



Celerity Achnar Charter School

ENROLLMENT FORM (POST-LOTTERY)

2017-18

1. STUDENT INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name	Other Name/Nickname	Grade Level Aug 2017-2018
Street Address			Apt # Unit #	City
Home Telephone # ()		___ Male ___ 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"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<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"/> Samoan	<input type="checkbox"/> Tahitian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White	
Student lives with: (Check all that apply)				
___ Both parents ___ Mother ___ Father ___ Mother/Stepparent ___ Father/Stepparent ___ Both parents alternately ___ Guardian				
___ Relative ___ Foster Home ___ 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 ()	Pager/Mobile Phone ()	Home or evening Telephone ()	Pager/Mobile Phone ()
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 (including preschool, child care and early intervention if applicable)

Previous School/Programs Attended	City/State	Dates Attended	Grade Levels	LAUSD School?
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
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. SIBLING INFORMATION

Name	Age	Grade	School of Attendance	Applying to Celerity?
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
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No



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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 Yes

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. () _____
 Pager/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 _____

Celerity Achnar Charter School does not discriminate on the basis of disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, age, citizenship status, or any other basis prohibited by law in the administration of its educational policies, admissions policies, and other school administered programs.

Return this application to:

**Celerity Achnar Charter School, 310 E. El Segundo Blvd. Compton, CA 90222
 Call (310) 764-1234 for information. Fax (310) 764-1233**

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: _____

