____

Date: _____



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AUTHORIZATION FOR STUDENT PICK-UP

	NAME	RELATIONSHIP	PHONE
1.			
2.			
3.			
4.			
5.			
6.			

Signature of parent or guardian: _____

Date: _____



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DISMISSAL AUTHORIZATION FORM

At dismissal time, I authorize my child _____, to:

Please initial all that apply:

_____ Walk Alone

_____ Take the bus

_____ Will be picked up by an authorized adult, parent or guardian.

_____ Other (specify) _____

Parent/Guardian Signature _____

Date: _____



Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student, this information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested.

Student Legal Name: _____

Grade: _____ Age: _____ yrs _____ months

1. Which language did your son/daughter learn to speak first?
2. What language does your son or daughter most frequently use at home?
3. What language do you most frequently speak to your son or daughter?
4. Name the Language most often spoken by adults at home?
5. Is your child fluent in the English language (speaking, reading, and writing)? Yes No Maybe
6. Has your child been enrolled in a bilingual program? Yes No Maybe

Signature of Parent, Guardian or Student (if over 18)

Date

This student has been identified as: Fluent Limited English Speaking _____

State of California, Department of Education _____ Registrar's Initials Bilingual Staff _____



CONSENT TO PHOTOGRAPH, FILM, VIDEOTAPE

Name of pupil (please print)

Birthdate

Name of parent or legal guardian (please print)

I, as the parent or legal guardian of the above named pupil, do hereby perpetually and irrevocably grant to the Executive Preparatory Academy of Finance, its officers, agents, employees, students, assigns, and licensees, [hereinafter referred to as "EPAF"] the absolute right, permission, and license to record his or her likeness and/or voice with still photography, film, videotape, digital recording or storage device ["Recordings"] and to edit such Recordings at EPAF's discretion, and to use, reproduce, display, and/or distribute, and/or to make derivative works from any of them for educational, promotional and fundraising purposes.

I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.

I understand and agree that EPAF and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

I do hereby waive any right to inspect or to approve the still photographs, films, and/or videotapes, digital files or presentations or the editorial or printed matter that may be used in conjunction therewith. I further waive any claim that I have or may have, release and hold harmless EPAF and its authorized representatives from any and all actions, claims, damages, costs or expenses, including attorney's fees, brought by the pupil and or guardian with respect to the eventual use to which any of the aforementioned materials are or may be applied. Such Recordings may be used at EPAF's sole discretion, with or without my name, alone or in conjunction with any other material of any kind or nature.

I further expressly agree that the foregoing release is intended to be as broad and inclusive as is permitted by the laws of the State of California and any applicable federal law, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read this document and understand its terms. I am signing the release freely and voluntarily. I understand that withholding my signature does not impact the enrollment status of my child.

Signature of Parent, Guardian or Student (if over 18)

Date



State-Required Caregiver’s Authorization Affidavit

Use of this affidavit is authorized by part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

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.
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 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.

Signature

Date



Caregiver's Authorization Affidavit

Notices and Additional Information

This declaration does not affect the rights of the minor's parents or legal guardian the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.

A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

This affidavit is not valid for more than one year after the date on which it is executed.

Additional Information

To Caregivers:

"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 of dissolution.

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.

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.

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 Medi-Cal number.

To School Officials:

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 determines from actual facts that the minor is not living with the caregiver.

The school may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

To Health Care Providers and for Health Care Service Plans:

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. This affidavit does not cover dependency for health care coverage purposes.



Emergency Policies & Procedures

In case of an emergency, students will remain under the supervision of school officials until families or responsible adults can pick them up. To pick up a student, please follow the procedures below:

- a) Inform the teacher, paraprofessional, or whichever adult is responsible for the Classroom, that you are taking the student.
- b) Sign a student release form for each student you are taking.
- c) Please leave the premises as quickly as possible after signing out your child.
- d) If you would like to help with first aid, dismissing students, etc., please contact the school Principal to sign up to volunteer. Volunteers should leave students with their classes and should not sign a student release form until they are ready to leave.

In the event that you are unable to reach the school right away, we will release your child to the adult indicated on your child's Authorization for Student Pick-up form. This individual will be required to sign a student release form as well.

The school Principal (or other school official if the Principal is not available) will determine whether to evacuate the building. In the event of an evacuation, we will transfer the students to the nearest available safe shelter.

In the event of an emergency, we urge families to work with the school so that we can ensure the safety of all students.

I have read, understand, and agree to the emergency policies and procedures herein.

