

Application for Enrollment

Application for School Year 2018 -2019

Student's Last Name: _____ First Name: _____ Middle Initial: _____

Entering Grade Level: _____ Year Student Entered 9th Grade: _____

Father/Guardian Name: _____

Mother/Guardian Name: _____

Home Address: _____ Zip Code: _____
House # Street Apt. # City State

Home Phone _____ Cell Phone _____

Father's e-mail: _____ Mother's e-mail: _____

Student's email: _____

Signature of Student _____ Date _____

Signature of Parent or Guardian _____ Date _____
(If student is under 18 years of age)

After completing the application, please bring all required documents (see the Enrollment Packet Check List on the following page) to our office at:

**4800 Magnolia Ave, Lovekin L5
Riverside, CA 92506**

You can also scan and email completed documents to: Gateway@rcc.edu

Call 951-222-8934 or 951-222-8931 if you need additional directions.

The random public drawing (lottery), if necessary, will take place at the school site location, 4800 Magnolia Avenue, Lovekin L8, Riverside, CA 92506 on August 4th at 5:00 p.m., and all are welcome to attend.



Student Name: _____

The attached packet must be completed and signed by parent/guardian, and or student if 18 years of age or over. The completed packet must be submitted prior to your reserved placement session by walk in, mailed, or emailed to: Gateway@rcc.edu

- Application
- Enrollment Packet Check List
 - Enrollment Packet
 - Emergency Card and Emergency Release Information
 - Mandatory Parent Notification Receipt
 - School/Parent Approval Form
 - LCFF Form
- Current Transcript(s)
- Verification of Immunizations
- SPED: Copy of IEP/504 (if applicable) Please note: if the applicant has/had an IEP/504 we request that you submit all documents including a copy of the IEP/504 prior to scheduling your placement meeting so proper accommodations can be provided.

Enrollment Packet

Please read the entire application form carefully before completing. Use a black or blue ink pen.
PRINT CLEARLY. ONLY COMPLETED FORMS WILL BE CONSIDERED.

I. Student Information:

Date: ____ / ____ / ____

Student's Full Legal Name: _____
Last First Middle

Phone: () _____ - _____ E-mail: _____ @ _____

Gateway uses an automated calling system for attendance and other notifications; please indicate the number you wish these calls to go to: () _____ - _____

Birth place: _____ Female Male Transgender Write-in _____
City State Country

Birth date: _____ Current Age: _____ Year you turn 22 _____
MM/DD/YY

Current Home Address: _____
Street Address City State Zip

Mailing Address (If different): _____
Street Address City State Zip

If your mailing address is other than a P.O. Box, please explain why your mailing address is different than your home address: _____

Is your home address considered:

- | | | |
|--|---|--|
| <input type="checkbox"/> Permanent Housing | <input type="checkbox"/> Temporary Shelter | <input type="checkbox"/> Foster Family Home or Kinship Placement |
| <input type="checkbox"/> Temporarily Unsheltered | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Temporarily Doubled Up |
| <input type="checkbox"/> Licensed Children's Institution | <input type="checkbox"/> Health Institution | <input type="checkbox"/> Residential School/Dormitory |
| <input type="checkbox"/> Incarceration Institution | <input type="checkbox"/> Development Center | <input type="checkbox"/> State Hospital |
| <input type="checkbox"/> Other | <input type="checkbox"/> Unknown | |

II. Primary Language Information

A. Which language did this student learn when he/she first began to talk? _____

B. Which language does this student most frequently use at home? _____

C. Which language does the parent/guardian use most frequently to speak to this student? _____

D. Which language is most often used by the adults at home? _____

E. Has this student received any formal English language instruction (listening, speaking, reading, or writing)?
 No Yes

III. ACADEMIC SUPPORT:

Does this student require a special program? No Yes

If yes, which program(s)? Special Education 504 ELL (English Language Learners)

If Special Education, which program(s)? RSP SDC Speech Other: _____

If ELL (English Language Learner), what is your current status? EL IFEP RFEP

IV. CALPADS Student Information:

Military Households: Is one or more of the student’s Parents/Guardians active military? Yes No

Ethnicity: Is this student Hispanic or Latino (Select only one):

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

Race I:

Select the one group most closely describing the student’s race.

