

LAPromise CharterSchools

I prefer my correspondence in :

- English Spanish
 Other:

1933 S. Broadway, Los Angeles, CA 90007
(213) 745-4928

STUDENT ENROLLMENT FORM

STUDENT INFORMATION *(Please Print)*

Gender: Male Female Transgender

Student's Legal Name (Last)_____ (First)_____ (Middle Name) _____

Student Residence _____ City _____ Zip Code _____

Mailing Address (If different) _____ City _____ Zip Code _____

Grade Level _____ Home Telephone (____) _____ - _____ Social Security Number _____

Date of Birth _____ Birthplace: City _____ State _____ Country _____

(Month / Day / Year)

If born outside the United States, write the date of entry into the U.S. _____

(Month / Day / Year)

Date student started school in the U.S.A. _____ Date student started school in California _____

(Month / Day / Year)

(Month / Day / Year)

PREVIOUS ENROLLMENT INFORMATION *(Please Print)*

Last school of attendance _____ Date Left _____

Address _____ City _____ State or Country _____ Zip _____

Prior SSID _____ Last School Phone Number (____) _____ - _____

Fax Number (____) _____ - _____ Has student ever been enrolled in an LAs Promise School? Yes No

If yes: School _____ Grade _____

Has student ever been accelerated (*advanced a grade earlier than expected*)? Yes No Grade Level(s) _____

Has student ever been retained (repeated a grade level)? Yes No Grade Level(s) _____

Is student currently under an expulsion order? Yes No If yes, district & school: _____

Is expulsion pending? Yes No If yes, reason: _____

If yes, from which school/district? _____

Is student currently on Juvenile Probation? Yes No

OFFICE USE ONLY

Student Name	Student Number	Enrollment Date	Residence Verified	Birth Verification	Home Language	Initial Language Test Date	Teacher	Room Number
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HOME LANGUAGE & ETHNICITY INFORMATION *(Please Answer All Questions)*

- 1) Has this student received any formal English language instruction (listening, speaking, reading, or writing)? Yes No
- 2) Which language did this student learn when he/she first began to talk?

- 3) Which language does this student most frequently use at home?

- 4) Which language do you use most frequently to speak to this student?

- 5) Which language is most often used by the adults at home? _____
- 6) Is the student Hispanic or Latino? *(Select only one)* Yes No
- 7) What is the student's race? *(Select one or more)*
- | | | | |
|---|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Laotian | <input type="checkbox"/> |
| <input type="checkbox"/> Vietnamese | | <input type="checkbox"/> Native Hawaiian | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> |
| <input type="checkbox"/> African American or Black | | | |
| <input type="checkbox"/> White | | | |

SPECIALIZED PROGRAMS *(Please Print)*

1. Was this student receiving special education services at his/her previous school? Yes No
 If yes, do you have a copy of the IEP with you? Yes No
 If yes, please check the appropriate box(es) below:
 Resource Specialist Program (RSP) Special Day Class (SDC) 504 Other _____
- Has this child exited from a Special Education Program? Yes No
2. Was this child previously in a Specialized Program? Yes
 No If yes, please check the appropriate box(es) below:
 GATE English Learner Migrant Education Other _____

HEALTH HISTORY *(Please Print)*

Is child receiving medical treatment of any kind? No Yes What kind? _____

Does child have a vision condition? No Yes Are glasses needed?

No Yes Does child have a hearing condition? No Yes

Please list any medical conditions this student may have: _____

Please list any medications this student takes on a regular basis: _____

Please list any allergies this student may have: _____

EDUCATIONAL RIGHTS HOLDERS (Please Print)

Check One: Mother Stepmother Guardian Foster Other Resides with Student Yes No

Last Name _____ First Name _____

Occupation _____ Company Name _____

Address _____ City _____ State _____ Zip Code _____

Work Phone(____) _____ - _____ Cellular Phone (____) _____ - _____

E-mail Address _____ - _____

Education (Mark Highest Level) Not a high school graduate High school graduate Some college (AA degree)
 College graduate Graduate school/post graduate training