Signature Parent/Guardian: _____

Date: _____

*****Return original to the school. Parents keep copy attached.*****



POLICY FOR PROTECTION OF STUDENT RECORDS

Charter schools receiving federal funds must comply with the Family Educational Rights and Privacy Act (FERPA), 20 USC §1232g. Both FERPA and the California Education Code provide protection for student records.

Definitions:

- a) **Educational Record:** Records, files, documents, and the other materials that contain information directly related to a student (e.g. date of birth, place of birth, parent and/or guardian name, grades, test scores, etc.) and is maintained by a school or local education agency.
- b) **Directory Information:** Information such as the student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees, and awards received, and the most recent previous school attended by the student.

Parental/Guardian Rights:

Access to records: Parents/Guardians of students (current and former) have an absolute right to access any student records related to their child. Upon a request for copies of student records or to inspect or review records, the school shall grant parents/guardians access to the records no later than five (5) days following the date of the request.

Amendment of Records: Following an inspection and review of a student's records, a parent/guardian may challenge the content of the student record. Note that parents/guardians do not have the right to amend grades or educational decisions made by school staff. The parent/guardian may make a written request of the school to correct or remove any information in the student record that the parent/guardian believes to be inaccurate. This request must be made within thirty (30) days of the discovery of the error. Within fourteen (14) days of a request to amend a student record, the school shall respond to the request in writing. If the request is denied the school shall state the reasons for the denial.

Copies: The school may charge reasonable fees for copies it provides to parents. The school shall not charge parents/guardians fees to search for or retrieve any student record.

Complaints: Parents have the right to file a complaint with the United States Department of Education concerning alleged failures of the school to comply with FERPA. Parents may submit a complaint to:

Family Policy Compliance Office
US Department of Education
400 Maryland Ave SW
Washington, DC 20202-5920

*****Return original to the school. Parents keep copy attached.*****



Release of Student Records and Directory Information

Generally, the school may not release student records to any person without written parental/guardian consent or a judicial order (e.g., subpoena) However, FERPA permits the school to release student records without parental/guardian consent, including but not limited to under the following circumstances:

- a) To school employees who have a “legitimate educational interest;”
- b) To other schools to which the student is transferring provided the student’s parent/guardian is notified of the transfer, receives a copy of the record if desired, and has an opportunity to challenge the content of the record;
- c) To the Comptroller General of the United States, the United States Secretary of Education, state and local educational authorities, or the Attorney General of the United States;
- d) To the appropriate parties in connection with a student’s application for, or receipt of, financial aid;
- e) To state and local officials within the juvenile justice system, pursuant to state law;
- f) To organizations conducting certain studies for the school;
- g) To accrediting organizations;
- h) To parents of a dependent student;
- i) To appropriate persons in connection with an emergency, under certain conditions; and
- j) To the person or entity designated in a judicial order or lawfully issued subpoena.

Though the school may disclose, without parental/guardian consent, directory information, the school will not release any directory information without written consent from the student’s parent or guardian.

I have read and understand the policy for protection of student records.

Parent/Guardian Signature: _____

Date: _____

*****Return original to the school. Parents keep copy attached.*****



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ACKNOWLEDGEMENT OF RECEIPT OF STUDENT/FAMILY HANDBOOK

I have received the Executive Preparatory Academy of Finance Student/Family Handbook, and I understand and agree that I will read and comply with the school's policies and procedures.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name

Student Name

Please return to the school Principal as soon as possible.



Family Agreement 2017-2018

I/We, _____ agree to the following terms of the Executive
Parent/Legal Guardian's Name Parent/Legal Guardian's Name

Preparatory Academy of Finance community:

The parents/guardians will:

Provide Home Academic Support by:

- Ensuring that my child is Ready to Learn;
- Assisting and monitoring homework assignments;
- Following through with school recommended actions; and
- Reviewing this agreement with student.

Provide School Support by:

- Affirming the Tardiness and Absenteeism Policy by ensuring that my child regularly attends and arrives to school on time;
- Supporting and adhering to the School's Discipline Policy; and
- Adhering to the School's Uniform Policy.

Participate by:

- Attending and participating at monthly Parent Meetings; and
- Volunteering. (A parent's failure to volunteer or inability to volunteer DOES NOT impact the student's enrollment.)

My/Our signature below represents my/our understanding and full commitment to the above conditions for the 2017-2018 school year.
I/We have also discussed the Parent Agreement with my/our child.

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Signature

Date

The student agrees to:

Demonstrate Academic Effort by:

- Coming to school ready to learn;
- Completing all class and homework assignments; and
- Following through with school recommendations as appropriate.

Demonstrate School Support by:

- Affirming the Tardiness and Absenteeism Policy by attending and arriving to school/classes on time;
- Adhering to the school's Discipline Policy;
- Adhering to the school's Uniform Policy; and
- Following all school rules and policies.