Code	Description	Code	Description
100	American Indian or Alaskan Native	301	Hawaiian
201	Chinese	302	Guamanian
202	Japanese	303	Samoan
203	Korean	304	Tahitian
204	Vietnamese	399	Other Pacific Islander
205	Asian Indian	400	Filipino
206	Laotian	500	Hispanic or Latino
207	Cambodian	600	Black or African American (not Hispanic)
299	Other Asian	700	White (not Hispanic)

Race II & III:

If applicable, mark all other groups describing this student:

Birth Country: Please write in the student’s birth country and the year the student started attending school in the U.S.

Birth Place: _____
City State Country

US School Entry Year: _____

Parent Educational Level: Please indicate the educational level of the student’s most highly educated parent:

- Not a High School Graduate
- High School Graduate
- Some College Units
- College Graduate
- Graduate School/Post Graduate Training
- Declined to State

V. Signatures:

Student: _____

Date Signed: _____

Parent/Guardian: _____
 (If student is under 18 years of age)

Date Signed: _____

EMERGENCY CARD & EMERGENCY RELEASE INFORMATION

Name: _____ DOB: _____ Sex: _____ Age: _____
Last First MI MM/DD/YY

Address: _____ Home Phone: (_____) _____ - _____

If no phone, how may we reach you? _____

Father's (Guardian's) work/day phone: (_____) _____ - _____ x _____

Mother's (Guardian's) work/day phone: (_____) _____ - _____ x _____

Please provide a Non-Parental/Guardian Emergency Contact:

Name: _____ Phone Number: (_____) _____ - _____

Relationship: Aunt Uncle Brother Sister Friend Grandfather
 Grandmother Neighbor Other: _____

In an emergency, what doctor/hospital should we call? _____
Name and Phone

If no doctor/hospital is indicated, in an emergency, I give my consent to call 911: Yes No

In case of emergency and I cannot be reached, I hereby give my consent to give such attention as may be thought necessary by the physician in charge. Yes No

Please state any chronic medical condition that might require special attention: _____

Does the student take medication regularly? _____ Type: _____

Does the student have any known allergies to medication? Yes No If yes, please list: _____

To assure the safety and well-being of the student, only the following persons are authorized to sign for his or her dismissal from school:

Name Relationship (_____) _____ - _____ x _____
Phone

Name Relationship (_____) _____ - _____ x _____
Phone

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____
(If student is under 18 years of age)

Mandatory Parent Notification Receipt

School: Gateway College & Career Academy Date _____

Student's Name: _____ Date of Birth: ____/____/____
Last First M.I.

Continuing Medication - Ed Code 49480 requires parents to inform the school if their child is on continuing medication. I hereby consent for a school nurse employed by the school or college to communicate with the physician listed below and to advise school personnel about the effects of medication/s on my student's physical, intellectual and social behavior and to also advise school personnel of any possible symptoms of adverse effects, omissions or overdose.

Physician's Name: _____ Phone Number: (____) _____ - _____

Medication(s): _____ Dosage _____

_____ Dosage _____

- Yes, I give** permission for the school nurse to contact doctor and advise school personnel as stated above.
- No, I do not give** permission for the school nurse to contact doctor and advise school personnel as stated above.
- N/A, No continuing medication**

Media/Photo Release - Student work and photos may be published and used in the school's newsletter, website, and/or social media as well as outside media publications with the consent of the student and (if the student is under 18) parent/guardian.

- Yes, I give** permission
- No, I do not give** permission

Acceptable Use Agreement - As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the school or college responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

- I/We hereby agree** to comply with the Acceptable Use Policy.
- I/We hereby do not agree** to comply with the Acceptable Use Policy.

Internet and Social Media Policy Agreement - I understand and agree that my students is responsible for anything he/she displays or posts on the Internet through social networking sites, such as Facebook, Twitter, LinkedIn, YouTube and MySpace, etc., and that and that his/her online actions can have serious real-life repercussions. As such, I agree that my student should use good judgment and common sense in all online activities and my student must follow school internet and social media policies and guidelines. Students are responsible and may be held accountable for negative or hostile comments, insults, and/or harassment on social networking sites or through other electronic acts. If a student or employee is harassed online, causing the student or employee to feel uncomfortable at Gateway College & Career Academy, Gateway College & Career Academy has the right to take disciplinary action to safeguard the wellbeing of its students and employees. An "electronic act" means the transmission of a communication, including, but not limited to, a message, text, sound, or image by means of an electronic device, including, but not limited to, a telephone, wireless telephone or other wireless communication device, computer, or pager.