Check One: Father Stepfather Guardian Foster Other Resides with Student Yes No

Last Name _____ First Name _____

Occupation _____ Company Name _____

Address _____ City _____ State _____ Zip Code _____

Work Phone(____) _____ - _____ Cellular Phone (____) _____ - _____

E-mail Address _____ - _____

Education (Mark Highest Level) Not a high school graduate High school graduate Some college (AA degree)
 College graduate Graduate school/post graduate training

Other Children Living in the Home

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

TECHNOLOGY IN THE HOME

(check all that apply)

What devices does the student have access to: Desktop Laptop/Chromebook IPAD/Tablet Cellphone

Is there Internet and/or WIFI in the home? YES NO Who is the internet Provider? _____

EMERGENCY INFORMATION *(Other Than Parent/Legal Guardian(s) Above)*

List names of all people authorized to pick up child other than parent. Must be 18 years of age or older.

Name	Lives with child?	Telephone	Relationship to Student

Preferred Doctor _____ Phone No. (____) _____ - _____ Preferred
Hospital _____ Health Insurance Carrier _____ Group No.
Policy No. _____ In the event of a medical emergency all costs of paramedic,
transportation, hospitalization, and any examination, X-ray, or treatment provided shall be the responsibility of the
parent or guardian.

REGISTRATION SIGNATURE

I authorize the release of all educational records including special education records and verify that
the information contained in this document is true and correct to the best of my knowledge.

Parent/Guardian Signature _____ Print Name _____ Date _____

Student Full Name: _____ Date of Birth: _____



LAPFCS

Enroll. Get Care. Renew.
Health Coverage All Year Long

Health Coverage Options

Medi-Cal:

- ▶ Children—regardless of immigration status—foster youth, pregnant women, and legally present individuals—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low-cost.
- ▶ Medi-Cal enrollment is available year-round.

Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

! Undocumented Families visit: www.allinforhealth.org/resources#Undocumented
Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

You and your family may qualify for financial help:

Household Size	If 2016 household income is less than...		If 2016 household income is between...
	1	\$16,394	\$31,600
2	\$22,107	\$42,613	\$22,108 – \$63,720
3	\$27,820	\$53,625	\$27,821 – \$80,360
4	\$33,534	\$64,638	\$33,535 – \$97,000
5	\$39,247	\$75,650	\$39,248 – \$113,640
6	\$44,960	\$86,662	\$44,961 – \$130,280
▶	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California

Enroll.

Three ways to enroll in Medi-Cal and Covered California:

- www.coveredca.com
- 1 (800) 300-1506
- Find in-person help: www.coveredca.com/get-help/local/

Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

Renew.

- ▶ Medi-Cal must be renewed every year. Medi-Cal will mail renewal packet. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

For more information go to:
www.allinforhealth.org

April 2016



Parent/Student Acknowledgement Form

Dear Parent/Guardian:

Education Code 48980 (a) states that school boards are required by law to notify parents of their rights to services and programs offered by their schools. Parents/Guardians must sign a notification form and return it to their children's schools acknowledging that they have been informed of their rights.

Please read the new Parent/Student Handbook and return the signed form below to the school. Your signature does not constitute consent to take part in any particular program.

_____ Tear/Cut-Off _____

LA Promise Charter Schools
Receipt of Annual Notification of Parent/Student Handbook

I acknowledge, with my signature below, the receipt of the required annual notification of parent/student rights on behalf of my son/daughter.

Please PRINT the name of your child.

