



Success Work College Preparatory Academy

4647 Long Beach Blvd Suite D5, Long Beach, California Located in Bixby Knolls-Los Cerritos Area 562-988-5889

Dear Parent/Guardian,

We are looking forward to another year of excitement and academic success for all of our children. It is the mission of Success Work Academy to create a foundation of educational equity where all children thrive and develop a solid foundation in science, technology, engineering and mathematics. We are committed to intellectual inquiry and rigor, while encouraging all of our students to achieve their personal best. We are looking forward to serving your family and working together as a team to ensure that your child becomes a confident scholar!

Sincerely,

Valanitta Jingles
Founder

Valanitta Jingles, Founder

A Community of Learners



Success Work College Preparatory Academy
STUDENT ENROLLMENT & REGISTRATION FORM

Student's Name: _____

ID#: _____

School: _____

School Year 20 _____ **- 20** _____ **School:** _____ **Date:** _____

1. STUDENT/FAMILY INFORMATION

Student Full (LEGAL) Name: _____ Student Prefers to be called: _____
(Last) (First) (Middle)

Birth Date: _____ Age: _____ Sex: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Enrollment Date: _____ Driver's License # (HS only): _____

Racial Designation: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White or Caucasian

Ethnic Designation: Hispanic Other: _____

Grade: _____

Physical Address: _____
House/Apt Number Street City/ Town Zip Code

Mailing Address (if different from Physical Address): _____
PO Box Number City/ Town Zip Code

Names of Parents or Legal Guardian's student lives with: *(Please circle and list name)*

Mothe Stepmothe Guardian:

Father Stepfather Guardian:

Names of Siblings in the home	Age	School Attending	Grade	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other adults living in the home: *(please list name and relationship)*

2. TRANSPORTATION INFORMATION

Student will be brought to school (morning) _____ other _____ Private Car _____ Foot/
 Bicycle

Student will leave school (afternoon) _____ other _____ Private Car _____ Foot/
 Bicycle

As parent/guardian, I give my permission for this student to be picked up at school by the following designated adults, relatives, or older siblings:

Name: _____ Phone: _____

Name: _____ Phone: _____

(Note: If legal custody is an issue, copies of the most recent custody papers must be on file with the school.)

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3. PREVIOUS SCHOOL ENROLLMENT

School Last Attended: _____ Phone: _____

School Address: _____
Number Street City/Town State Zip Code

School Fax: _____ Withdrawal Date: _____ Grade: _____

Reason for Withdrawal: _____

Reason for entering school at Success Work Academy: _____

Check ALL THAT APPLY to this student:

- | | | |
|---|--|--|
| <input type="checkbox"/> Served with IEP | <input type="checkbox"/> Identified AG (Academically Gifted) | <input type="checkbox"/> Served with 504 |
| <input type="checkbox"/> Under Suspension or Expulsion | <input type="checkbox"/> Served by ESL | <input type="checkbox"/> Non English |
| <input type="checkbox"/> Missed more than 10 days of school last year | <input type="checkbox"/> Remedial Reading Class | <input type="checkbox"/> Remedial Math |

Other: _____

4. PHOTO / PUBLICITY RELEASE WAIVER

Student Name: _____
LAST FIRST MIDDLE

Success Work Academy shares academic or extracurricular activities and awards in various formats, including local media, print and audio/video, social media, flyers & Web pages. Success Work Academy may publish and distribute photograph, voice recording, or electronic transmissions and they may be distributed through media and social media including (but not limited to) photographs, video recordings, or electronic transmissions as well as on the Success Work Academy Web pages. Parents not wanting their child to participate should submit an opt-out letter to the school principal or attach to this form.

Parent/Guardian Signature: _____ Date: _____

5. IMMUNIZATION/WELL CHECK RELEASE WAIVER FORM

Success Work Academy shares immunization information with the Health Department if needed. As the parent of the student named above, I give my consent for the school to trade information regarding immunizations and physical information for sole purpose of continuity of care.

*Success Work Academy does not carry medical insurance on students. School insurance is available for purchase. Contact your principal for more information.