- I/We hereby agree** to comply with the Social Media Policy Agreement.
- I/We hereby do not agree** to comply with the Social Media Policy Agreement.

Participation of Family Life Education Program - In accordance with state law, Gateway College & Career Academy Science and Health courses of study include instruction in human reproduction and family life education. The California Education Code, Section 51550, requires that any written or audio-visual material pertaining to human reproduction be available for inspection by the parent/guardian prior to its use with students.

- Yes, I grant permission** to participate in the family life education program.
- No, I do not grant permission** to participate in the family life education program

By signing I acknowledge that I have reviewed and answered all appropriate questions.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If student is under 18 years of age)

Gateway College & Career Academy
School/Parent Approval Form

2018-19 School Year
Fall 18
Winter 19
Spring 19
Summer 19

Name: _____
(Please print) Last First M.I. RCC ID# (if applicable)

Address: _____
Number & Street City State Zip

Phone: (____) _____ - _____ Date of Birth: ____/____/____ Age: ____
MM/DD/YY

For Student: I affirm that I attend high school classes for at least a minimum day, have availed myself of all opportunities to take these classes at my school and can benefit from college level courses.

Student's Signature: _____ Date: _____

For Student (if under 18 years of age): The Family Education Rights & Privacy Act (FERPA) guarantees your right to privacy as it applies to your RCC records. If you choose to give us permission to release your information to your parents or guardians, please sign here.

Student's Signature: _____ Date: _____

For Parent/Guardian (if student is under 18 years of age)

I give my permission for emergency first aid and treatment for my minor child/legal ward. I also give my permission for him/her to be treated by a nurse, physician and/or mental health counselor in the Wellness/Health Centers of the Riverside Community College District.

*I understand that my child intends to register in public college classes that are **not** specifically designed for students under age 18, and that Riverside Community College District accepts no responsibility for any extraordinary supervision of students less than 18 years of age. (refer to High School Concurrent Admissions Policies and Procedures). Further, I accept responsibility for my child's behavior while he/she is attending a Riverside Community College District class. I acknowledge that my child will actually be creating a permanent college academic record at RCC, even though he/she is concurrently enrolled in the high school.*

Parent/Guardian Name: _____ (Please print)

Signature: _____ Date: _____

STOP! Do not write below this line, staff use only!

For Principal or designee:

I certify this student has the ability to benefit from taking advanced scholastic or vocational work. If applying for RCC's summer session I certify that this student has demonstrated adequate preparation in the discipline to be studied and has exhausted all opportunities to enroll in an equivalent course at his/her school of attendance. I further certify that for summer session I will recommend no more than 5% of the total number of pupils who completed that grade immediately prior to the time of recommendation. I understand that it is the responsibility of the K-12 district to ensure that the 5% limitation on summer school enrollments is honored. CA Ed Code 48800.

Name: Miguel Contreras Title: Principal, Gateway College & Career Academy
(Principal or designee – Designees must be on file in RCC Admissions)

Principal's Signature: _____ Date: _____

LCFF Form/ Formula Para el Control Local de Fondos (LCFF) Frequently Asked Questions (FAQs)/ Preguntas más frecuentes

Q: What is the Local Control Funding Formula?

A: The Local Control Funding Formula (LCFF) is a new method the California Department of Education (CDE) is using to give money to school districts across the State, including GCCA. Visit www.cde.ca.gov/fg/aa/lc for more information about LCFF.

P: ¿Que es la Formula Para el Control Local de Fondos?

R: La fórmula es un nuevo método que el Departamento de Educación de California (CDE) está utilizando para dar dinero a los distritos escolares de todo el Estado, incluyendo la GCCA. Visita www.cde.ca.gov/fg/aa/lc para más información sobre LCFF.

Q: Why do I need to complete the Household Income Form?

A: Parents need to complete the Household Income Form because it will provide GCCA information the State needs to determine how much funding our school will receive, based on student need.

P: ¿Por qué necesito completar el formulario de ingreso del hogar?

R: Los padres deben completar el formulario de ingreso del hogar para que GCCA pueda proporcionar la información a el Estado para determinar la cantidad de financiación que nuestra escuela recibirá con base en las necesidades del estudiante.

Q: How many forms will I receive?

A: Depending on how many children you have in GCCA, you may receive more than one form. It is important that you fill out and turn in each form you receive -- so all GCCA students receive the resources they need to succeed.