Student's First Name

Middle Initial

Student's Last Name

Signature of Parent/Guardian

Signature of Student (Grades 6-12)

Student Parent Pledge

School Pledge

We are committed to preparing every student at LA Promise Charter Schools for success in college and in life. We understand that our students' educational success depends on the collaboration of faculty, parents, and students. Therefore, we agree to carry out the following responsibilities:

- We will provide students with a safe, collaborative, challenging and welcoming environment.
- We will give students the essential tools and support necessary to tackle challenging academic content.
- We will provide students with the essential materials that support the school's academic content.
- We will provide parents and students with updates on student achievement, progress and conduct, including timely and fair notice of unsatisfactory work.
- We will sponsor school activities, cultural events, and academic enrichment programs.
- We will provide meaningful and educationally relevant volunteer opportunities and workshops for students and parents.

Parent Pledge

I understand that my child's studies are very important and my participation in activities at LA Promise Charter Schools is a critical component of my child's educational success. Therefore, I intend to actively engage in my child's education by:

School Home Connection: Academics

- I will ensure my child comes to school every day, on-time, and ready to learn.
- I will ensure my child comes to school in uniform and prepared with all needed supplies.
- I will have my child read at home every night for at least thirty (30) minutes.
- I will ensure that my child completes his/her homework and school projects independently and on time by establishing routines at home.
- I will enforce the school's Student Code of Conduct with my child, providing appropriate consequences.
- I will enroll my child in academic enrichment programs as advised by the school and ensure attendance.
- I will pay for any books or property damaged by my child.
- I will stay informed and engaged in my child's academic and character growth as well as classroom and school activities.
- I will respect the school, staff, students, and other families.

Parents as Partners: Family Engagement*

- I will complete forty (40) hours of service per family during the school year.
- I will attend at least two (2) parent workshops during the school year.
- I will attend all parent/teacher conferences or make special arrangements with the teachers.

- I will attend school activities (i.e. music performances, field trips, assemblies, etc.) with my child at least twice a year.

**encouraged but not required*

Student Pledge

I know that going to school is very important. My parents want me to try hard and do my best at LA Promise Charter Schools because this will help me succeed in the future. I will meet the following responsibilities:

- I will come to school every day, on-time, and ready to learn.
- I will come to school in uniform and prepared with all needed supplies.
- I will read every night at home for at least thirty (30) minutes.
- I will complete all assignments to the best of my ability and turn them in on time.
- I will comply with the school's Student Code of Conduct.
- I will take care of books and other materials that the school lends me.
- I will be an active and engaged learner and stay informed on my progress in meeting academic and character goals.
- I will respect the school, teachers, staff, and other students.

My child and I have discussed the School, Parent and Student Pledge and Code of Conduct. In consideration of the unique opportunities offered by LA Promise Charter Schools and our shared investment in my child's success, we agree to fulfill all pledge commitments.

Signature of Parent/Guardian

Signature of Student (Grades 6-12)

Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

LAs Promise requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

1. Name of Pupil (please print) _____

2. Birthday (please print) _____

3. Name of Parent (please print) _____

I, as a parent or guardian, of the above named pupil fully authorize and grant PLAs Promise and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.

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

b. I understand and agree that LAs Promise and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the recordings.

c. I understand and agree that LAs Promise and/or its authorized representatives shall have the unlimited right to use the recordings for any purposes stated or related to the above.

d. I hereby release and hold harmless LAs Promise and/or its representatives from any and all actions, claims, damages, costs, or expenses, including attorney fees brought by the pupil and/or parent or guardian which relate to or arise out of any use of these recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

Signature of Parent/Guardian _____ Date _____

Granting of permission is voluntary. Please return completed form.

On Foot Field trip Permission Slip

There will be moments throughout the school in which students will have the opportunity to participate in a trip to visit businesses, local community resources and other LA Promise Charter schools. These trips will be linked to the unit of study students will be learning in class. This is a great opportunity to expose our students to local resources and build a connection between our curriculum and the community.

Your written permission is required for our students to participate. I would like to secure your permission for all field trips for the rest of the school year. The walking excursions will not be more than 5 blocks in any direction of the school.

No student may participate in a field trip without parental/guardian consent. We hope to explore the world around us.

