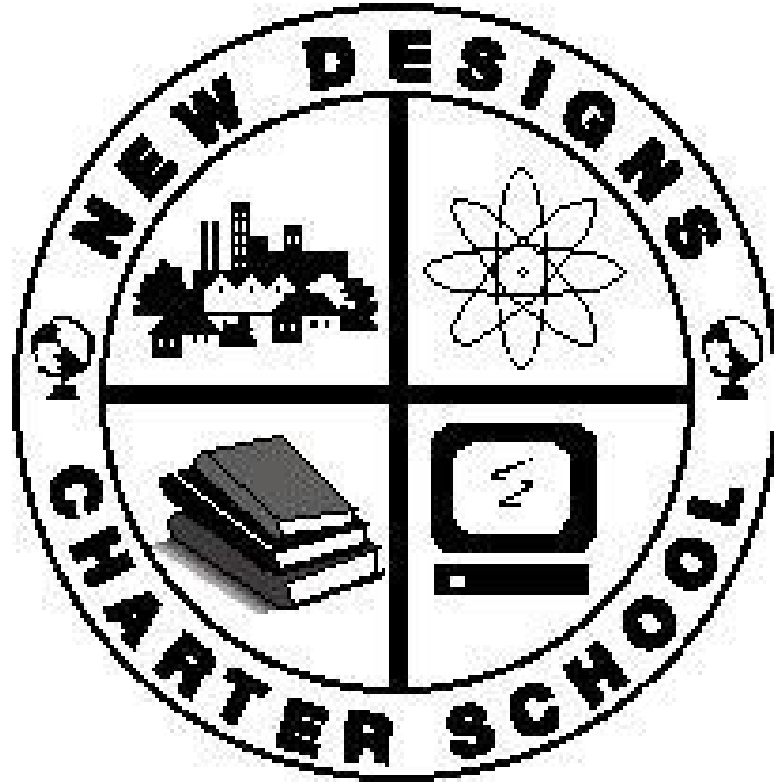


New Designs Charter School-Watts  
12714 S. Avalon Blvd.  
Los Angeles, CA. 90061  
[www.newdesignscharter.com](http://www.newdesignscharter.com)



# Application Packet

# School Year 2018-2019

*Office Use Only*

Date Received: \_\_\_\_\_

Student's Name: \_\_\_\_\_

_____ Grade
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## APPLICATION CHECKLIST

### APPLICATION FORMS (INCLUDED IN THIS PACKET)

- Enrollment Form
- Emergency Card
- Emergency Treatment Form
- School Entrance Treatment Form
- Permission to Release School Records
- Consent and Release Form/ Media Permission Slip
- Parent- Student Contract
- Student Pledge
- Request for Student Records Card
- Home Language Survey Form

### REQUIRED PAPERWORK

- Copy of Birth Certificate
- Copy of Current Immunization Report (7<sup>th</sup> graders must have booster TDAP)
- Proof of Residence (i.e. copy of power or gas bill)
- Copy of Current Individualized Education Plan (If Applicable)
- Copy of Star/CST Score/ CELDT Test Score
- Official Transcript

**STUDENT INFORMATION**

**Dear Parent:**

*Please fill out this enrollment form completely. Falsifications or omissions may disqualify your admission. Information you supply will not be given to any other person/company for any purpose. Forms received unsigned or incomplete may not be considered for admission. Please print clearly using black or blue ink.*

**Student's Name:** \_\_\_\_\_  
(MIDDLE) (LAST) (FIRST)

**Student's Date of Birth: (MM/DD/YYYY)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**What Is Your Child's Ethnicity? (Please check one):**  *Hispanic or Latino* (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  
 *Not Hispanic or Latino*

**Permanent Address:** \_\_\_\_\_  
(Street & House/Apt. #, City, State, Zip Code)

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Are there any court orders restricting the legal rights of either parent?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
If you answered "YES", please provide a copy of the court order with this enrollment packet.

**Does your child have an I.E.P.?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
If you answered "YES", please provide a copy of the I.E.P. with this enrollment packet.

