

Special Info
(OFFICE USE ONLY)



VALLEY ADULT SCHOOL 2019-2020 REGISTRATION

(OFFICE USE ONLY)

ASAP # _____

I/C # _____

SSID _____

CTE _____

HSD/GED/ABE/CTE/ESL Returner: _____

IDENTIFICATION:

First Name: _____ Middle Name: _____ Last Name: _____ Maiden Name: _____
(Nombre) (Primer Apellido)

ADDRESS: _____ CITY: _____ ZIP: _____
(Dirección) (Ciudad) (Zona Postal)

Phone: () _____ (cell/home) Second CONTACT Number: _____ (cell/home)
(Telefono) (Segundo número de contacto)

Email: _____
(la dirección de correo electrónico)

<p>Hispanic? <input type="checkbox"/> Yes (Si) <input type="checkbox"/> No (Hispano/Latino?)</p> <p>Race: (Check one)</p> <p><input type="checkbox"/> White (Blanco)</p> <p><input type="checkbox"/> Asian (Asiatico)</p> <p><input type="checkbox"/> Black/African American (Negro)</p> <p><input type="checkbox"/> Filipino (el Filipino, la Filipina)</p> <p><input type="checkbox"/> American Indian (la Amerindia, el Amerindia)</p> <p><input type="checkbox"/> Alaska Native (Nativo de Alaska)</p> <p><input type="checkbox"/> Native Hawaiian (Hawaiano native)</p> <p><input type="checkbox"/> Pacific Islander (isleño del Pacifico)</p>	<p>Native Language (Idioma Nativo):</p> <p><input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Spanish <input type="checkbox"/> German <input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Arabic <input type="checkbox"/> Farsi <input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Other _____</p>	<p>Date of Birth: (Fecha de Nacimiento)</p> <p>____/____/____ Mes Dia Año</p> <p>Gender: (Género)</p> <p><input type="checkbox"/> Male (Masculino)</p> <p><input type="checkbox"/> Female (Femenino)</p> <p><input type="checkbox"/> Non-Binary (No Binario)</p>
<p>Status: (Estatus)</p> <p><input type="checkbox"/> Citizen (Ciudadano Americano)</p> <p><input type="checkbox"/> Perm. Resident (Residente Permanente)</p> <p><input type="checkbox"/> Non Status (Sin estatus)</p>	<p>Employment Barriers (Barreras de empleo)</p> <p><input type="checkbox"/> Cultural Barrier (Bareras Culturales)</p> <p><input type="checkbox"/> Disabled (Discapacitado)</p> <p><input type="checkbox"/> Displaced Homemaker (Ama de casa desplazada)</p> <p><input type="checkbox"/> English Language Learner (Estudiantes de idioma ingles)</p> <p><input type="checkbox"/> Ex Offender (Ex convicto)</p> <p><input type="checkbox"/> Foster Care Youth (joven dentro del cuidado de crianza)</p> <p><input type="checkbox"/> Homeless (Sin hogar)</p> <p><input type="checkbox"/> Long-term Unemployment (desempleo a largo plazo)</p> <p><input type="checkbox"/> Income Less than \$25,000 (Bajos recursos)</p> <p><input type="checkbox"/> Low Levels of Literacy (bajos niveles de alfabetismo)</p> <p><input type="checkbox"/> Single Parent (padre/madre soltero/a)</p> <p><input type="checkbox"/> No Public Assistance in 2 Years or Less (No ha recibido asistencia pública en 2 años o menos)</p> <p><input type="checkbox"/> Receive TANF/CalWorks (Recibe TANF/CalWorks)</p>	<p>Education Level Completed: (Nivel mas alto completado)</p> <p><input type="checkbox"/> None (Ninguna)</p> <p><input type="checkbox"/> GED/HiSet (certificado de validacion)</p> <p><input type="checkbox"/> High School Diploma (diploma preparatoria)</p> <p><input type="checkbox"/> Some College/No Degree (un poco de Universidad)</p> <p><input type="checkbox"/> 4 Yr College Grad (Titulo de Universidad)</p> <p><input type="checkbox"/> AA/BA Degree (graduado de universidad)</p> <p><input type="checkbox"/> Grad Studies (Graduado de una Maestria)</p>

Goals: (Metas)

HS Diploma/HSE (Obtener Diploma Preparatoria)

Improve Basic Skills (Mejorar habilidades básicas)

Enter college/training (Entrar al colegio o entrenamiento)

Military (Militar)

Get a Job (Obtener empleo)

Get a better Job (Obtener mejor empleo)

Enter short term training (entrenamiento a corto plazo)

Get off TANF or Public Asst (Salir de la asistencia publica)

Education : (1st through College) 1-20
Highest Grade completed in school? _____
(anos de escuela hechos en su pais?)