Student Name: _____

Grade: _____

Student Signature: _____

Date: _____



Family Agreement, Page 2

The School shall:

Provide Home Academic Support by:

- Providing trainings and workshops for parents on student academic achievement and parenting topics;
- Inform parents of homework policies and assign appropriate homework;
- Providing extended academic support opportunities to students; and
- Reviewing this agreement with students.

Provide school support by:

- Developing and implementing programs and policies that support academic student achievement;
- Enforcing the school's Discipline Policy to ensure a safe and nurturing learning environment;
- Informing parents/students about and enforcing school policies, including the Uniform Policy;
- Providing proper notification regarding school policies and student behavior;
- Providing a recognition program of achievement for students and their families;
- Facilitating the participation of parents in the classroom; and
- Distributing annually updated parent/student handbook.

Encourage and support parent participation by:

- Developing meaningful parent meeting agendas focused on student achievement;
- Providing flexible volunteer opportunities for parents;
- Recognizing student successes in a variety of settings; and
- Using technology to bridge connection between school and home.

Principal

Date



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PARENT/GUARDIAN AGREEMENT REGARDING PAYMENT FOR DAMAGES TO SCHOOL PROPERTY

I, _____, assume full Parent/Guardian responsibility for any damages
Parent/Guardian

done to the school building or school property by my child, _____.
Student Name

I agree to pay for the cost of repairs of said damages within fifteen (15) days of receipt of notification.

Signature of Parent/Guardian

Date



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TRANSPORTATION

I, _____, hereby authorize the Principal or other school personnel to
Parent/Guardian Name

transport my son/daughter, _____, in their personal vehicle at my child's
Print Student Name

request and after an attempt has been made to contact me by phone. I understand and acknowledge that, as provided in part in Education Code 35330, I waive and release and discharge Executive Preparatory Academy of Finance/ Inner City Outreach/ Inner City Outreach Board of Directors and its officers, employees and agents from all liability, claims, loss cost or expense arising from the transportation of my son/daughter.

Parent/Guardian Signature

Parent/Guardian Signature

Date



Acceptable Use Policy

The School's Acceptable Use Policy ("AUP") is to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with the Children's Internet Protection Act ("CIPA"). As used in this policy, "user" includes anyone using the computers, Internet, email, chat rooms and other forms of direct electronic communications or equipment provided by the School (the "network."). **Only current students or employees are authorized to use the network.**

The School will use technology protection measures to block or filter, to the extent practicable, access of visual depictions that are *obscene, pornographic, and harmful to minors* over the network. The School reserves the right to monitor users' online activities and to access, review, copy, and store or delete any electronic communication or files and disclose them to others as it deems necessary. Users should have no expectation of privacy regarding their use of School property, network and/or Internet access or files, including email.

Acceptable Uses of the EPAF Computer Network or the Internet

The School must verify each year that students using the computer network and Internet access for that school year have a signed page acknowledging this policy. Students who are under 18 must have their parents or guardians sign this page and the school must keep it on file. Once signed that permission/acknowledgement page remains in effect until revoked by the parent, or the student loses the privilege of using the School's network due to violation of this policy or is no longer an EPAF student. Employees and other users are required to follow this policy. Even without signature, all users must follow this policy and report any misuse of the network or Internet to a teacher, supervisor or other appropriate School personnel. Access is provided primarily for education and School business. The School must monitor online use at all times; consequently, the School must certify that minors are being educated about appropriate behavior online, including interacting with other individuals on social networking websites and in chat rooms, cyber-bullying awareness, and response. Staff may use the Internet, for incidental personal use during duty-free time. **By using the network, users have agreed to this policy.** If a user is uncertain about whether a particular use is acceptable or appropriate, he or she should consult a teacher, supervisor or other appropriate School personnel.

Unacceptable Uses of the Computer Network or Internet

These are examples of inappropriate activity on the School web site, but the School reserves the right to take immediate action regarding activities (1) that create security and/or safety issues for the School, students, employees, schools, network or computer resources, or (2) that expend School resources on content the School in its sole discretion determines lacks legitimate educational content/purpose, or (3) other activities as determined by School as inappropriate. Other unacceptable uses include:

- **Violating any state or federal law or municipal ordinance, such as: Accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information or copyrighted materials;**
- **Criminal activities that can be punished under law;**
- **Selling or purchasing illegal items or substances;**
- **Obtaining and/or using anonymous email sites; spamming; spreading viruses;**
- **Causing harm to others or damage to their property, such as:**
 1. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others or accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
 2. Deleting, copying, modifying, or forging other users' names, emails, files, or data; disguising one's identity, impersonating other users, or sending anonymous email;
 3. Damaging computer equipment, files, data or the network in any way, including intentionally accessing, transmitting or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;
 4. Using any School computer to pursue "hacking," internal or external to the School, or attempting to access information protected by privacy laws; or
 5. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes".