- I give permission for my child to be able to accompany his class on all on foot field trips for the 2020-21 school year. Teachers will guarantee a safe route for walking and supervision to and from school
- I have spoken with my child about behavioral expectations. My child and I are aware that he /she is responsible for following all school rules.
- In case of emergency, I give my permission for my child to receive medical treatment.

Student Name: _____ Student Signature: _____

Parent Name: _____ Parent Signature: _____

Date: _____

In case of an emergency, please contact:

Contact Name

Relationship

Phone Number

Consent to Distribute CONFIDENTIAL Student Information

Student's Name: _____ DOB: _____

Consenting Individual (Check One)

- I am _____, the parent/guardian of a non-emancipated student under 18 years of age. I grant my permission to share confidential information related to the student.
- I am an emancipated student or over 18 years old. I give my consent for distribution of my personal information.

Type/Time/Directory (Check all that apply)

- Type of distribution: I am giving my consent to distribute personal information of all of the following:
 - SPECIAL EDUCATION RECORDS & PSYCH RECORDS
 - SCHOOL CUMULATIVE RECORDS & TEST RECORDS
 - PUPIL ACCOUNTING REPORT & DISCIPLINE RECORD
- Time bound: I am only providing consent for a limited time (please provide the start and end date of consent - (MM/DD/YY). _____ to _____
- I do not consent for any of my child's directory information to be distributed (name, address or phone number) to any, including the US military, except when required by law.

Parent Signature: _____ Date: _____

Parent Name: _____

ACCEPTABLE USE POLICY (AUP)

Information for Students & Parents

LA Promise Charter School's (LAPCS) 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, social networking sites, chat rooms and other forms of direct electronic communications or equipment provided by LAPCS (the "network."). Only current students or employees are authorized to use the network

LA Promise Charter Schools 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. LAPCS 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 LAPCS property, network and/or Internet access or files, including email.

Acceptable Uses of LA Promise Charter Schools Computer Network or the Internet

Because LAPCS information services are used as part of school activities, all school codes of conduct and disciplinary procedures apply to activities involving use of LAPCS Network. LA Promise Charter Schools has adopted an Acceptable Use Policy to set guidelines for the use of LAPCS technology and network services. All students, employees, and parents or guardians shall follow the rules set forth in the Acceptable Use Policy and to report any misuse of the system to a teacher, administrator, supervisor or other appropriate LAPCS personnel. Access is provided primarily for education and school business. 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 LAPCS personnel. The use of LAPCS technology or network services is a privilege, not a right, and inappropriate, unauthorized, or unacceptable use will result in the restriction or cancellation of a user's privilege to utilize any LAPCS technology or network related service or tool.

Additionally, inappropriate, unauthorized, or unacceptable use may lead to disciplinary and/or legal action, including, but not limited to suspension, expulsion, or dismissal from school or employment, and/or criminal prosecution by government authorities. It is the user's sole responsibility should restriction or cancellation of LAPCS technology use privileges affect their ability to execute their duties as students or staff. Unacceptable Uses of the Computer Network or Internet These are examples of inappropriate activity on the LAPCS website, but LAPCS reserves the right to take immediate action regarding activities (1) that create security and/or safety issues for LAPCS, students, employees, schools, network or computer resources, or (2) that expand LAPCS resources on content LAPCS in its sole discretion determines lacks legitimate educational content/purpose, or (3) other activities as determined by LAPCS as inappropriate.

- 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 LAPCS computer to pursue "hacking," internal or external to the LAPCS, 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:

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 LAPCS net 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; and
4. Students must abide by all laws, this Acceptable Use Policy and all LAPCS security policies.

Penalties for Improper Use

The use of a LAPCS 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 LAPCS employment, or criminal prosecution by government authorities. LAPCS will attempt to tailor any disciplinary action to the specific issues related to each violation.

Disclaimer

LAPCS 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 LAPCS network are to be borne by the user. LAPCS 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 LAPCS, its affiliates, or employees.

LAPCS reserves the right to amend this policy at any time without prior notice and to take actions not expressly addressed in this policy as the district, in its discretion, may deem appropriate.

