



CHILDREN OF PROMISE PREPARATORY ACADEMY CHARTER SCHOOL
3130 W. 111th Place, Inglewood, CA 90303

2018-2019 SCHOOL YEAR

NEW Student Enrollment Packet Checklist



Student's Name: _____

Parent/Guardian: _____

Date: _____ **Grade:** _____

Recent 2"x2" photo
(for filling purposes only)

Please complete the following forms and attach any required documentation.

- 2"x2" recent photo
- Student Information Form
- Immunization Record
- Birth Certificate
- Physical Exam
- TB Test Results
- Dental Exam (for kindergarten only)
- Textbook Accountability Form
- Media Usage Accountability Form
- Field Trip Authorization Form
- Authorization for videotape recording



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- Emergency Card
- Medical form for children with special dietary needs
- Other (Legal Documents, Court Documents, health etc.)

Do not write below this line. _____

For Office use only

Checklist reviewed by: _____ Date: _____

Documents filed by: _____ Date: _____

Entered in Illuminate by: _____ Date: _____

Children of Promise Preparatory Academy (COPPA)
2018-2019 Student Enrollment Form

A. Student Information

Legal Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: ____/____/____

Grade Level Entering: _____

Student's Gender: Female Male

State and Country of Birth: _____

Student's Primary Race/Ethnicity:

Hispanic or Latino yes no

- Alaskan Native or American Indian Asian (Specify) _____ White
- Native Hawaiian or other Pacific Islander Black or African American Other _____

Student is Applying for Grade:

- Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade
- 7th Grade 8th Grade 9th Grade 10th Grade 11th Grade 12th Grade

Please mark how many times the student has ever entered this grade level:

- First Time Second Time Third Time

B. Home Language Survey

*If Chinese, please specify dialect: _____

What language did this student learn when he or she first began to talk?

What language does this student most frequently use at home?



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What language do you use most frequently to speak to this student?
Which language is most often used by the adults at home?
Has this student received any formal English language instruction (listening, speaking, reading, or writing)? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. Previous School Information

What IUSD/Public School is closest to your home? Please list all. Elementary: _____
Middle School: _____ High School: _____

Before attending this charter school, the student attended:

School	City - State	Dates Attended	Grade Levels	IUSD School
1.				___ Yes ___ No
2.				___ Yes ___ No

Grade First Entered into a IUSD School: _____ **Date:** _____



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D. Does the student have any siblings?

Name	Age	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Parent/Guardian/Family Information

Mother: First Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Father: First Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Guardian: First Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

F. What is the highest level of education?

Mother: Not a High School Graduate High School Graduate Some College College Graduate
 Graduate School Other: _____

Father: Not a High School Graduate High School Graduate Some College College Graduate
 Graduate School Other: _____

Guardian: Not a High School Graduate High School Graduate Some College College Graduate
 Graduate School Other: _____

G. Court Orders

Are there any court orders restricting the legal rights of either parent? Yes No

If "Yes" please provide us a copy of the court order and student lives with (check all that apply):

Both parents Mother Father Guardian Relative
 Both parents alternately: Mother-Stepparent Father-Stepparent



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- Foster home Group home/Adult Residential Facility Licensed Children's Institute Self as emancipated minor
 Other _____

2018-2019 New Student Enrollment Form

H. Lunch Status (as of previous school year): Under federal meal program guidelines, this student qualifies for the following lunch status:

(Check one only)

- F** = Free lunch
 P = Full pay
 R = Reduced-price lunch
 I don't know. *(School will gather this data.)*

I. Special Services

- A. Does this student receive special education services at his/her previous school? ___ Yes ___ No
 If yes, what services were they? _____
- B. Does this student have an Individualized Education Program (IEP) at his/her previous school? ___ Yes ___ No
 If yes, please submit a copy of the student's IEP to our school
- C. Does this student have a Section 504 Plan at his/her previous school? ___ Yes ___ No
 If yes, please submit a copy of the students Section 504 Plan to our school.
- D. Does this student have difficulties that interfere with his/her ability to go to school? ___ Yes ___ No
- E. Does this student have difficulties that interfere with his/her ability to learn? ___ Yes ___ No
- F. Has this student been identified for gifted and talented educational services (GATE)? ___ Yes ___ No

J. Emergency Contact Information

Emergency Contact Information

First Name: _____ Last Name: _____
 Address: _____ Apt# _____
 City: _____ State: _____ Zip: _____
 Emergency Phone Number: _____ This is *(Check One Only)* **Cell** **Work**
 Home
 Relationship to student: _____

SIGNATURE OF PARENT/GUARDIAN

I verify that this information is true and correct.