Education outside of U.S? Yes No
(Educacion fuera de los Estados Unidos?)

Where? (Donde?) _____

Where were you Born? US? Yes (Si) No
(Nacio' en eu?)

City, State (Estado, Ciudad): _____

If No, Where? (Si no, dónde?) _____

Non-Discrimination: All educational programs and activities operated by Valley Adult School are made available to all qualified persons without regard to sex, sexual orientation, gender, ethnic group identification, race ancestry, national origin, religion, color or mental or physical disability. Any complaints or questions may be referred to the Principal or Superintendent.

No Discriminación: Todos los programas educativos y actividades operadas por Valley Adult School están disponibles para todas las personas calificadas sin distinción de sexo, orientación sexual, género, identificación de grupo étnico, ascendencia racial, origen nacional, religión, color o discapacidad. Cualquier queja o pregunta puede ser referida al Director o al Superintendente.

Signature/Firma: _____ **Date/Fecha:** _____



VALLEY ADULT SCHOOL

520 Chaney Street, Lake Elsinore, CA 92530

Dr. Greg Cleave, Principal • Nohora Vazquez, Assistant Principal
Main (951) 253-7093 • (951) 253-7093 FAX

Dear Student:

High School Diploma Textbooks:

Textbooks become a student's responsibility from the time of check out until he/she returns them to the library. It is the responsibility of the student to return them on time and in the same condition as when the book was checked out. Each student is responsible for returning the books originally issued to him/her with the exact matching barcodes listed on their computer check out records.

- Students must not leave textbooks in classrooms. Students are responsible for any damage, lost or theft of books assigned to him/her.
- Students have 2 weeks to inspect their assigned books for damage. If damage is found, it is the student's responsibility to return the book and notify the librarian/teacher in order to avoid being assessed a fine for damage. It is the student's responsibility to return the book in the same condition in which it was issued.

Damage Fees:

If a student loses or damages a library book or textbook, the student is responsible for the following fees:

- Lost books: Current replacement cost of the book
- Water damage: Current replacement cost of the book
- Extensive damage or missing pages: Current replacement cost of the book
- Damaged cover: \$5 and up
- Soiled or torn pages: \$2 each page

If student does not return their library books and/or textbooks or fail to pay for lost or damaged materials their account will be charged per Board Policy 6162.2(a) and Ed. Code 48904.3 and their grades, transcripts or diplomas may be withheld.

School ID Cards:

ID Cards will be issued to all students at Valley Adult School. The first will be free of charge; however, if it is lost for ANY reason, there will be a \$5.00 fee to replace it. **All students MUST carry their ID card while on campus. NO EXCEPTIONS.**

Print Name: _____ Signature: _____

Date: _____ DOB: _____



LAKE ELSINORE UNIFIED SCHOOL DISTRICT

Governing Board – Juan Saucedo • Stan Crippen • Heidi Matthies Dodd • Susan E. Scott • Christopher J. McDonald

Superintendent – Dr. Doug Kimberly

Updated/Revised: 4/25/19



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Asst. Principal – Nohora Vazquez