I have read, understand, and agree to abide by the provisions of the Acceptable Use Policy of LA Promise Charter Schools.

Date: _____

Student Name _____ Student Signature _____

Parent Signature _____ Parent Name _____

Student/Parent Chromebook Agreement

I attest that I have read and understood the rules and guidelines in the Student and Family Chromebook Handbook. I understand that the Chromebook is an educational tool that is a required school material, and all student participants of the program must bring their Chromebook to school every day.

I agree to follow the rules and guidelines listed in the handbook, and I understand the consequences of breaking the rules and/or guidelines. I understand that my use of the program Chromebook may be revoked if I fail to comply with the rules and guidelines, and I understand that I may face other disciplinary and legal actions for inappropriate use of the Chromebook.

I further agree not to bring any claim, action, liability or suit against or otherwise seek compensation or damages from LAPFS, Los Angeles County of Education, LA Promise Fund, LA Promise Charter Schools and the program for any failure of Internet security or safety measures, malfunction of the Chromebook and software, and any harm, injury or cost resulting from the improper use of the Chromebook.

Student First and Last Name _____

Student Signature _____ Date _____

I have reviewed and understood the Student and Family Chromebook Handbook and discussed its contents with my child. My child understands the rules and guidelines and the consequences of breaking the Chromebook. I understand that my child must bring her/his Chromebook to school everyday in order to continue her/his participation in the program. I agree to supervise my child's use of the Chromebook and Internet at home. I further agree to use the Chromebook to monitor my child's academic performance and homework and to communicate with teachers and school staff.

Parent Signature _____ Date _____

Student Access to Google Apps for Education Information for Parents & Students

LA Promise Charter School's (LAPCS) will be utilizing Google Apps for Education to assist in collaborative sharing of resources by teachers and students. These accounts will be used for school related projects, but may also be used outside of school by students. The mastery of effective and proper email communications by students is included in the ISTE NETS Standards (<http://www.iste.org/standards>), in addition to allowing access to the wealth of collaborative tools available to students and teachers once these accounts are assigned.

All students will be assigned a Google Apps for Education account which will provide access to email and site content. The rules governing proper electronic communications by students are included in the Acceptable Use Policy Student Technology that is part of the Parent and Guardian Handbook. This account is housed on Google servers, thereby giving your student access to Google Apps for Education suite (word processor, spreadsheet, drawing, and presentation software, instant messaging, email, calendar, website authoring tools, plus additional services on school and home computers. This will allow your student to collaborate with teachers and other students as well as share information with family, friends, and other Internet users.

Official Email Address: Students will be assigned a unique [@lapcms.org/@lapchs.org](mailto:@lapcms.org) student email account. This account will be considered the student's official school email address until such time as the student is no longer enrolled in LA Promise Charter Schools. This email address is located within the PowerSchool Parent Portal.

Conduct: Students are responsible for good behavior just as they are in a traditional school building. Student accounts may not be used in the following ways: unlawful activities; using obscene, profane, threatening, or disrespectful language; commercial purposes; personal financial gain; false identity in email communications; misrepresentation of LAPCS; interference with LAPCS technology operations.

Bullying will not be tolerated and the privacy of others should be respected at all times.

Access Restriction: Access to and use of Google Apps for Education is considered a privilege accorded at the discretion of LAPCS. LAPCS maintains the right to immediately withdraw the access and use of the account when there is reason to believe that violations of law or Board policies have occurred. In such cases, the alleged violation will be referred to the Principal or designee for further investigation and application of necessary consequences as indicated in the Parent and Guardian Handbook.

Security: LAPCS cannot and does not guarantee the security of electronic files located on Google systems. Although Google does have a powerful content filter in place, the Board of Education cannot assure that users will not be exposed to non educational material.

Privacy: LA Promise Charter Schools reserves the right to access and review content in the Google Apps for Education system at any time. LA Promise Charter Schools complies with all state and

federal privacy laws. As with any educational endeavor, we feel that a strong partnership with families is essential to a successful experience.