X _____ **Date** _____

Print Name: _____ **Relation:** _____



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AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL AND DURING EMERGENCY
NOTE: THIS REQUEST MUST BE RENEWED EACH YEAR

Please read this form carefully, print your student's name, and sign the appropriate places. A Medication Form must be filled out by parent and doctor. An adult must bring the medication to the office. Please make copies if there is more than one medication. Write N/A and sign if your student does not take medication.

Grade: _____

Student's Name: _____ Birth Date: _____
 Last Name First Name

The law allows any person to assist in carrying out a physician's recommendation. The school recognizes the desirability of following a physician's recommendation as closely as possible at all times. **The fact that this is a service or accommodation which the school is not legally required to perform is recognized by all parties signing this form. In so signing, they agree to hold the school and its personnel harmless with respect to any or all suits that might arise out of these arrangements. Your child's safety and well-being is of highest concern to us. We need exact medication information to insure safety and continuity of care.**

Inglewood Unified School District states that no pupil shall be given medication during school hours except upon **written request from a licensed physician**. **STUDENTS MAY BRING NO MEDICATION TO SCHOOL**. Parents shall deliver any medication to be administered under the provisions of this policy.

Medication Taken Daily at School <i>Please bring a 10-20 day supply</i>	Emergency Medications [in the event of circumstances requiring student to stay at an COPPA School up to three days] <i>Please bring a 3-day supply</i>
Medication:	
Purpose of Medication:	
Form of Medication: [Tablet, Liquid, Inhaler]	
Dosage Prescribed:	
Time Schedule: [for administration at school]	
Precautions/Side Effects:	
Comments:	
This medication is to be continued until:	

CONDITION OF AGREEMENT

In return for valuable consideration in the form of administering of medication, we do hereby absolve and release Children of Promise Preparatory Academy, its officers, employees and agents from any and all liability which might arise by reason of such administering of medication, and we do hereby covenant and agree not to initiate any suit or action of law or otherwise against the Children of Promise Preparatory Academy, its officers, employees and agents, not to prosecute or file or to assist in the prosecution of filing of any claim or compensation, on account of any damage, loss or injury to our child as a consequence of the administering of medication prescribed by said physician.

It is understood that and COPPA is undertaking this action solely to assist and advance our child's welfare and solely to assist and advance our child's welfare and only because said physician has requested such action on the part of the school district in behalf of the child. We agree to supply the medication directly to the appointed school employee. The medication will be in a properly labeled pharmacy container with the name and telephone of the pharmacy, the student's identification, name of the physician, and dosage of the medication to be given.

Any changes in these arrangements must be secured by filling out a newly dated copy of this form.

Physician's Signature: _____ Date: _____

Phone: [_____] _____ Fax: [_____] _____



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Signature of Parent/Guardian: _____ Date: _____

MEDIA USAGE ACCOUNTABILITY FORM

COPPA Public School's will spend thousands of dollars to provide access to technology for our students. A single computer costs more than \$1,000.00. Students often misuse or abuse their privilege access to our media including but not limited to the computer and music labs, the apple TVs in every classroom, and the I-Pads for 3rd to 5th grade. For this reason, each family must sign this *Media Usage Accountability Form* for this school year. This agreement states the following:

- Usage of our media equipment is a privilege. Parents are responsible to ensure their children will take advantage of this privilege with care and responsibility or else they will be held accountable.
- You are responsible to pay for any lost or stolen I-pads at full replacement value.
- You are responsible to pay for any damage to our computers or music equipment caused by your child' misuse of the media equipment at full replacement value.
- Transcripts and report cards will not be printed and sent out until issues are cleared.