**Is the student currently under expulsion from any school or school district?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
If you answered "YES", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOME LANGUAGE SURVEY

Name of Student:

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(Surname / Family Name) (First Given Name) (Second Given Name)

Age of Student: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

**Directions to Parents and Guardians: The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.**

**As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.**

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_

2. Which language does your child most frequently speak at home? \_\_\_\_\_

3. Which language do you (the parents or guardians) most frequently use  
when speaking with your child? \_\_\_\_\_

4. Which language is most often spoken by adults in the home? \_\_\_\_\_

**(parents, guardians, grandparents, or any other adults)**

**Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Form HLS, Revised December 2016 || California Department of Education**

**APPLICANT'S FAMILY**

Parent/Custodial Parent/Guardian	Parent/Custodial Parent/Guardian
Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Address: _____ _____	Address: _____ _____
Home Phone: (____) _____ - _____	Home Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____	Cell Phone: (____) _____ - _____
Other Phone: (____) _____ - _____	Other Phone: (____) _____ - _____
Work Phone: (____) _____ - _____	Work Phone: (____) _____ - _____
E-Mail Address: _____	E-Mail Address: _____

***\*\*\*If you are not the biological guardian or your name is not present on the birth certificate, please provide the school with legal guardian documents. \*\*\****

**PARENT EDUCATION** – Check the response that describes the education level of the **most educated parent**. (Must choose one)

Graduate Degree or Higher (10)

College Graduate (11)

Some College or Associate’s Degree (12)

High School Graduate (13)

Not a High School Graduate (14)

Date Student first attended school <u>in the U.S.</u>		
Month	Day	Year
Date Student first attended school in <u>California</u>		
Month	Day	Year

**EMERGENCY CONTACT AND MEDICAL INFORMATION FOR A CHILD (PART 1)**

Child's Name _____	Date of Birth _____	M F Sex	
Parent's/Guardian's Name ( ) _____ ( ) _____	Parent's/Guardian's Name ( ) _____ ( ) _____		
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____
Address _____	Address _____		
City, State, Zip Code _____	City, State, Zip Code _____		

**ALTERNATIVE EMERGENCY CONTACTS (PART 2)**

Primary Emergency Contact / Relationship ( ) _____ ( ) _____	Secondary Emergency Contact / Relationship ( ) _____ ( ) _____		
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____
Address _____	Address _____		
City, State, Zip Code _____	City, State, Zip Code _____		

Tertiary Emergency Contact/ Relationship ( ) _____ phone	Quaternary Emergency Contact/ Relationship ( ) _____ phone		
Address _____	Address _____		
City, State, Zip Code _____	City, State, Zip Code _____		

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**MEDICAL INFORMATION (PART 3)**

I hereby give consent for my child to receive ibuprofen (such as Advil or Tylenol) in the case of headaches, fever, or pain due to minor injuries: \_\_\_\_\_ YES \_\_\_\_\_ NO

I hereby give consent for my child to receive pain reliever (such as Advil or Tylenol) in case of headaches, fever or pain: \_\_\_\_\_ YES \_\_\_\_\_ NO

---

Hospital/Clinic Preference

---

Physician's Name

Phone Number

Insurance Company

Policy Number

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Allergies/Special Health Considerations

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I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent's/Guardian's Signature

Date

**OR**

**MEDICAL INFORMATION (PART 3)**

I DO NOT GIVE MY CONSENT for emergency medical treatment of my child in the event of illness or injury requiring emergency treatment.

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Parent's/Guardian's Signature

Date

**\*Please provide medicine to the main office for any students with medical conditions requiring the administration of prescription medication during school hours. (Example: Asthma Inhaler)**

**CONSENT AND RELEASE FORM  
MEDIA PERMISSION 2016-2017**

*We would like to showcase student work and classroom activities in our school newsletter, on our website, and other school related publications as well as share our school's work with print and broadcast media. Please circle one answer next to the statements you give your permission for and sign below.*

- |               |                      |  |
|---------------|----------------------|--|
| <b>I give</b> | <b>I do not give</b> | my permission to New Designs Charter School to use my child's name, photograph, and/or video image in school publications, video presentations, and on the website.                                      |
| <b>I give</b> | <b>I do not give</b> | my permission to New Designs Charter School to use samples of my child's work credited with their name in school publications and on their website.  |
| <b>I give</b> | <b>I do not give</b> | my permission to New Designs Charter School to supervise the news media in the photography, filming, or interviewing of my child for the purpose of a news articles, television news, or radio programs. |

**Child's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **PARENT – STUDENT COMPACT**

*New Designs Charter School Parent-Student Compact identifies the responsibilities of parent and students of the School Community in realization of School's vision.*