- **Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:**
 1. Using another's account password(s) or identifier(s);
 2. Interfering with other users' ability to access their account(s); or
 3. Disclosing anyone's password to others or allowing them to use another's account(s).

- **Using the network or Internet for Commercial purposes, such as:**
 1. Using the Internet for personal financial gain;
 2. Using the Internet for personal advertising, promotion, or financial gain; or
 3. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitation for religious purposes, lobbying for personal political purposes.

Student Internet Safety

1. Students under the age of eighteen should only access executiveprep.org accounts outside of school if a parent or legal guardian supervises their usage at all times. The student's parent or guardian is responsible for monitoring the minor's use.
2. Students shall not reveal on the Internet personal information about themselves or other persons. For example, students should not reveal their name, home address, telephone number, or display photographs of themselves or others.
3. Students shall not meet in person anyone they have met only on the Internet.
4. Students must abide by all laws, this Acceptable Use Policy and all School security policies.
5. Students will be educated about appropriate behavior online, including interacting with other individuals on social networking websites and in chat rooms, cyber-bullying awareness, and response.

Penalties for Improper Use

The use of a School account is a privilege, not a right, and misuse will result in the restriction or cancellation of the account. Misuse may also lead to disciplinary and/or legal action for both students and employees, including suspension, expulsion, dismissal from School employment, or criminal prosecution by government authorities. The School will attempt to tailor any disciplinary action to the specific issues related to each violation.

Disclaimer

The School makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the network or accounts. Any additional charges a user accrues due to the use of the School's network are to be borne by the user. The School also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the computer network or the Internet, is understood to be the author's individual point of view and not that of the School, its affiliates, or employees.

I have read, understand, and agree to abide by the provisions of the Acceptable Use Policy of the Executive Preparatory Academy of Finance.

Date:	_____	School:	_____
Student Name:	_____	Student Signature:	_____
Parent/Legal	_____	Parent/Legal	_____
Guardian Name:	_____	Guardian Signature:	_____

Please return this form to the school where it will be kept on file. It is required for all students that will be using a computer network and/or Internet access.



After-School Program Application

The Program: Our program provides students with homework support, academic reinforcement, nutrition education, fitness activities, and a healthy snack, all within a safe environment. Students are supervised by highly trained and qualified staff including program leaders and site coordinators.

Program Requirements: Students must attend the program five days per week from 3:00pm-6:00pm. **Students are required to maintain regular attendance in order to continue enrollment.** Students are subject to dismissal from the program if attendance guidelines are not met.

Pick-up and Dismissal: The program ends at 6:00pm each day. After 6:00pm parents will be charged a fee of \$1 per minute for each minute past 6:00pm. **After 6:30pm, parents will be able to pick-up their child at the local police or sheriff's station.** Parents may authorize additional persons to release their child to. Please indicate all persons you wish to be able to pick-up your child on the bottom section of this form. If you are expected to arrive late, please contact your child's school as soon as possible. **Students may not be released to persons younger than 18 years old or persons you do not indicate as authorized on this form.** You will need to update the form in the office in order to add individuals to your authorized list.

*I have read and understand the guidelines and policies of the program _____ (initial)

RELEASE: I understand that with any program such as this, some risks are involved, even though appropriate precautions are taken to prevent accidents. Therefore, I and the child being registered hereby waive and release Executive Preparatory Academy of Finance (EPAF) from all claims for damages and injuries in connection with this program.

- I understand that EPAF reserves the right to cancel or change programs or activities as listed in the itinerary when necessary.
- I understand that EPAF is not responsible for the loss or damage to my child's personal belongings.
- I agree to accept full responsibility for the conduct of my child. In order to make each student's participation a fun, safe and rewarding experience, we hold high expectations for student attitude and behavior.
- All pictures taken in connection with the EPAF After-School program are the sole and exclusive property of EPAF and may be used in any promotional materials.

If we need to consider any special information about your child (i.e. diets, homework, health concerns, behavioral issues, etc.) please check the box and attach a brief note of explanation. [] Yes, I am attaching a special note.

