

# Big Picture High School-Fresno CTC Adult Registration Form

School  
Year:

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:	
<b>Physical Address</b>				Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please describe on pg 4)			
Street Address:				City:	State:	Zip:	
<b>Mailing Address</b>							
Mailing Address:				City:	State:	Zip:	
Home Phone:		Cell Phone:		County of Residence:		School District of Residence:	
E-mail Address:							
<input type="checkbox"/> Check here if student was born outside the U.S. but granted U.S. citizenship at time of birth <input type="checkbox"/> Check here if foreign student temporarily schooling in the U.S. <input type="checkbox"/> Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.							
<b>Special Programs</b>							
<input type="checkbox"/> Check here if the student has a special education program IEP <input type="checkbox"/> Check here if the student has a 504 plan <input type="checkbox"/> Check here if the student is enrolled in an LEP program as an English Learner							

## Previous School/Enrollment Details

Name of Previous School:		Address of Previous School:	
Previous School Type (please select one): <b>Public School:</b> <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 <b>Private, non-religiously-affiliated school:</b> <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 <b>Private, religiously-affiliated school:</b> <input type="checkbox"/> in the same district <input type="checkbox"/> in a different district, same state <input type="checkbox"/> in a different state <b>Other:</b> <input type="checkbox"/> school outside of the United States <input type="checkbox"/> Institution (example: correctional facility) <b>Original Entry into US school:</b> <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:	Grade for the 2013-2014 school year	

**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, 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	

**Enrollment Enhancements/Modifiers**

Is adult student 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

**Release Approvals**

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 videos of the student for school purposes	<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

**Please Enter Other Information You Wish Us To Know**

# Low Income Qualification

This data will be used to ensure we have the resources available to best serve our students. It is strictly for informational purposes only and all information is confidential and will not be shared with any specific person or agency.

**Section A:** Complete this section by providing information for all children in your household.

Student/Child Information			Foodstamp, CalWORKs, Kin-Gap, or FDPIR Benefits		Foster Child (Must Have Separate Application)		For School Use Only
Last Name	First Name	Current School (Write "N/A" if not in school)	Write "Yes" or "No"	If "Yes," Write Case Number Below	Write "Yes" or "No"	If "Yes," Write Child's Monthly "Personal Use" Income Below	Student ID

If in Section A you entered a Food Stamp, CalWORKs, Kin-Gap or FDPIR case number for each child, or for a foster child you entered personal income, you **Do Not** have to complete Section B.

**Section B: Step 1,** Find the number of persons in your household and circle the number. **Step 2,** Check the income range to the right of your family size that includes your estimated annual household income.\*

Household Size	Annual Income	Annual Income	Annual Income	Annual Income
1	<input type="checkbox"/> \$0 to \$10,830	<input type="checkbox"/> \$10,831 to \$14,079	<input type="checkbox"/> \$14,080 to \$20,036	<input type="checkbox"/> \$20,037+
2	<input type="checkbox"/> \$0 to \$14,570	<input type="checkbox"/> \$14,571 to \$18,941	<input type="checkbox"/> \$18,942 to \$26,955	<input type="checkbox"/> \$26,956+
3	<input type="checkbox"/> \$0 to \$18,310	<input type="checkbox"/> \$18,311 to \$23,803	<input type="checkbox"/> \$23,804 to \$33,874	<input type="checkbox"/> \$33,875+
4	<input type="checkbox"/> \$0 to \$22,050	<input type="checkbox"/> \$22,051 to \$28,665	<input type="checkbox"/> \$28,666 to \$40,793	<input type="checkbox"/> \$40,794+
5	<input type="checkbox"/> \$0 to \$25,790	<input type="checkbox"/> \$25,791 to \$33,527	<input type="checkbox"/> \$33,528 to \$47,712	<input type="checkbox"/> \$47,713+
6	<input type="checkbox"/> \$0 to \$29,530	<input type="checkbox"/> \$29,531 to \$38,389	<input type="checkbox"/> \$38,390 to \$54,631	<input type="checkbox"/> \$54,632+
7	<input type="checkbox"/> \$0 to \$33,270	<input type="checkbox"/> \$33,271 to \$43,251	<input type="checkbox"/> \$43,252 to \$61,550	<input type="checkbox"/> \$61,551+
8	<input type="checkbox"/> \$0 to \$37,010	<input type="checkbox"/> \$37,011 to \$48,113	<input type="checkbox"/> \$48,114 to \$68,469	<input type="checkbox"/> \$68,470+

\* Annual household income: List 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.

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

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Date

Office Use Only: Eligibility				
FPL	Free	Reduced		Not Eligible