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**COPPA Public School's  
Media Usage Accountability Sign-off**

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

Parent's Name \_\_\_\_\_ Phone Number: [    ] \_\_\_\_\_  
[Please print]

Address: \_\_\_\_\_

**I have read the above and agree to follow the guidelines set forth in the *Media Usage Accountability Form*.**

\_\_\_\_\_  
Parent / Guardian's Signature Date



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**TEXT BOOK ACCOUNTABILITY FORM**

COPPA Public School's will spend hundreds of dollars on each student's textbooks. A single textbook often costs \$85.00. Students often lose their textbooks and this cost the school thousands of dollars that could be spent on new materials instead of replacing lost and worn materials. For this reason, each family must sign this *Textbook Accountability Form* before textbooks are sent home. This agreement states the following:

- You are responsible to pay for any lost or stolen textbooks at full replacement value.
- You are responsible to pay for any damage to a textbook up to the replacement cost if the book is beyond repair.
  - \$.50 per page for writing.
  - \$1.00 for each torn page.
  - \$10.00 or the value of the book [whichever is less] for a broken binding.
  - \$10.00 for books damaged by liquid.
- You are responsible to return the books if the student transfer schools. Student files will not be transferred to the new school until all textbook issues are cleared.
- Transcripts and report cards will not be printed and sent out until issues are cleared.
- You are responsible to notify the office as soon as you have lost a textbook so that a new one can be issued. New books however, will not be issued until the old one is paid for.

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**COPPA Public School's
Textbook Accountability Sign-off**

Student's Name: _____ Grade: _____

Parent's Name _____ Phone Number: [] _____
[Please print]

Address: _____

I have read the above and agree to follow the guidelines set forth in the *Textbook Accountability Form*.

Parent / Guardian's Signature

Date



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PERMISSION FOR FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

Parent Consent

I give permission for my child _____, to attend COPPA Public Schools scheduled field trips using methods of school bus, chartered bus, or walking. I understand that I am responsible for notifying the school in writing if I do not want my child to attend any school trip. This consent shall remain effective for the full school year unless revoked in writing and delivered to the COPPA Public School that my child attends.

Parents, Please Note:

Section 35330 of the California Education Code states in part:

“All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the filed trip or excursion.”

I agree to direct my child to cooperate with directions and instructions of the school district personnel in charge of the activity.

(Parent or Guardian print name)

(Parent or Guardian signature)

Date

Authorization for Medical Care

Should it be necessary for my child to have medical care while participating on any COPPA Public School field trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care for my child. I also give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Authorization:

(Parent or Guardian print name)

(Parent or Guardian signature)



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PARENT/GUARDIAN AUTHORIZATION FOR VIDEOTAPE RECORDING AND STILL PHOTOS

I hereby consent to the videotaping, photographing, or recording of my child:

Student Name _____

I further authorize COPPA, or representative, to use such reproductions for educational purposes; including use of teacher training and in-service. I understand that no monetary compensation now, or in the future, will be paid for participation in this video program. I do hereby release and hold COPPA, the Principal of COPPA Charter School, his officers and employees from any claims.

Signed this _____ (date),

Day of _____ (month),

20 _____ (year),

At _____ (city), California

Signature of Parent/Guardian

Address

Telephone

Date



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Emergency Contact Information

Student's Last Name	First Name	Middle Name	Birth date	
Street Address	Apt. #	City, State	Zip Code	Telephone Number
Mother's Name	Home Phone #	Cell phone #	Cell-phone company	E-mail
Employer	Work Address		Work Phone Number	
Father's Name	Home Phone #	Cell phone #	Cell-phone company	E-mail
Employer	Work Address		Work Phone Number	
Guardian's Name	Home Phone #	Cell phone #	Cell-phone company	E-mail
Employer	Work Address		Work Phone Number	

The following persons have agreed to accept full responsibility in case of an emergency or urgency and are authorized to assume responsibility and make decisions for my child in case I cannot be reached.

Emergency Contact #1	Home Phone #	Cell phone #	Cell-phone company	Relation to student
Emergency Contact #2	Home Phone #	Cell phone #	Cell-phone company	Relation to student
Emergency Contact #3	Home Phone #	Cell phone #	Cell-phone company	Relation to student



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