**I, \_\_\_\_\_, understand that my child's studies are very important and  
(Parent's Name)**

***my participation in the activities at NDCS is a critical component of my child's education success. Therefore, I agree to carry out the following responsibilities to the best of my ability:***

- I will actively participate in Parent/Teacher conferences and meetings.
- I will try to volunteer for the school at least 15 hours per semester.
- I will complete and return all necessary school forms and documents on time as requested by school officials.
- I will attend orientation meetings prior to the start of school.
- I will do my best to help my child on school projects.
- I will provide a quiet place for my child to study.
- I will encourage my child to complete their homework.
- I understand that students are required to attend Afterschool Program and Saturday Academy on their scheduled dates.
- I will follow through with any problem behaviors noted by the teacher.
- I will emphasize to my child to adhere to the NDCS Discipline Code at all times.
- I will enforce the School Code of Conduct with my child, including ensuring my child is wearing the prescribed uniform and showing respect for teachers, adults, and students.
- I will ensure that my child comes to school rested, clean, well-fed, prepared, and appropriately dressed in school uniform.
- I will make every effort to ensure my child attends school every day and arrives on time.
- I will notify the office immediately if there is any change of home address and phone number.
- I will notify the school when my child is absent and provide appropriate documentation.
- I will assure that my child will not destroy materials and/or NDCS Property.
- I will assure that my child does not bring dangerous or destructive materials to school such as permanent markers, paint, guns, knives, etc.
- I will assure that all materials loaned to my child will be returned in the condition they were issued. I will pay for lost or damaged items with cash only.
- I understand that if my child brings or possesses any weapon whether real or replica such act may be grounds for **expulsion** from NDCS.

**I, \_\_\_\_\_, am aware of my responsibilities as an NDCS student. I pledge that  
(Student's Name)**

***I will do my best to satisfy my parents/teachers/administrators expectations at NDCS because this will help me to do better in the future. I agree to do the following:***

- Obey the School's Code of Conduct
- I will come to school dressed in uniform every day and on time.
- I will do all the homework assigned to me the best way I can and turn it in on time.
- I will take good care of my books and other materials the school allows me to use.
- I will bring my school supplies every day.

***My child and I have discussed the Parent-Student Compact responsibilities. We accept all responsibilities as identified in this document.***

**PERMISSION TO RELEASE SCHOOL RECORDS**

By my signature below, I as a parent or legal guardian of, \_\_\_\_\_,  
**(Student's Name)**  
whose date of birth is, \_\_\_\_\_, give permission to the principal of,  
**(Date of Birth)**  
\_\_\_\_\_, school to release the following school records  
**(Name of student's previous school)**  
to New Designs Charter School – Watts.

Place a check before the records authorized to be released:

- Grades and Academic Records
- Special Education / Psychological Assessments and records
- Disciplinary Records
- Attendance Records
- Medical/Immunization Reports
- Testing Results and/or Evaluations (Including STAR, CST, CELDT, etc.)
- Cumulative Record

Date Student last attended  
the school named above: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Parent / Legal Guardian Name

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

## SCHOOL VOLUNTEERING

Please fill out this form so we may schedule you for volunteering. Thirty hours of volunteering is encouraged. Donations can also be counted towards your volunteer hours. We look forward to seeing you all here. Thank you for your dedication to your child's school.

Name of Student(s): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Hours Available Mon-Sat.: \_\_\_\_\_

Skills/Interests: \_\_\_\_\_

Are you bilingual? \_\_\_\_\_

Have you had a TB test? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Opportunities

- **Before and After School Supervision** – Need help for pick up and drop off flow.
- **Lunch Supervision** – Lunch Hours Vary (Pick up a schedule in Main Office)
- **Bilingual/English Speaking Assistant** – Assist teachers with correcting papers and other duties. Assist in translation for parent meetings and conferences.
- **Office Assistant** – Assist office with mailing, and other office related duties.
- Saturday Academy Supervision – need help in supervising students as well as cleaning up after students are dismissed.
- **Making Phone Calls** – Need help from parents to help us call other parents to participate in school events. (Ex: Parent Meetings, Field Trips, Workshops, Detention, etc.)
- **Extended Learning Academy** – Help needed for tutoring.

### *Office Use Only*

**Please mail the following request to:**

Registration Office  
New Designs Charter School – Watts  
12714 S. Avalon Bl. Los Angeles, CA. 90061

\_\_\_\_\_  
Signature of Authorization

\_\_\_\_\_  
Date