P: ¿Cuántas formas recibiré?

R: Según la cantidad de niños que tiene en GCCA, puede recibir más de una forma. Es importante que usted llene y entregue cada forma que reciba para que todos los estudiantes de GCCA reciban los recursos que necesitan para tener éxito.

Q: How will the information collected on these forms be used?

A: The information collected in these forms is 100% confidential and will not be used for any other purpose. The information you provide will allow the State to determine how much money to provide GCCA.

P: ¿Cómo se utilizará la información recopilada en estas formas?

R: La información recogida en estas formas es 100 % confidencial y no será utilizada para ningún otro propósito. La información que proporcione permitirá al Estado determinar la cantidad de dinero para proporcionar a GCCA.

LCFF Form

This year the California Department of Education (CDE) is using a new method to give money to school districts called the Local Control Funding Formula (LCFF). The new LCFF gives money to school districts based on needs of students, including English Learners, students who qualify for free or reduced meals and foster youth. More money is added to school districts that have higher percentages of these students.

GCCA needs to submit to the State every student’s household income. The State will use the information submitted to distribute much needed resources to school districts to meet the needs of students. It is vital that we collect and submit this important and confidential data so our school can receive money based on an accurate account of our students and their needs. All information provided is completely confidential and will not be used for any other purpose.

Thank you for providing this important and confidential information and helping to ensure that our school continues to receive the critical funding it needs to succeed. For additional information, please read the FAQs located on our website: <http://thinkbeyonddiploma.com>

I. Include all children in the household Student/Child Information						
Last Name,	First Name	Name of school	Grade	Last Name,	First Name	Name of school
1.				4.		
2.				5.		
3.				6.		

II. List all adult household members, regardless of whether or not they have income. Indicate the monthly amount each household member received last month. If amount last month was more or less than usual, enter the usual monthly income.					
Last Name,	First Name	Total Monthly Income	Last Name,	First Name	Total Monthly Income
1.		\$	4.		\$
2.		\$	5.		\$
3.		\$	6.		\$

III. All households complete this section: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds; that school officials may verify the information on the Survey and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult household member completing this form

Printed Name of adult household member completing this form

Date

Forma LCFF

Este año, la Secretaría de Educación de California (CDE, por sus siglas en inglés) está utilizando un nuevo método que se llama la Fórmula para el Control Local Fiscal (LCFF, por sus siglas en inglés) para otorgar fondos a los distritos escolares. El LCFF otorga fondos a los distritos escolares en base de las necesidades de los estudiantes que incluyen a los aprendices de inglés, estudiantes que son elegibles para recibir alimentos gratis o a bajo costo y para los estudiantes en casas crianza. Se otorgan más fondos para distritos escolares que tienen altos porcentajes de estudiantes dentro de las anteriores clasificaciones.

GCCA simplemente necesita hacer una recopilación por separado. El estado utilizará la información entregada por la escuela para distribuir los recursos a los distritos escolares para que cumplan con las necesidades de sus estudiantes. Es sumamente importante que recopilemos esta información para entregar esta importante y confidencial información para que nuestra escuela reciba dinero en base de la información exacta de nuestros estudiantes y de sus necesidades.

Gracias por proporcionar esta importante y confidencial información y por ayudarnos a garantizar que nuestra escuela continúe recibiendo los fondos esenciales que necesita para alcanzar el éxito. Para obtener información adicional, por favor lea las preguntas frecuentes que se encuentra en nuestra página web:

<http://thinkbeyonddiploma.com>

I. Include all children in the household Student/Child Information						
Last Name,	First Name	Name of school	Grade	Last Name,	First Name	Name of school
1.				4.		
2.				5.		
3.				6.		

II. List all adult household members, regardless of whether or not they have income. Indicate the monthly amount each household member received last month. If amount last month was more or less than usual, enter the usual monthly income.					
Last Name,	First Name	Total Monthly Income	Last Name,	First Name	Total Monthly Income
1.		\$	4.		\$
2.		\$	5.		\$
3.		\$	6.		\$

III. All households complete this section: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds; that school officials may verify the information on the Survey and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult household member completing this form

Printed Name of adult household member completing this form

Date



A PROJECT OF THE CHILDREN'S PARTNERSHIP

A RIVERSIDE COUNTY CHARTER HIGH SCHOOL

GATEWAY
COLLEGE & CAREER ACADEMY

Enroll. Get Care. Renew.