Phone – (951) 253-7093 • FAX - (951) 253-7039

HEALTH AND SAFETY CODE: SMOKING OF ANY SUBSTANCE

Student Name: _____

Student ID: _____

9.08.120 Places where smoking of any substance is prohibited.

1. Notwithstanding California Health and Safety Code Section 11362.5 or any preceding provisions of this chapter and Chapter 8.80 of this code, smoking of any substance, as defined in Section 8.80.030 of this code, is prohibited at any of the following locations to which members of the public have access:
 - a) Upon or within one thousand (1,000) feet of the grounds of any school or park;
 - b) In or within on hundred (100) feet of any building of facility to which members of the public have access, except in a health facility or clinic; or
 - c) Within on hundred (100) feet of any other person, other than a “primary caregiver,” as that term as defined in California Health and Safety Code Section 11362.5(e).
2. As used in this section, the following definitions shall apply:
 - a) “School” means any institution of learning for minors, whether public or private, including any special institution of education, children’s center or any nursery, elementary, middle, junior high, or senior high school.
 - b) “Park” means and includes all parks, parkways, malls, plazas, greenbelts, garden, lakes and other property owned by the city and used, operated or maintained for recreational purposes.
 - c) “Health facility” means a facility, place or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical and mental, including convalescence and rehabilitation, or for any one of those purposes, for one or more persons, to which the persons are admitted for a twenty-four (24) hour stay or longer.
 - d) “Clinic” means an organized outpatient health facility that provides medical, surgical, dental, optometric, podiatric, or psychological advice, services, or treatment to patients who remain less than twenty-four (24) hours. (Ord. 99-027§2; Ord. 99-001§1; prior code § 37.04.401)

If you are seen or reported smoking, you will be dropped from your program/class effective immediately.

Signature: _____ Date: _____



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Student Name: _____

IMPORTANT NOTE: Even if you have not received special education services at a previous school, you need to complete and return this form.

An **Individual Educational Program (IEP)** is an educational plan for you. If you have ever received special education service in any previous school and had an IEP, you will need to provide a copy during the registration process. Please sign below indicating whether or not you have an IEP.

- I **DO NOT** have an IEP.
- I **DO** have an IEP. I understand that I am responsible for submitting the IEP during the registration process.

Student Signature

Date

A **504 plan** spells out the modifications and accommodations that will be needed for the student to have an opportunity to perform at the same level as their peers. If you have had a 504 plan at any previous school, you will need to provide a copy during the registration process. Please sign below indicating whether or not you have a 504 Plan.

- I **DO NOT** have a 504 Plan.
- I **DO** have a 504 Plan. I understand that I am responsible for submitting the 504 Plan during the registration process. Please sign below indicating whether or not you have a 504 Plan.

Student Signature

Date



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VOLUNTARY AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND RECORDS FORM

PURPOSE OF THIS FORM

The purpose of this form is to facilitate compliance with the Workforce Innovation and Opportunity Act (WIOA) (Public Law No. 113–128) signed by President Obama in 2014, the Family Educational Rights and Privacy Act (FERPA) (20 *United States Code* § 1232g; 34 *Code of Federal Regulations* Part 99) and California *Unemployment Insurance Code* Section 14013. This form: (i) allows the California Department of Education (CDE) to collect your social security number (SSN) so that accurate participation in adult education programs can be represented in reports; and (ii) provides your written consent for the CDE to share your personal information with the Employment Development Department (EDD). EDD is the state agency responsible for maintaining personally identifiable information, and shall keep all information confidential it receives from the CDE for use only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: Adult Education and Family Literacy Act (AEFLA).

PLEASE READ THE FOLLOWING CAREFULLY

I understand that the CDE is requesting my SSN and my written consent to share my personal information with the EDD, who shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: AEFLA.

I understand that I have the right to decline this request and that I am not required to give my permission.

I understand that whether or not I agree to share my personal information and records, they will continue to be protected in accordance with the FERPA and other applicable state and federal laws.

I understand that my enrollment and eligibility to participate in the WIOA, Title II: AEFLA programs does not depend on my consent to this request. In fact, if I decline the request to provide and share my personal information, my enrollment and eligibility for services shall not be affected.



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____ (Initial) **I consent and agree** to provide my SSN and share my personally identifiable information and records:

I, (Print Name) _____ hereby consent and agree that the CDE may collect my SSN and share my personally identifiable information with the EDD. The EDD shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA.

SSN (if consent given)

Signature

Date

____ (Initial) **I do not** consent to share my personally identifiable information and records:

I, (Print Name) _____ do not consent or agree that the CDE may collect my SSN and share my personally identifiable information with the EDD.

I acknowledge that I have not signed a similar form for the purposes of receiving adult education services in California using a different first or surname or date of birth, using the SSN provided herein.

~~~~~  
 I do not have a social security number.

\_\_\_\_\_  
PRINT NAME