Parent/Guardian Signature: _____ Date: _____

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6. MEDICAL LIABILITY RELEASE

If a student becomes ill or is injured, Success Work Academy personnel will contact parents/emergency contacts. In case of an emergency, EMS will also be contacted. Please list emergency contacts for your child.

7. EMERGENCY CONTACTS

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Student Physician: _____

Phone: _____

Address: _____
Street Address City/Town State Zip Code

Is this student covered by group or medical insurance? _____ Yes _____ No

If yes, Name of Insured: _____

Group No.: _____

Insurance Company: _____

Policy No.: _____

Please completely describe any known medical conditions:

Allergy/Insect Bite Reactions

Convulsions

Blackouts

Physical Handicap

Medicine Reactions

Heart or Lung Problems

Other Disease not listed

Please describe: _____

If currently taking medications:

Name of Medication(s): _____

Prescribing Physician: _____

8. TECHNOLOGY USE

Parent/Guardian: In order to provide students with 21st century skills, Success Work Academy provide each student with access to technology. Success Work Academy uses safety blocks on unacceptable sites; however it is impossible to always restrict access to all controversial material. Success Work Academy is not responsible for materials acquired on the network that may be offensive. Misuse of the system, including messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, or inappropriate language may result in loss of technology privileges. As the parent, I accept full responsibility for supervision, if and when, my child uses the technology provided by Success Work Academy outside a school setting. Parents not wanting their child to have internet access at school should submit an opt-out letter to the school principal or attach this form.

Parent/Guardian Signature: _____

Date: _____

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9. DISCIPLINARY/CRIMINAL RECORD AFFIDAVIT

Previous School Name: _____ City: _____ State: _____

We, the undersigned, parent or legal guardian of the student named above, affirm/swear that he/she is not currently under suspension or expulsion sanctions from attending the school named above where he/she was previously enrolled; nor has he/she been convicted of a felony in this or any other state.

I, the undersigned understand that if the information that I provide in this affidavit is false, the student named will be removed from school and may lose the right to attend any Success Work Academy events at any time in the future. In addition, I understand that if I have provided and/or attested to false information in this affidavit, I may be prosecuted and found guilty of a Class 1 misdemeanor and may be required to pay Success Work Academy an amount equal to the cost of educating the student. Repayment shall not include state funds.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

This is to confirm that the following student, _____, has received the School's Student Handbook and Success Work Academy's Student Code of Conduct.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student's Name: _____

ID#: _____

School: _____

Student Language Survey Card

Student Name: _____
(First) (Middle) (Last)

Survey Date: _____ School: _____

Homeroom Teacher: _____ Grade: _____

All students enrolling in Success Work Academy must have a completed Student Language Survey Card in his/her cumulative folder.

The parent/legal guardian of the above named student has completed this language survey card and has responded to the following questions accordingly.

1. What is the first language your **child** learned to speak? _____
2. What language does your **child** speak most often? _____
3. What languages are spoken in your home? _____
4. Besides languages studied in school, does your **child** speak any language(s) other than English? If yes, which language(s): _____

Any student whose primary language is not English and who is insufficiently proficient in the English language to receive instruction exclusively from regular educational programs and function on an academic par with his/her peers may qualify for additional English language instruction. You will be notified only if your child qualifies for this additional service.

Parent/Guardian Signature: _____ Date: _____

NOTES: _____

FOR OFFICE USE ONLY: LANGUAGE CODE: _____ LANGUAGE: _____

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SUCCESS WORK ACADEMY ENROLLMENT/REGISTRATION CHECKLIST

- *Enrollment and Registration forms/Packet Completed (Pages 1 - 6)
- *Immunization Record
- *Certified Birth Certificate
- Parent Request/Physician's Orders for any Medications taken at School
- *Withdrawal form or most recent report card
- Court Orders (custody, restraining, etc.) if applicable
- *Transcript Request Card
- Exceptional Childrens' Placement forms if applicable (IEP, psychological, etc.)
- Advanced Placement Information if applicable (gifted programs, IQ scores, etc.)
- 504 Plans (copy of current plan if applicable)
- Handicap Accommodations needed
- Other special placement or needs:

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