Health Coverage All Year Long

Health Coverage Options

Medi-Cal:

- ▶ Children, foster youth, pregnant women, adults, US citizens, and immigrants—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 2015 household income is less than...		If 2015 household income is between...
	\$16,105	\$31,043	\$16,106 – \$46,680
1	\$16,105	\$31,043	\$16,106 – \$46,680
2	\$21,708	\$41,842	\$21,709 – \$62,920
3	\$27,311	\$52,642	\$27,312 – \$79,160
4	\$32,913	\$63,441	\$32,914 – \$95,400
5	\$38,516	\$74,241	\$38,517 – \$111,640
6	\$44,119	\$85,041	\$44,120 – \$127,880
▶	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 2015





**Asegúrate,
para el
bienestar de
tu familia**

UN PROYECTO DE "THE CHILDREN'S PARTNERSHIP"

A RIVERSIDE COUNTY CHARTER HIGH SCHOOL

GATEWAY
COLLEGE & CAREER ACADEMY

Inscríbese. Cuide Su Salud. Renueve Su Cobertura. Cobertura de salud durante todo el año

Sus Opciones de Cobertura de Salud

Medi-Cal:

- ▶ Niños, jóvenes en hogares de crianza, mujeres embarazadas, adultos, ciudadanos de los Estados Unidos, e inmigrantes incluyendo personas con el estatus de Acción Diferida (DACA)—podrían ser elegibles para Medi-Cal gratis o a bajo costo.
- ▶ Medi-Cal proporciona vacunas, visitas al doctor de prevención, especialista, oculista y servicios dentales para niños y jóvenes gratis o a bajo costo.
- ▶ Inscripción al programa de Medi-Cal está disponible todo el año.

Covered California:

- ▶ Covered California es donde los residentes legales de California pueden comparar planes de salud de alta calidad y elegir el que les conviene.
- ▶ Dependiendo de los ingresos y el tamaño de la familia, muchos Californianos también podrían calificarán para obtener ayuda financiera.
- ▶ Inscríbese durante la Inscripción Abierta o en cualquier momento durante el año que a tenido un evento calificado de vida, como si perdió su trabajo o tuvo un bebé. Tienen 60 días del evento para inscribirse.

! **Para familias indocumentadas** visten: www.allinforhealth.org/resources#Undocumented
Su información de inmigración es confidencial, protegida, y segura. Su información no se usará para fines de control de inmigración. Solo se usará para determinar la elegibilidad para cobertura médica.

Usted y su familia podrían calificar para asistencia financiera:

Tamaño de la familia	Si el ingreso familiar en 2015 es menos de...		Si el ingreso familiar en 2015 es entre...
1	\$16,105	\$31,043	\$16,106 – \$46,680
2	\$21,708	\$41,842	\$21,709 – \$62,920
3	\$27,311	\$52,642	\$27,312 – \$79,160
4	\$32,913	\$63,441	\$32,914 – \$95,400
5	\$38,516	\$74,241	\$38,517 – \$111,640
6	\$44,119	\$85,041	\$44,120 – \$127,880
▶	Adultos podrían calificar para Medi-Cal	Niños podrían calificar para Medi-Cal	Podrías calificar para asistencia financiera en la compra de un seguro a través de Covered California

Inscríbese.

Tres maneras para inscribirse con Medi-Cal y Covered California:

- www.coveredca.com/espanol/
- 1(800) 300-0213**
- Ayuda en persona: www.coveredca.com/espanol/get-help/local/

Cuide Su Salud.

- ▶ Elija su doctor de su red medica.
- ▶ Haga sus citas anuales con su doctor para usted y su familia.
- ▶ Asegúrese de llevar a su hijo(s) al dentista.
- ▶ Si su plan lo requiere, haga su pago mensual.

Renueve Su Cobertura.

- ▶ El seguro de Medi-Cal debe ser renovado cada año. Medi-Cal le enviará por correo su paquete de renovación. Complete y regrese el paquete. Para ayuda, contacte su oficina de Medi-Cal o marque 211.
- ▶ Los planes de salud a través de Covered California se deben renovar cada año. La información para renovar se le enviara a finales de año o contacte a Covered California al 1 (800) 300-0213.

Para más información visite:

www.allinforhealth.org
www.asegurate.com

Abril 2015