PLEASE PRINT ALL INFORMATION

One enrollment form per child please

Legal Guardian's signature: _____ Date: _____

Child's Name: _____ Grade in 2017-2018: _____

Legal Guardian's Name: _____ Signature: _____

Legal Guardian Home Phone: _____ Emergency Phone/Cell: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

List additional people that can sign your child out and what is their relationship to you. Please include FULL names (first and last) and ensure that the person(s) listed are OVER 18 years old. We reserve the right to check ID for the person picking up the child:

AUTHORIZATION FOR STUDENT PICK-UP

	FIRST/LAST NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
1.				
2.				
3.				
4.				
5.				



Emergency Policies & Procedures

In case of an emergency, students will remain under the supervision of school officials until families or responsible adults can pick them up. To pick up a student, please follow the procedures below:

- a) Inform the teacher, paraprofessional, or whichever adult is responsible for the Classroom, that you are taking the student.
- b) Sign a student release form for each student you are taking.
- c) Please leave the premises as quickly as possible after signing out your child.
- d) If you would like to help with first aid, dismissing students, etc., please see the school Principal to sign up to volunteer. Volunteers should leave students with their classes and should not sign a student release form until they are ready to leave.

In the event that you are unable to reach the school right away, we will release your child to the adult indicated on your child's Authorization for Student Pick-up form. This individual will be required to sign a student release form as well.

The school Principal (or other school official if the Principal is not available) will determine whether to evacuate the building. In the event of an evacuation, we will transfer the students to the nearest available safe shelter.

In the event of an emergency, we urge families to work with the school so that we can ensure the safety of all students.

I have read, understand, and agree to the emergency policies and procedures herein.

Signature Parent/Guardian: _____

Date: _____

*****Return original to the school. Parents keep copy attached.*****



POLICY FOR PROTECTION OF STUDENT RECORDS

Charter schools receiving federal funds must comply with the Family Educational Rights and Privacy Act (FERPA) 20 USC §49060 – 49084. Both FERPA and the California Education Code provide protection for student records.

Definitions:

- a) Educational Record: Records, files, documents, and the other materials that contain information directly related to a student (e.g. date of birth, place of birth, parent and/or guardian name, grades, test scores, etc.) and is maintained by a school or local education agency.
- b) Directory Information: Information such as the student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees, and awards received, and the most recent previous school attended by the student.

Parental/Guardian Rights:

Access to records: Parents/Guardians of students (current and former) have an absolute right to access any student records related to their child. Upon a request for copies of student records or to inspect or review records, the school shall grant parents/guardians access to the records no later than five (5) days following the date of the request.

Amendment of Records: Following an inspection and review of a student's records, a parent/guardian may challenge the content of the student record. Note that parents/guardians do not have the right to amend grades or educational decisions made by school staff. The parent/guardian may make a written request of the school to correct or remove any information in the student record that the parent/guardian believes to be inaccurate. This request must be made within thirty (30) days of the discovery of the error. Within fourteen (14) days of a request to amend a student record, the school shall respond to the request in writing. If the request is denied the school shall state the reasons for the denial.

Copies: The school may charge reasonable fees for copies it provides to parents. The school shall not charge parents/guardians fees to search for or retrieve any student record.

Complaints: Parents have the right to file a complaint with the United States Department of Education concerning alleged failures of the school to comply with FERPA. Parents may submit a complaint to:

Family Policy Compliance Office
US Department of Education
400 Maryland Ave SW
Washington, DC 20202-4605

*****Return original to the school. Parents keep copy attached.*****



Release of Student Records and Directory Information

Generally, the school may not release student records to any person without written parental/guardian consent or a judicial order (e.g., subpoena) However, FERPA permits the school to release student records without parental/guardian consent, under the following circumstances:

- a) To school employees who have a “legitimate education interest”
- b) To other schools to which the student is transferring provided the student’s parent/guardian is notified of the transfer, receives a copy of the record if desired, and has an opportunity to challenge the content of the record.
- c) To the General Controller of the United States, the Secretary of Education, state educational authorities, or the Attorney General in connection with the audit. And evaluation of federally-supported education programs, or in connection with the enforcement of federal legal requirements.
- d) To the appropriate parties in connection with a student’s application for, or receipt of, financial aid;
- e) To state and local officials within the juvenile justice system, pursuant to state law;
- f) To organizations conducting certain studies for the school
- g) To accrediting organizations
- h) To parents of a dependent student
- i) To appropriate persons, in connection with an emergency, if the knowledge of such information is necessary to Project the health or safety of the student or other persons; and
- j) To the person or entity designated in a subpoena.

Though the school may disclose, without parental/guardian consent, directory information, the school will not release any directory information without written consent from the student’s parent or guardian.

I have read and understand the policy for protection of student records.

Parent/Guardian Signature: _____

Date: _____

*****Return original to the school. Parents keep copy attached.*****