



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## 2018-2019 Enrollment Checklist: Adult Education

Thank you for your interest in Pathways Academy Adult Education program! To ensure that you provide us with all the information we need to begin processing your application, we ask that you refer to this checklist.

### Youth Program:

Must be age 16-18. Can be in school or out of school.

### Adult Program:

Must be age 19-24. Can be in school or out of school. Must qualify and participate in a WIOA program.

- Student Registration Packet
- List of Required Documents:
  - Proof of Residency (Utility bill, lease/mortgage agreement, etc)
  - Immunization Records
  - Unofficial copy of transcripts (if possible)
  - Proof of age (copy of birth certificate, baptismal certificate, etc)
  - Copy of Special Education Documents, IEP, or 504 (if applicable)
  - WIOA Number (for Adult Program enrollment)

To expedite the processing of your enrollment, please submit this packet to your assigned teacher, or fax/email the completed paperwork and requested documents to our admissions team:

**Attn: Admissions**  
**FAX: 888-769-1750**  
[adulthood@cal-pacs.org](mailto:adulthood@cal-pacs.org)  
**1200 Quail St. #250**  
**Newport Beach, CA 92660**

Student Registration Form 2018 - 2019							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:	
Physical Address		Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please describe on pg 4)			Proof of residency on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
**Note: If Physical address does not represent Permanent Housing, please briefly describe what type of Temporary Housing the physical address represents:							
Street Address:				City:	State:	Zip:	
Mailing Address							
Mailing Address:				City:	State:	Zip:	
Home Phone:		Student Cell Phone:		County of Residence:	School District of Residence:		
Student E-mail Address:				<input type="checkbox"/> Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.			

**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?	
<input type="checkbox"/> No, not Hispanic or Latino	<input type="checkbox"/> 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 (including South/Central Americans), the Middle East, or North Africa. <input type="checkbox"/> Middle Eastern
<b>Asian</b> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<b>Pacific Islander</b> <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander

Office Use Only: Pre-Enrollment Information	
Anticipated Start Date:	Program Placement: (General Ed, Special Ed, or Adult Ed)
Primary School Site:	Anticipated Education Program: (Classroom Based, Ind. Study, Modified - IS, ...)

## 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:		

# Parent/Guardian Information

Parent/Guardian 1		Parent/Guardian 2	
Name:		Name:	
Relationship to student:		Relationship to student:	
Street Address: <input type="checkbox"/> Same as student		Street Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Mailing Address: <input type="checkbox"/> Same as student		Mailing Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Employer:	Federal Employee?	Employer:	Federal Employee?
Active Duty Military:	Military Branch or Service:	Active Duty Military:	Military Branch or Service:
Employer Address:	Duty Station:	Employer Address:	Duty Station:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	E-mail address:	Work Phone:	E-mail address:
Lives with student?	Send student mailings?	Lives with student?	Send student mailings?
Parent/Guardian 1 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)		Parent/Guardian 2 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)	

*The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. Â§ 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution*

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

**X** \_\_\_\_\_  
Parent Signature

**X** \_\_\_\_\_  
Date

## 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? Yes No	

## Alternative Schools Accountability Model

(check all that apply)

<input type="checkbox"/>	Expelled (Ed. Code 48925[b]) including situations in which enforcement of the expulsion order was suspended (Ed. Code 48917)
<input type="checkbox"/>	Suspended (Ed Code 48925[d]) more than 10 days in a school year
<input type="checkbox"/>	Wards of the court (WIC 601 or 602) or dependents of the court (WIC 300 or 654)
<input type="checkbox"/>	Pregnant and/or parenting
<input type="checkbox"/>	Recovered Dropout
<input type="checkbox"/>	Habitually truant (Ed. Code 48262) or habitually insubordinate and disorderly (Ed Code 48263), and whose attendance at the school is directed by a school attendance review board (SARB) or probation officer (Ed. Code 48263)
<input type="checkbox"/>	Retained more than once in kindergarten through grade 8.
<input type="checkbox"/>	Recovered dropouts based on EC Section 52052.3(b) as students who: (1) are designated as dropouts pursuant to the exit and withdraw codes in the California Longitudinal Pupil Achievement Data System (CALPADS), or (2) left school and were not enrolled in a school for a period of 180 days.
<input type="checkbox"/>	Students who are credit deficient (i.e., students who are one semester or more behind in the credits required to graduate on-time, per grade level, from the enrolling school's credit requirements)
<input type="checkbox"/>	Students with a gap in enrollment (i.e., students who have not been in any school during the 45 days prior to enrollment in the current school, where the 45 days does not include non-instructional days such as summer break, holiday break, off-track, and other days when a school is closed)
<input type="checkbox"/>	Students with high level transiency (i.e., students who have been enrolled in more than two schools during the past academic year or have changed secondary schools more than two times since entering high school)
<input type="checkbox"/>	Foster Youth (EC Section 42238.01[b])
<input type="checkbox"/>	Homeless Youth

## APLUS+ Schools Home Survey

Does the student have access to a computer at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have access to the Internet from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many times has the student's family moved in the past 12 months?	

### Enrollment Enhancements/Modifiers

Is parent/guardian 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

### Parent/Guardian Release

Permission for the school directory information to be made available to institutions of higher learning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for school directory information to be made available to military recruiters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants the student permission to sign themselves in and out of the school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agree to the "Open Campus" Policy (for High School)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student is allowed to use computers at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student allowed to access the Internet at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 pictures of the student in Yearbook ONLY	<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
Grants permission to use student audio/video for school purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent wishes to opt-out of Cal-Grant GPA Submissions (AB2160)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to use student's name in school publications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission for the school to use student pictures, audio, video, and student work on social media	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Household Data Collection - Pathways Academy Charter School - Adult Education - 2018 - 2019

Last Name:		First Name:	Birthdate:	
School: <b>Pathways Academy Charter School - Adult Education</b>		Grade:	Classroom:	School Code: <b>0134585</b>

**1. Check the total number of adults and children living in your household:**  
1 2 3 4 5 6 7 8 9 10 Other:

**2. Total Annual Household Income: \$**

Home Phone Number:	Cell Phone Number:	E-mail Address:
<p><b>X</b> _____</p> <p>Parent Signature</p>		<p><b>X</b> _____</p> <p>Date</p>

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