I have read, understand, and agree to allow my child to receive a school issued email address for educational purposes only. I understand that these services are hosted externally and are provided by Google.

Date: _____

Student Name _____

Student Signature _____

Parent Name _____

Parent Signature _____

Expectations for Parents and Visitors on Campus

Student Name: _____ Grade: _____

At all times, any non-staff adult who visits the school should have a clear and positive purpose for being on campus. Because our number one responsibility is to keep our students and staff safe, you should expect staff to ask about your purpose, if it is not clear. Any non-staff adult presence adds a level of safety and supervision concern for us. We trust you understand our commitment and responsibility for school safety.

We are committed to working with “parents as our partners” to positively impact student performance. Parents are always welcome to visit the school and observe their child in the classroom. This will give you a first-hand experience with what is being taught and how it will ultimately benefit your child.

Before you go to school:

- Contact your child’s teacher to schedule a mutually convenient date and time in which to conduct your classroom observation.
- Bring a notepad and a pen or pencil to take notes.
- Please leave siblings at home.

When you are at school:

- Sign-in at the main office and obtain a visitor’s badge. Someone from the office will walk you to the classroom.
- Turn off/Place on silent cell phones when observing.
- Do not visit other teachers if you are not scheduled to observe in their classrooms unless escorted by an administrator or another staff member.
- Respect your child’s teacher, classmates and classroom.
- Avoid engaging in a conversation or interrupting the teacher while a lesson is being conducted.
- Please do not talk to other students in class.
- If you need to speak to your child’s teacher about your child’s academic progress, schedule a parent-teacher conference.
- Sit quietly when you observe and sit in the place designated by the teacher.
- Feel free to take notes and speak softly when spoken to.
- Please use the staff restroom. Adults are not permitted to use student restrooms.

Thank you again for visiting our school! We look forward to seeing you again!

Parent Name: _____ **Parent Signature:** _____ **Date:** _____

In House - Counseling Consent Form

Dear Parent-Legal Guardian of _____,

Your child will have the opportunity to receive counseling services at LA Promise Charter Schools. Counseling sessions will provide an opportunity for the student to develop strong interpersonal skills, discuss feelings, achieve greater success in his/her educational, social and emotional growth, share ideas, and/or practice new behaviors. Services may include home visits, phone contacts, and referrals to additional resources. Services may also require collaboration with school staff and community agencies. Counseling services are provided as needed and will be concluded if there is no progress, apparent need, or at the request of the parent-legal guardian of the child. If necessary, a referral for additional services may be made. With your permission counseling and/or psychological services may be include the following services:

- ❖ Individual Counseling: 1-4 times a month for 15-30 minutes.
- ❖ Group Counseling: 1-2 times a month for 30-45 minutes.
- ❖ Academic or Behavioral consultation: 1-4 times a month for 15-30 minutes

As with any meeting with the school counselor/psychologist, all information is confidential except in certain situations. The situations are as follows: if your child were to reveal information about harm to others and/or him/herself, information pertaining to child abuse, discussions with health care professionals for further treatment referral, communications related to creating/implementing the student's educational program, and/or if counseling records/information were requested by the courts/administrative proceedings officer or by law enforcement to aid in the investigation of a crime.

In signing the bottom of this form, you as the parent or guardian are indicating that you understand that information regarding your family will be held in confidence with the exception of situations that may be harmful to the health and safety of others, including yourself and your children, as described in California Education Code section 49602. It is your right to accept, refuse or stop services at any time.

If you have any specific questions or need further assistance, please call the school office directly

For LA Promise Charter Middle School (323) 403 - 0770 or High School (323) 375-5273.

- I accept services.
- I decline services.
- I would like to receive a list of referrals to community resources.

Child's Name

_____/_____/_____
Date of Birth

Name of Parent/Guardian

Best Telephone

Signature of Parent/Guardian

_____/_____/_____
Date